NSW HEALTH

2013-14 ANNUAL REPORT

A HEALTH CARE SYSTEM TO MEET OUR NEEDS

NSW GOVERNMENT | Health

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October 2014

Cover image: Hunter New England Local Health District Go4Fun healthy living program for kids above a healthy weight and their parents, coordinated by the District and delivered in partnership by local Aboriginal Medical Services.

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 2014, for presentation to Parliament.

The Financial Statements of these organisations are presented in separate volumes as *Financial Statement of Public Health Organisations under the control of NSW Health 2013-14*.

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

Yours sincerely

Dr Mary Foley
Secretary, NSW Health

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NSW Health Annual Report 2013-14

AT A GLANCE

Secretary year in review

NSW Health is committed to creating healthy communities and providing world class, integrated healthcare for the people of NSW. Over the last twelve months, initiatives across NSW have been driving improvements in the delivery of our health services to deliver better outcomes for our patients.

All parts of NSW Health, our local health districts and networks and NSW Ambulance, along with our six pillars, our statewide services and shared services, have worked together over the last year to achieve these outcomes in partnership with the community.

In June, the new *NSW State Health Plan: Towards 2021* was released, providing a strategic framework for evolving the NSW public health system to better meet the growing and changing needs of our communities.

The three key directions set out in the Plan are about ensuring excellence in our core business – keeping people healthy, delivering world class care and integrating our services with other services (such as general practice) to achieve better outcomes for patients.

The Plan sets out four key strategies supporting these directions through developing our workforce, supporting and harnessing medical research, leveraging the potential of eHealth and investing in health infrastructure.

Putting the patient at the centre of care – the work of our local health districts, networks and NSW Ambulance Service

Providing health care services that meet the needs of communities, our local health districts and networks are at the forefront of keeping people healthy and delivering world class care to our patients.

Examples of the many major achievements in 2013-14 include:

- Establishment of the **Central Coast Simulation Centre**, which provides world class simulation techniques enabling health professionals to gain skills, knowledge and experience within a safe controlled environment.
- Improved cancer care for the **Illawarra Shoalhaven**, with the opening of the $34.8 million **Cancer Care Centre** at Shoalhaven District Memorial Hospital together with a $14 million expansion to the Illawarra Cancer Centre at Wollongong Hospital.
- Ten school-based **apprenticeships and traineeship positions** offered for local Year 10 Students within **Far West** Local Health District, supporting local young people to gain long term employment.
- Continued investment in **Hunter New England** facilities, including the new $15 million **Raymond Terrace HealthOne GP Superclinic** offering those living in the region a range of health services closer to home and under one roof.
- Supported medical research through the establishment of the **Mid North Coast Health Research Collaborative**, bringing together healthcare providers, Aboriginal Medical Services and universities.
- Appointed a **Wellbeing Manager** to improve the health and wellbeing of the 5000 employees of **Murrumbidgee Local Health District** – the first position of its kind in NSW Health.
- Opened the **Nepean Mental Health Centre** a purpose built facility to support mental health treatment with 64 beds.
- Achieved high participation rates in the ***Live Life Well at School*** and ***Munch and Move*** programs motivating school aged children in **Northern NSW** to participate in active living and healthy eating.
- Officially opening the $41 million **Graythwaite Rehabilitation Centre** in **Northern Sydney** providing a purpose built 64 bed inpatient unit.
- Increased knowledge and uptake of contemporary testing regimes for HIV through holding the inaugural **South Eastern Sydney HIV Testing Week**.
- Demonstrated strong results for **Southern NSW** in the **NSW Adult Admitted Patient Survey**, with 94 per cent of patients in those public hospitals rating their overall experience as either 'very good' or 'good'.
- Developed and endorsed an **Aboriginal Workforce Plan** for **Western NSW** focusing on six key areas including increasing the representation of Aboriginal people employed to 9.4 per cent.
- Continued construction works at **Campbelltown Hospital** in **South Western Sydney** as part of the $134 million redevelopment.
- Celebrated the 20 year anniversary of the **Community Visitors Scheme** in 2014 which has 240 volunteers visiting 360 aged care residents through the **Sydney Local Health District**.
- Focused on integrated care for people with diabetes to address the high levels of prevalence of this chronic disease in **Western Sydney** through the **Diabetes Prevention and Management Initiative** – a collaboration with WentWest Western Sydney Medicare Local.
- Celebrated the **30 year anniversary** of the establishment of the **St Vincent's National Heart Lung Transplant Unit**.
- Introduced a **Clinical Nurse Specialist** role in **Bear Cottage**, the children's hospice, to manage new referrals and link families of children with life-limiting illnesses to other appropriate services across the child health networks of NSW.
- The **Justice Health & Forensic Mental Health Network** increased the number of patients assessed in the **Aboriginal Chronic Care Program**, which provides screening, health education, health promotion and early intervention strategies for Aboriginal patients in custody.
- Developed the highly successful ***Frequent User Management*** **program** to work collaboratively with patients and other key stakeholders to provide timely and appropriate treatment to patients in metropolitan and regional NSW who have been identified as frequent callers to NSW Ambulance.

Providing expert support and guidance to local health districts and networks – our pillar organisations

Our six pillar organisations provide expertise in the development of new models of care, quality and safety initiatives, training and development and performance reporting which helps our local health districts and networks provide the best possible care.

Examples of major achievements in 2013-14 include:

- Launched the ***Minimum Standards for the Management of Hip Fracture in the Older Person*** to improve the outcomes of patients with fractured hips requiring surgery and management in NSW (Agency for Clinical Innovation).
- Published the fourth annual performance report, ***Healthcare in Focus 2013 – How does NSW measure up?*** comparing the performance of the NSW health system with Australia and ten other countries (Bureau of Health Information).
- Implemented the new skin cancer prevention digital campaign, ***Pretty Shady***, targeting the sun protection message at teenagers through the use of digital mediums (Cancer Institute NSW).
- Engaged 242 participants in the ***Clinical Leadership Program*** with each participant undertaking a clinical improvement project to improve patient care (Clinical Excellence Commission).
- Continued expansion of **HETI Online**, the new statewide learning management system, with over 90,000 staff able to access the 78 e-learning modules published with a further 29 in development (Health Education and Training Institute).
- Released the **Surgery for Children in Metropolitan Sydney Strategic Framework** with agreement by metropolitan local health districts to increase their capacity to provide surgical care to children closer to home (NSW Kids and Families).

Statewide and shared services – helping our local health districts and networks deliver quality, value for money services

Providing support across all our health services, NSW Health Pathology, HealthShare NSW, eHealth NSW and Health Infrastructure ensure that as a system we provide consistent services and benefit from the scale that a statewide approach to service provision can deliver.

Examples of major achievements in 2013-14 include:

- Health Infrastructure's work in planning for over $3 billion in NSW Health major capital works projects and the delivery of major projects including the $104 million Port Macquarie Hospital Expansion.
- NSW Health Pathology's work on the Forensic and Analytical Science Service new DNA laboratory, which is a fully automated operation that is streamlining workflows while protecting sample integrity.
- HealthShare NSW's work in the implementation of a new food service delivery model, offering patients improved choices, greater interaction with food services staff and close-to-consumption ordering.
- eHealth NSW's work in developing new systems and processes to facilitate better patient care.

Improving system performance

For the fifth consecutive year, NSW Health delivered an on-budget performance at the end of 2013-14.

The 2013-14 Health budget provided a total of $17.9 billion for investment in public health services and over $1 billion in capital works. This budget represents an $884 million, or 5.2% increase on the 2012-13 recurrent expenditure budget.

All local health districts and networks received growth funding to support higher levels of patient activity. In 2013-14, there were:

- 1.8 million inpatient episodes, which was 66,355 more than last year
- 2.65 million emergency department attendances, representing an increase of 2.9 per cent compared to last year.

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.

System performance improved in 2013-14 with NSW Health recording record results for emergency department and elective surgery waiting times over the last year.

The Council of Australian Governments Reform Council *National Partnership Agreement on Improving Public Hospital Services Report for 2013* highlights the improved performance of our public hospitals with:

- 70.8 per cent of NSW patients receiving treatment and being discharged from the emergency department or admitted to a ward within four hours – against a target of 71% for 2013
- NSW elective surgery results among the best in the country, achieving its 2013 targets for treating semi-urgent and non-urgent patients within the clinically recommended time and its targets for reducing the days waited by overdue urgent and non-urgent patients.

The improvement in our performance has translated to improved patient care, with over 200,000 additional people being seen in a timelier manner across NSW Health.

Investing in health infrastructure

Over the last year there has been a significant investment in the planning and delivery of new health care facilities to meet the growing and evolving healthcare needs of the community.

Examples of major projects delivered in 2013-14 include:

- Albury Ambulance Station ($4 million).
- Blacktown Hospital Car Park ($24 million).
- Goulburn Base Hospital Sub Acute Rehabilitation Unit ($10 million).
- Graythwaite Rehabilitation Centre ($41 million).
- Gulgong Multipurpose Service ($7 million).
- Hornsby Hospital Mental Health Unit ($34 million).
- Illawarra Regional Cancer Centre ($14 million).
- Lockhart Multipurpose Service ($8 million).
- Mona Vale Sub Acute Rehabilitation Unit ($10.5 million).
- Nepean Hospital Expansion ($139 million).
- Nepean Hospital Car Park ($23 million).

- New England and North West Regional Cancer Centre ($42 million).
- Port Macquarie Hospital Expansion ($104 million).
- Shoalhaven Regional Cancer Centre ($32 million).
- St George Sub Acute Mental Health Unit ($8 million).

Working in partnership with the private and not for profit sectors to improve access to services has been a key theme over the last year, with planning for a public private partnership for the new Northern Beaches Hospital now advanced and the opening of Lifehouse at Royal Prince Alfred Hospital.

Ministry led initiatives to support a whole of system focus on creating healthy communities and providing world class care

The NSW Ministry of Health continued to work with key stakeholders across NSW Health and across Government to deliver on our commitments under the NSW State Health Plan: Toward 2021 and NSW 2021: A plan to make NSW number one.

Examples of major achievements in 2013-14 include:

- Expanded the ***Whole of Hospital Program*** across NSW to 44 sites, an increase of 21 sites on the previous year.
- Convened our annual **Innovation Symposium** bringing together 1000 consumers, clinicians and clinical support staff to network and share ideas on how to improve patient care.
- Rolled out the ***Quit for New Life Program*** delivering smoking cessation care to mothers of Aboriginal babies across NSW.
- Announced the ***Integrated Care in NSW Strategy*** in March 2014, which includes three demonstrator sites and a Planning and Innovation Fund to support local initiatives to deliver integrated care.
- Released the ***Blueprint for eHealth in NSW*** and established eHealth NSW to provide direction and leadership in technology led improvements in patient care.
- Delivered the ***NSW State Health Plan: Towards 2021*** which sets out the strategic direction and priorities for NSW Health in delivering "the right care, in the right place, at the right time".
- Developed the ***Rural Health Plan: Towards 2021*** which sets out strategies to improve health and healthcare for those living in rural and remote communities of NSW.

Recognising award-winning service and care

The 2013 Innovation Symposium and Health Awards provided us with an opportunity to come together to look at new and better ways of delivering healthcare by showcasing innovations from across NSW Health.

In 2013, the category winners at the NSW Health Awards were:

- ***Patients as partners*** awarded to **NSW Ambulance** for its Frequent User Management Program.
- ***Integrated Health Care*** awarded to **South Eastern Sydney** for Bug Attack – St George Hospital Fight Back: Confronting Resistance.
- ***Local Solutions*** awarded to **South Eastern Sydney** for Southcare Geriatric Flying Squad.
- ***Healthy Living*** awarded to **Hunter New England** for Good for Kids, Good for Life: Childhood Obesity Prevention.
- ***Building Partnerships*** awarded to **Sydney Children's Hospitals Network** for Optimising Health and Learning in Refugee Students.
- ***Collaborative Team*** awarded to **Northern Sydney** for Setting the Standard: A Patient Journey at Royal North Shore Hospital.
- ***Harry Collins Award*** awarded to **Western Sydney** for Innovations for MRSA Control in a NICU Population.
- ***Minister for Mental Health Award for Excellence in the Provision of Mental Health Services*** awarded to **Nepean Blue Mountains** for Implementing an Assertive Community Treatment Team.
- ***Minister for Health and Minister for Research Award*** for Innovation awarded to **Western NSW** for In Safe Hands – Structured Interdisciplinary Bedside Rounds.
- ***Director General's Award for Integrated Care*** awarded to **Hunter New England** for Good for Kids, Good for Life: Childhood Obesity Prevention.
- ***Volunteer of the Year*** awarded to Peggy Roberts, **South Eastern Sydney**
- ***Staff Member of the Year*** awarded to Wendy Robinson, **Western NSW**
- ***Collaborative Leader of the Year*** awarded to Dr Gabriel Shannon, **Western NSW**

In 2013, nine Health initiatives were finalists in the Premier's Public Sector Awards, with two category winners:

- ***Delivering Quality Customer Services*** awarded to the Sydney Children's Hospitals Network for the Optimising health and learning in refugee and vulnerable migrant students program; and
- ***Improving Performance and Accountability*** awarded to HealthShare NSW for the Enterprise Imaging Repository initiative.

While NSW Health has achieved much over the last 12 months, there is more to be done if we are to continue to evolve our health system to one that fully harnesses the passion, commitment and expertise of our staff, research and innovation, modern technologies and key partnerships to better meet the health needs of the community and to improve health outcomes.

Our CORE values

We encourage collaboration, openness and respect in the workplace to create a sense of empowerment for people to use their knowledge, skills and experience to provide the best possible care to patients and their families and carers.

Collaboration

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

Openness

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

Respect

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

Empowerment

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

NSW GOVERNMENT | Health

About NSW Health

NSW Health comprises both the NSW Ministry of Health (a public service department under the Government Sector Employment Act 2013) and the various statutory organisations which make up the NSW public health system. It employs around 106,000 staff (full-time equivalent).

Currently NSW Health comprises:

- NSW Ministry of Health
- Local health districts
- Justice Health & Forensic Mental Health Network
- The Sydney Children's Hospitals Network
- Health Protection NSW
- NSW Ambulance
- NSW Health Pathology
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education and Training Institute
- Agency for Clinical Innovation
- Bureau of Health Information
- NSW Kids and Families
- HealthShare NSW
- eHealth NSW
- Health Infrastructure

The roles and functions of NSW Health organisations are principally set out in two Acts – the Health Administration Act 1982 and the Health Services Act 1997, complemented by a corporate governance framework which distributes authority and accountability through the public health system.

The NSW Ministry of Health supports the NSW Minister for Health and Minister for Medical Research, who is the Health Cluster Minister, and the Minister for Mental Health and Assistant Minister for Health, to perform their executive government and statutory functions. The Secretary of the NSW Ministry of Health also has significant statutory functions, including a range of regulatory responsibilities and overarching responsibility for the protection of public health for NSW, supported by Health Protection NSW.

The NSW Ministry of Health also has the role of 'system manager' in relation to the NSW public health system, the largest healthcare system in Australia, and one of the largest in the world. The NSW public health system operates more than 225 public hospitals, as well as providing community health and other public health services, for the NSW community through a network of local health districts, specialty networks and non-government affiliated health organisations. One of these, St Vincent's Health Network has been recognised as a network for the purpose of the National Health Reform Agreement. NSW Ambulance and NSW Health Pathology are other critical healthcare delivery organisations within the system.

Excellence and innovation in health care delivery across the system is supported by the 'pillar' organisations within NSW Health, by the important services delivered by NSW Health's shared services organisations, HealthShare NSW, eHealth NSW and Health Infrastructure, and through partnering with non-government organisations and private providers.

NSW Health functions within the Australian federal system of government under which the Commonwealth Government takes the lead responsibility for general practice and primary healthcare, as well as full funding and program responsibility for aged care. The Commonwealth also has a significant role in funding secondary and tertiary care provided in the community, including specialist medical and diagnostic services and pharmaceuticals. About half of all Australians purchase private health insurance for private hospital treatment, some other private services, and treatment as private patients in public hospitals.

Australia's system of healthcare is recognised as being one of the most effective in the world. The NSW public health system is a critical part of this achievement. However, like other health systems globally, NSW Health must position itself to manage future challenges, such as demand for more services arising from technological advances, an ageing population using services more frequently and the shift in disease burden from acute care treated on an episodic basis to chronic and complex conditions that require more dynamic management.

With NSW home to one third of the Australian population, NSW Health has made significant changes at State and local levels to address systemic gaps and improve health outcomes.

Through the adoption of new approaches to care delivery, NSW Health is delivering a more integrated health system with services connected across many different providers, focused on individual patient needs and cost-effectiveness.

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. Jai Rowell MP commenced in the role of Minister for Mental Health and Assistant Minister for Health during the reporting year.

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 **225 public hospitals** and around **106,000 dedicated staff** who make up the health workforce.

On a typical day in NSW*

60,000
meals served to patients

24,000
clinicians use the electronic medical record

17,000
people spend the night in a public hospital

6500
people are seen by our emergency departments (EDs)

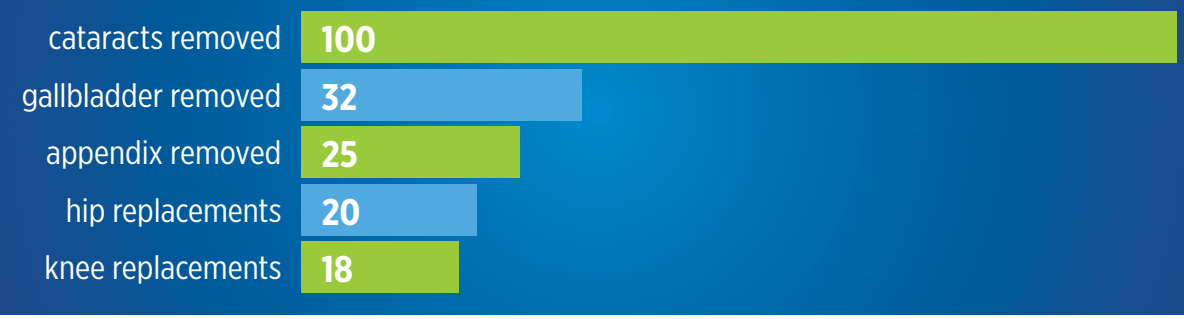
5600
people are admitted to a public hospital

3383
NSW Ambulance responses

1000
patients have their surgery (emergency or planned) performed in our public hospitals

200
babies are born

Patients have...



*As at July 2014, Monday to Friday when most planned surgery is performed.

Highlights

48,425
people enrolled in the Chronic Disease Management Program, 39% more than last year

$33.8 million
invested in the Medical Research Support Program

48,000
record number of nurses and midwives

18.7%
19,887 patients cared for at home through the Hospital in the Home program

144 million
minutes saved by patients attending care at emergency departments compared to 2011-12

123,447
less days spent waiting for elective surgery compared to 2011-12

3.8kg
average weight loss of those who completed the Get Healthy Service six month coaching program

36%
increase in the number of teams across NSW participating in the Knockout Health Challenge, a community based program that supports Aboriginal people to reduce their risk factors for chronic disease

$1.29 billion
invested in capital works to improve infrastructure at a range of hospitals and health services including mental health services

1.8 million
inpatient episodes, 66,355 more than last year

3.8%

1.3%

216,675
planned surgical cases performed

Financial highlights

On a Net Cost of Services basis, NSW Health's 2013-14 result was $6 million favourable against the approved 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 2013-14.

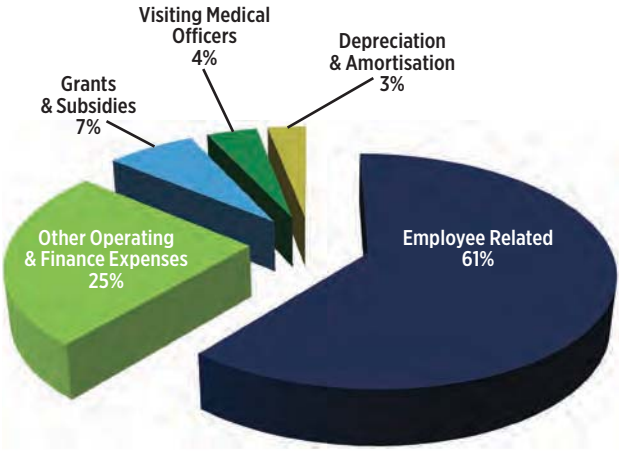
NSW Health's full year capital expenditure for 2013-14 (excluding capital expensing) was $1.18 billion for works in progress and completed works. The total represents 9.06 per cent of the Property, Plant, Equipment and Intangibles asset base. NSW Health delivered its capital spend in accordance with the 2014-15 Budget Paper 3 forecast result for 2013-14.

Based on the combined operating and asset results above, NSW Health has been assessed by NSW Treasury as achieving its overall budget responsibilities in 2013-14.

The Ministry's Statement of Comprehensive Income reports a net result of $458 million, $18 million greater than the initial budget estimates. Information detailing the reasons for this variance is contained in the 2013-14 audited financial statements (Note 39).

Expenses

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

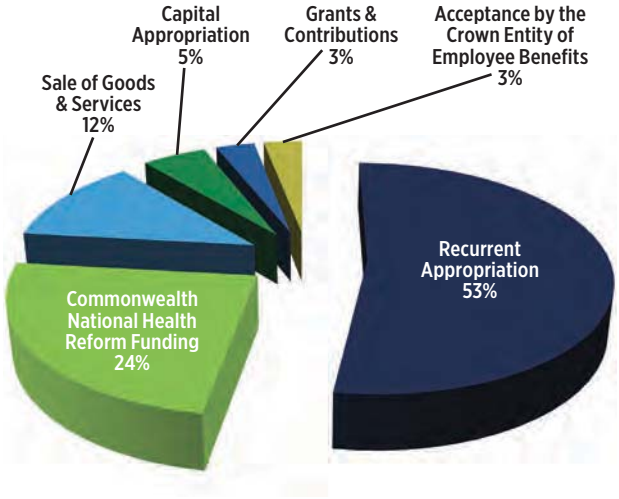


As a health service provider, approximately 65 per cent or $11.7 billion of costs incurred during 2013-14 are labour related and include employee salary costs and contracted Visiting Medical Officer costs. Significant costs in 2013-14 within the Other Operating and Finance Costs include approximately $1.4 billion in drug, medical and surgical supplies and $465 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health related services were over $1.17 billion in 2013-14, including subsidies of more than $609 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 ($4.44 billion) by NSW Health.



Own source revenues retained by NSW Health reporting entities during 2013-14 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 2013-14 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 ($689 million), Department of Veterans' Affairs for the provision of services to entitled veterans ($354 million), recoup of costs from the Commonwealth through Medicare for highly specialised drugs ($230 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 ($141 million).

Net Assets

NSW Health's net assets as at 30 June 2014 are $11.2 billion. This is made up of total assets of $15.5 billion partly offset by total liabilities of $4.3 billion. The net assets are represented by accumulated funds of $8.1 billion and an asset revaluation reserve of $3.1 billion.

The audited financial statements for the NSW 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 2013-14 Annual Report.

NSW State Health Plan

The *NSW State Health Plan: Towards 2021*, was officially launched by the Minister for Health at the annual NSW Health Symposium in June 2014.

The *NSW State Health Plan* provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time'.

The Plan outlines the next steps in reforming the system. The Plan includes a number of overarching key direction and strategy areas.

Directions

- Keeping people healthy
- Providing world class clinical care
- Delivering truly integrated care

Strategies

- Supporting and developing our workforce
- Supporting and harnessing research and innovation
- Enabling eHealth
- Designing and building future-focused Infrastructure

These directions and strategies will contribute to delivering the targets for NSW Health in the State plan, *NSW 2021: A Plan to make NSW number one*, including keeping people healthy and out of hospital, and to provide world class clinical services with timely access and effective infrastructure.

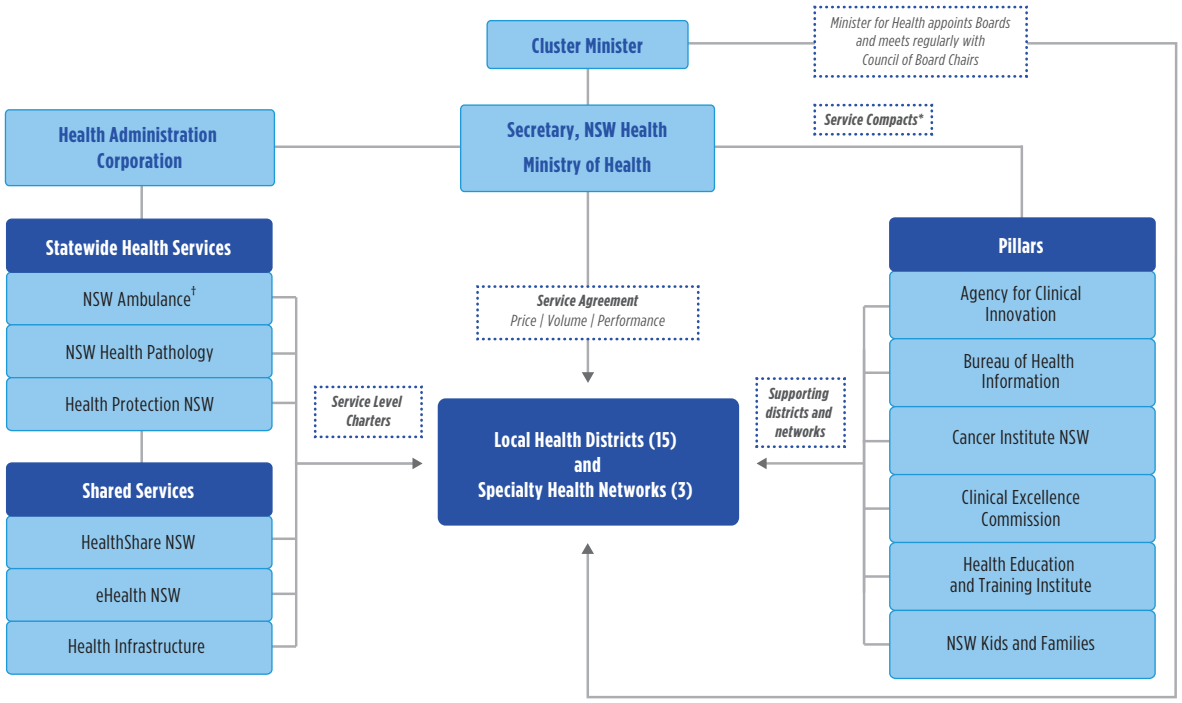
The *NSW State Health Plan* shapes how the NSW public healthcare system will develop and establishes the common values, actions, policies and programs that will be required to achieve change. All parts of NSW Health have a role to play in implementing initiatives outlined in the *NSW State Health Plan*.

NSW Health will work as a system to implement the strategies set out in the Plan and to monitor and report on progress in achieving this vision for the future.

A full copy of the State Health Plan can be downloaded from the NSW Health website: **http://www.health.nsw.gov.au/statehealthplan/Pages/NSW-State-Health-Plan-Towards-2021.aspx**

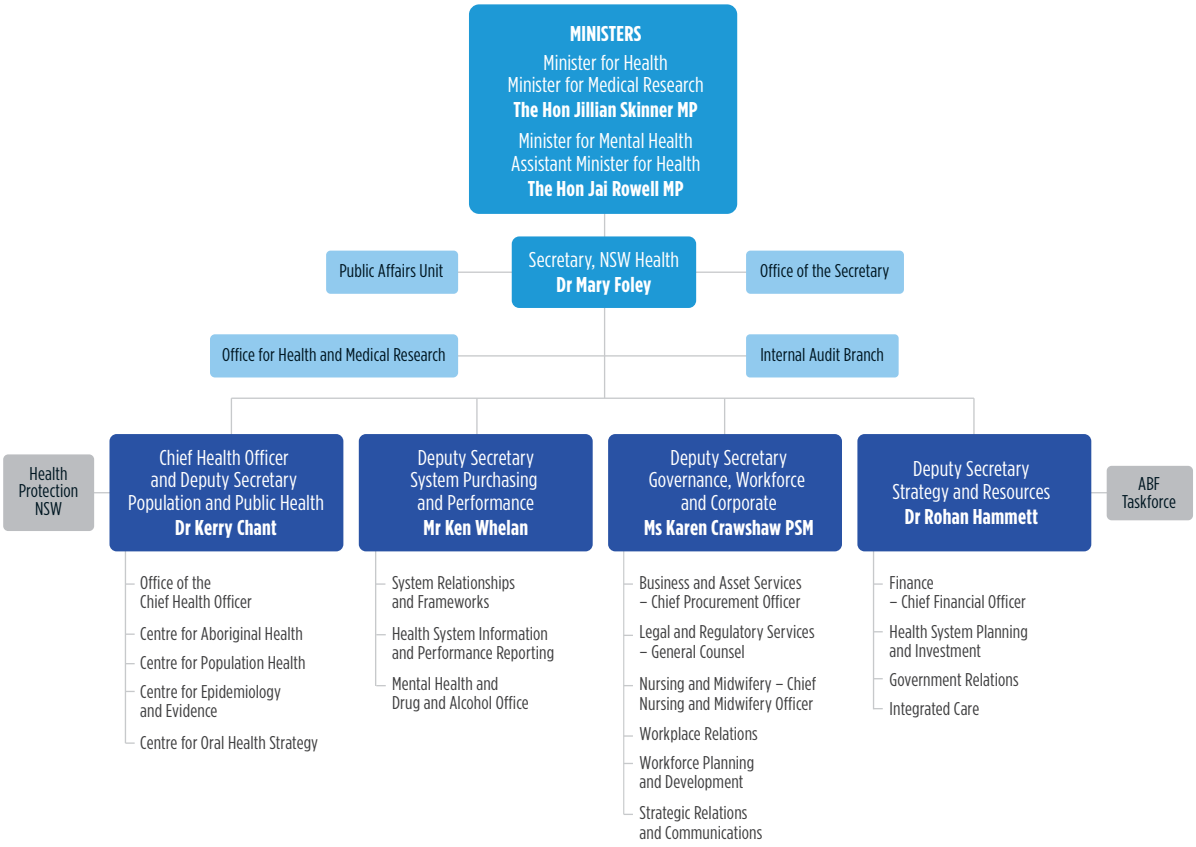
GOVERNANCE

NSW Health and affiliated organisations



*Service Compact — Instrument of engagement detailing service responsibilities and accountabilities
†No Service Compact between Ministry of Health and NSW Ambulance

Organisation chart – NSW Ministry of Health



NSW Ministry of Health

Secretary, Dr Mary Foley

The Secretary 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 Secretary 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 Secretary 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; statewide asset, procurement and business policy; services to support Ministerial, Parliamentary and Cabinet processes, issues management and communications advice and assistance for the NSW Ministry of Health.

The Division supports and manages the Secretary's accountabilities as employer of the NSW Health Service, including statewide industrial matters, public health sector employment policy, and workplace health and safety policy. It is responsible for statewide, 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 which supports the State's leading health and medical research efforts.

The Office for Health and Medical Research 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, environmental and economic outcomes for the people of NSW.

Strategy and Resources

The Strategy and Resources Division is responsible to the Secretary for strategic health policy development, inter-jurisdictional negotiations, funding strategies and budget allocation including Activity Based Funding, system-wide planning of health services, capital planning and investment, integrated care, palliative care and management of the non-government grants program.

In line with managing government relations, the Division also supports the Australian Health Ministers' Advisory Council, the NSW Health Ministers' Advisory Committee and the NSW response to matters before the COAG Health Council.

System Purchasing and Performance

The System Purchasing and Performance Division provides the front end of 'system management', and acts as an important interface with local health districts, specialty health networks, the pillars and other health organisations to support and monitor overall system performance. It also coordinates purchasing arrangements with the districts and networks.

Health Administration Corporation

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

A number of entities have been established under the Health Administration Corporation 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 Secretary.

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 Secretary.

NSW Health Pathology

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

eHealth NSW

The launch of the Blueprint for eHealth in NSW in December 2013 paved the way for new governance arrangements for eHealth delivery across the public health sector and the establishment of a distinct entity, eHealth NSW on 1 July 2014. eHealth NSW will provide statewide leadership on the shape, delivery and management of ICT-led healthcare.

Health Protection NSW

Reporting to the Chief Health Officer, Health Protection NSW is responsible for surveillance and public health response in NSW including monitoring the incidence of notifiable infectious diseases and taking appropriate action to control the spread of diseases. It also provides public health advice and response to environmental issues affecting human health.

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 Secretary and Minister:

1. specialty network
2. board-governed organisation
3. 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 is a board-governed statutory health corporation. Unexplained or unjustified clinical variation can result in adverse patient events. The Agency 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 is a board-governed statutory health corporation. The Bureau'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.

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.

Clinical Excellence Commission

The Clinical Excellence Commission is a board-governed statutory health corporation. The Commission 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 Commission is building capacity for quality and safety improvement in health services.

Health Education and Training Institute

The Health Education and Training Institute is a Chief Executive-governed statutory health corporation which coordinates education and training for NSW Health staff. The Institute 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 provides leadership on health strategy and policy across the life course of a child from pre-conception to 24 years. This also includes reducing the health impact of domestic and family violence, child abuse and neglect.

Affiliated health organisations

At 30 June 2014, there were 16 affiliated health organisations in NSW managed by religious and/or charitable groups operating 28 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 affiliated health organisation 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 Secretary 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's performance against priorities contained in the *NSW State Health Plan: Towards 2021* and the Government's *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 local health district, specialty health 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 local health districts and speciality health networks 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 NSW Ministry of Health 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 the *NSW State Health Plan: Towards 2021* and *NSW 2021: A Plan to make NSW Number One*.
- The National Health Reform Agreement 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.
- 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 issued during the 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 for Health and Minister for Medical Research and Secretary.

Service agreements

The 2013-14 NSW Health Service Agreements were developed in the context of the National Health Reform Agreement, 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 local health district and network Service Agreement has been made publicly available on their respective websites.

Feedback

NSW Health is committed to improving the overall quality of healthcare. 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 healthcare from the perspective of consumers and their carers. The challenge for healthcare services is to collect better information about consumers' views to ensure the safe delivery of care. To provide feedback, complaints or compliments about healthcare 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 Bureau of Health Information manages the *NSW Patient Survey Program* on behalf of the NSW Ministry of Health and local health districts. This survey gathers information from patients across NSW about their experience with services in hospitals and other healthcare facilities. During 2013 and 2014, the Bureau of Health Information surveyed patient groups to report on their experiences of care with new reports published by the Bureau in early 2014.

Clinical governance principles and practices

The provision of safe and high quality healthcare 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 Secretary and Minister.

Local health districts and speciality health networks have primary responsibility for providing safe, high quality care for patients and have established clinical governance units. Responsible to the Chief Executive, local health district 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 NSW Ministry of Health, the Agency for Clinical Innovation, Bureau of Health Information, Health Education and Training Institute, Cancer Institute NSW and local health district/speciality health network clinical governance units.

The Agency for Clinical Innovation 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 Agency 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

DELIVERING INNOVATION

The Directions

DIRECTION 1:

Keeping people healthy

1.1 Reduce smoking rates and the adverse effects of tobacco
1.2 Address drug misuse
1.3 Tackle overweight and obesity rates
1.4 Promote responsible alcohol consumption
1.5 Help people manage their own health

DIRECTION 2:

Providing world-class clinical care

2.1 Move beyond the emergency department to create a better connected health system
2.2 Develop and implement new models of care to meet changing needs and address unwarranted clinical variation
2.3 Drive better performance via partnerships with clinicians and managers
2.4 Maintain a continued focus on quality and safety
2.5 Listen to patients

DIRECTION 3:

Delivering truly integrated care

3.1 Empower patients to be partners in their care
3.2 Support strategic, targeted investments in new models of integrated care
3.3 Invest in enablers to inform and support delivery of the integrated care strategy
3.4 Strengthen partnerships with the primary and community care sectors for a seamless care experience
3.5 Align financial incentives and performance
3.6 Monitor, evaluate and seek feedback to guide improvement
3.7 Scale up, roll out and embed successful programs across NSW

DIRECTION 1:

Keeping people healthy

Prevention is critical to keeping people healthy and out of hospital. Prevention and screening strategies need to be constantly monitored, reviewed and refined to make sure they continue to deliver real results as health issues change.

Smoking remains the leading cause of preventable disease and death in NSW. One in two adults is overweight or obese and the one in four exhibit risky levels of alcohol consumption. These are serious issues for both individuals and the wider community.

Aboriginal people, socio-economically disadvantaged people and those living in rural and remote locations experience much poorer health than the rest of the NSW population.

Developing and implementing health promotion and disease prevention strategies to help people stay healthy and better manage their health and well-being is core business for NSW Health.

Working with other Government agencies, NSW Health is focused on implementing initiatives that will make a difference to the health of the people of NSW, not only in the short term, but into the future.

Developed centrally, but implemented and adapted locally, core initiatives include:

- reducing smoking rates and the adverse effect of tobacco
- tackling overweight and obesity rates
- promoting the responsible consumption of alcohol
- addressing drug misuse
- helping people manage their own health through screening programs, immunisation programs and community and consumer education.

Highlights

22% increase in calls to Quitline achieved by the *Quit Support* campaign

4300 workers reached through the Get Healthy at Work program

Stabilise overweight & obesity rates in adults by **2015**

IN 2010 54.3% → IN 2013 51.1%

Closed the gap between Aboriginal and non-Aboriginal infant mortality ahead of **2018** target (per 1000 live births)

2004-06 6.8% → 2010-12 3.8%

1.1 Reducing smoking rates and the adverse effect of tobacco

Tobacco smoking is a major cause of preventable ill health and death in Australia, accounting for around 5500 deaths and 46,000 hospitalisations a year. It is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions.

Australia has one of the most comprehensive tobacco control policies and programs in the world. The aim of the tobacco control programs in NSW is to contribute to a continuing reduction of smoking prevalence rates in the community.

In 2013, the NSW Adult Population Health Survey estimated that 16.4 per cent of adults aged 16 years and over were current smokers in NSW. Over the period 2002 to 2011, the rate of current smoking significantly declined from 22.5 per cent to 14.7 per cent.

The NSW Tobacco Strategy 2012-2017 outlines the NSW Health approach to reducing smoking rates. The Strategy includes regulation, quit support, community education, a focus on population groups with high smoking prevalence and working with partners on prevention.

95% retailer compliance with sales to minors' provisions in the *Public Health (Tobacco) Act 2008*

To motivate and support smokers to stop via the Quitline, the Cancer Institute NSW implemented six anti-smoking advertising campaigns including Break the Chain, Quit Support, Voice Within, Terrie, Never Give Up Giving Up and Willpower. The Institute also implemented a number of strategies to enhance the NSW Quitline to provide services that are more culturally appropriate to Aboriginal communities as part of the Aboriginal Quitline Enhancement Project (funded by the Commonwealth). The Institute implemented a campaign promoting awareness of lung-cancer symptoms in the general population, as well as the Arabic, Chinese and Vietnamese communities entitled Listen Out for Lung Cancer. The Cancer Institute NSW was also awarded six Evidence to Practice Grants aimed at promoting smoking cessation in Aboriginal and culturally and linguistically diverse communities.

Focused on reducing exposure to second-hand smoke in outdoor areas ahead of the introduction of smoke-free dining legislation in 2015, the NSW Ministry of Health undertook education activities in 2013 and a public notice campaign in 2014 to support community awareness of smoking bans in public outdoor areas following important reforms to the Smoke-free Environment Act 2000. The campaign targeted areas where extra support was required to achieve compliance, including smoke-free public transport areas – rail platforms, bus stops, taxi ranks, ferry wharves and designated spectator areas of sports grounds. Awareness of the changes to the Act concerning outdoor public areas has played a critical part of achieving compliance with these smoking bans. Ongoing compliance and enforcement activity of smoke-free legislation demonstrates that compliance with outdoor smoking bans is high, at approximately 98 per cent.

Approximately 76 per cent of adults in custody in NSW identify are current smokers. Of these, 85 per cent expressed a desire to quit according to the 2009 Inmate Health Survey. Partnering with Corrective Services NSW to establish smoke-free correctional facilities and providing quit support to inmates and staff, the Justice Health & Forensic Mental Health Network continued to provide quit support to custodial patients and staff. Over the last 12 months the Network has developed a model of care to address risk minimisation and smoking cessation of custodial patients, including an eight week course of 21mg nicotine replacement therapy patches and dissemination of their 'Trash the Ash' resource, which has been translated into the five most commonly spoken languages amongst the NSW custodial population.

The NSW Ministry of Health is also currently reviewing its smoke-free workplace policy and will release an updated NSW Health Smoke-free Healthcare Policy in the next financial year. The Policy provides for staff to access free nicotine replacement therapy for at least 4 weeks of the year as well as smoking cessation program support.

1.2 Tackling overweight and obesity rates

Australia is experiencing unprecedented levels of overweight and obesity and NSW is no exception. In 2011, 52.6 per cent of NSW adults were overweight or obese and in 2010, 22.8 per cent of children were overweight or obese.

The NSW Healthy Eating and Active Living Strategy 2013–2018 is a whole of government approach to reduce the impact of overweight, obesity and chronic disease. To progress this Strategy, NSW has been working with the Commonwealth and other jurisdictions to support the voluntary Health Star Rating front-of-pack labelling system. This labelling tool on packaged foods in supermarkets is expected to start appearing in the market in 2014 and aims to make it easier for consumers to identify healthier food choices.

Rollout of the NSW Healthy Children Initiative has continued to have high population reach. Program adoption rates are contributing to obesity prevention and treatment with the Live Life Well at School program reaching over 76 per cent of all primary schools; the Munch and Move program extending its reach to 82 per cent of all centre-based child care services; and the Go4Fun program reaching over 3800 children and their families.

4300 workers reached through the Get Healthy at Work program

The Healthy Workers' Initiative, in partnership with Workcover NSW, launched the Get Healthy at Work program in 2014. Over 150 businesses have registered for the Program and a further 18 businesses participated in the developmental stages. The Program has reached approximately 4300 workers, with 1000 of these having receiving a Brief Health Check. The Brief Health Check consists of some quick questions and a waist measurement. It helps assess an individual's risk of type 2 diabetes and heart disease, and to start them thinking about some changes they could make to improve their health.

In 2014, thirty communities are involved in the Knockout Health Challenge. In 2013, approximately 900 people from 20 Aboriginal communities across NSW participated, achieving a combined weight loss of more than 1 tonne.

The Get Healthy Service continues to be improved with enhancements made for Aboriginal people and those at risk of Type 2 diabetes. A module for pregnant women is currently in development. More than 50 per cent of participants who completed the six month Get Healthy Service coaching program lost between 2.5 per cent and 10 per cent of their original body weight.

1.3 Promoting the responsible consumption of alcohol

Excessive alcohol consumption is one of the main preventable public health problems in Australia. Over the last 10 years in NSW (2004 to 2013) the rate of alcohol consumption at levels that pose a health risk over a lifetime significantly decreased from 33.3 per cent to 26.6 per cent. The target is to reduce total risk drinking to below 25 per cent of the adult population by 2015.

To encourage local communities to lead responses to local alcohol issues the NSW Ministry of Health provided funding to the Australian Red Cross to deliver the Save a Mate program. This program provides information and education to young people to prevent, identify and respond to alcohol and drug overdose.

A new partnership was established between the NSW Ministry of Health and the Australian Drug Foundation to deliver alcohol misuse prevention, education and harm minimisation activities to local communities across NSW. There are currently 68 active Community Drug Action Teams in NSW supported by the Australian Drug Foundation.

The 'Stay Strong and Healthy – It's Worth It' Facebook page was launched in July 2012 to raise awareness among Aboriginal pregnant women, their partners and families of the risks of drug and alcohol consumption during pregnancy, as well as the potential challenges of dealing with a mental illness at this time. This site has continued to engage the audience with weekly posts generating more than 14,000 visits in 2013-14.

7784 patients in custody were treated for detoxification

The majority of people entering custody in NSW have high levels of drug and alcohol use and dependence, with 31 per cent of inmates identified as alcohol dependent and 58 per cent drinking at hazardous/harmful levels according to the 2009 Inmate Health Survey.

Contributing to whole of government strategies and programs to address alcohol misuse, the Justice Health & Forensic Mental Health Network provide an extensive range of health services and programs including the Connections Program that provides patients with a history of drug and alcohol use with integrated health services through comprehensive pre-release assessments and care planning, as well as post-release assistance to improve health outcomes, reduce factors associated with re-offending and support patients in their transition back into the community.

1.4 Addressing drug misuse

Illicit drug use continues to be an issue in Australia. According to the 2013 National Drug Strategy Household Survey, about eight million (42 per cent) of people in Australia aged 14 years or older had used an illicit drug at some time in their lives and 15 per cent had used an illicit drug in the previous 12 months.

100% of patients on entry to correctional centres were assessed for withdrawal issues

The majority of people entering custody in NSW have high levels of drug and alcohol use and dependence, with 44 per cent of respondents in the 2009 Inmate Health Survey reporting daily illicit drug use in the year prior to incarceration. Strong evidence exists that treatment significantly reduces the morbidity, mortality and social harms associated with drug and alcohol use. Additionally, evidence suggests that custodial patients who continue treatment post release have lower levels of re-offending.

To contribute to whole of government strategies and programs to address drug related issues, the Justice Health & Forensic Mental Health Network provides an extensive range of health services which address drug related issues ranging from treatment to prevention for patients in contact with the NSW criminal justice and forensic mental health systems.

NSW Health continues to build a comprehensive range of treatment and withdrawal management services including the 24/7 Family Drug Support's 1300 Helpline which provides information, support and referral to families in crisis due to drug and alcohol issues; the NSW Drug and Alcohol Specialist Advisory Service that provides 24/7 specialist telephone services to doctors, nurses and other health professionals across the State on the diagnosis and management of clients presenting with immediate drug and alcohol issues; and the Alcohol and Drug Information Service which provides a confidential telephone information, education, crisis counselling and referral service 24/7 to the people of NSW whose lives have been impacted by the use of alcohol and/or drugs.

To encourage and support local communities to lead responses to local drug issues, the NSW Ministry of Health provides funding to programs such as Life Education NSW to deliver drug and alcohol education to 325,000 school children per annum throughout NSW, empowering them to make safe and healthy lifestyle choices through curriculum-based education for pre-school, primary school and secondary school students. Life Education NSW also provides teacher in-service sessions, along with parent information sessions and family forums.

325,000 school children receive drug and health education through Life Education NSW each year

1.5 Helping people manage their own health through screening programs, immunisation programs and community and consumer education

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management usually delivered in an ambulatory care setting such as primary health care (for example by general practitioners or community health centres). Key measures include immunisation rates, maternal and newborn health and falls prevention.

In NSW between 1992-93 and 2009-10, rates for all potentially preventable hospitalisations fluctuated but the overall change was negligible. Between 2009-10 and 2010-11, the rates for all potentially preventable hospitalisations decreased by around 7 per cent. This was due to a significant change in coding standards for diabetes which is a substantial contributor to total preventable hospitalisations. Rates have been stable since this time

The Aboriginal Maternal and Infant Health Strategy aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality by providing support for Aboriginal women during pregnancy. The NSW Aboriginal Maternal and Infant Health Services and Building Strong Foundations for Aboriginal Children, Families and Communities program are key NSW Government commitments to Closing the Gap in Aboriginal health.

There are 45 Aboriginal Maternal and Infant Health Services across NSW. Midwives and Aboriginal health workers provide antenatal and postnatal care, from as early as possible after conception, up to eight weeks postpartum. Smooth transition of care of the newborn and family to child and family health services also ensures continuity of care for the child up until school age. NSW Health has implemented the Building Strong Foundations for Aboriginal Children, Families and Communities in 15 locations to provide primary early childhood healthcare for families up until the child goes to school.

The Quit for New Life program has been rolled out across the State. This program delivers smoking cessation care to mothers of Aboriginal babies during their pregnancy and provides cessation support to their family members who smoke. The program also facilitates changes in clinical practices in Aboriginal Maternal and Infant Health Services to enhance the provision of routine smoking cessation care.

The Cancer Institute NSW manages a number of early detection screening programs and initiatives that help to identify cancer in its early stages, including BreastScreen NSW. In 2013-14, a project was initiated to provide access to online bookings for BreastScreen NSW; the BreastScreen NSW Radiographer Workforce Strategy was published; and the Reason to Screen campaign was delivered through public relations and social media, to increase the uptake of breast screening.

A program of research was also undertaken with consumers and general practitioners to understand the barriers and enablers to participation in bowel cancer screening that exist in NSW.

The *Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013* came into force on 1 January 2014. This *Act* requires child care facilities to obtain documentation of the immunisation status of children as a condition of their enrolment. Implementation of these provisions included development and distribution of an Immunisation Enrolment Toolkit, parent brochure and advice on the NSW Health website.

Immunisation programs for adolescents were supported through the successful rollout of the human papillomavirus (HPV) vaccine to include males in Year 7 (females in Year 7 have received the vaccine since 2008) with a time limited catch up program for males in Year 9. Approximately 75 per cent of males and 81 per cent of females in Year 7 received a three dose course of vaccine.

The Safer Use of Medicines through Better Communication program aims to improve consumer access to information about medicines and their understanding on safe use. During 2013-14 the NSW Clinical Excellence Commission, the NSW Multicultural Health Communications Service and the National Prescribing Service (Medicine Wise) collaborated to develop the program which targets culturally and linguistically diverse patients.

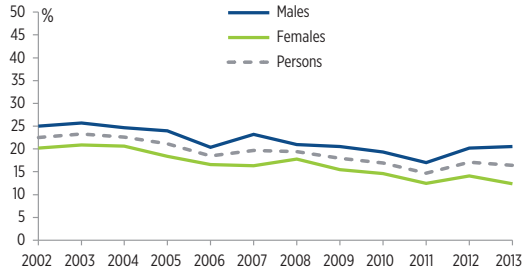
The NSW HIV Strategy 2012- 2015: A New Era aims to significantly drive down the number of new HIV infections in NSW by increasing testing, treatment and safe sex practises. NSW has significantly improved access to and uptake of services for HIV prevention, testing and treatment with increases both overall in NSW, and among high risk populations. Approximately 90 per cent of people living with HIV who attend public sexual health services are on antiretroviral treatment.

75% of males and 81% of females in Year 7 received a three dose course of the human papillomavirus (HPV) vaccine

Access to sterile injecting equipment is a proven, cost effective way to prevent hepatitis C and HIV transmission. In 2013-14, there was a four per cent increase in distribution of sterile injecting equipment distributed via the public Needle and Syringe Program and the private pharmacy Needle and Syringe Program. The total number of public and private Needle and Syringe Program outlets in NSW has increased from 1029 to 1151. In addition, a two year pilot project commenced in December 2013 which will assess peer distribution as a way to improve access to sterile injecting equipment, and in doing so reduce the transmission of blood borne viruses.

Key indicators

Current (daily or occasional) smoking in adults aged 16 years and over, NSW, 2002-2013

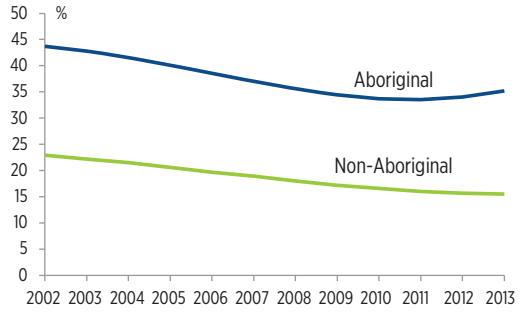


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation

In 2013, the rate of daily or occasional smoking in adults aged 16 years and over in NSW was 16.4 per cent (males 20.5 per cent and females 12.4 per cent). Over the period 2002 to 2011, the rate of current smoking significantly declined from 22.5 per cent to 14.7 per cent. In 2012, the rate of current smoking was 17.1 per cent. The 2012 prevalence estimate reflects an improvement in the representativeness of the survey sample. In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people and males in the survey sample. Both of these groups have relatively higher smoking rates, leading to a higher overall reported rate of current smoking. The rate for 2013 has stabilised.

Current (daily or occasional) smoking in Aboriginal adults aged 16 years and over, NSW, 2002-2013



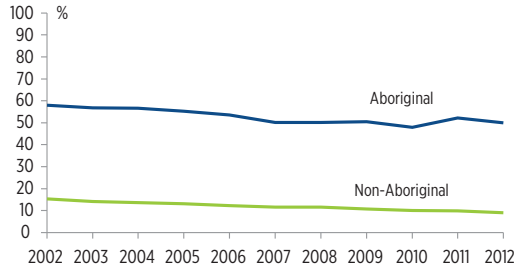
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

Interpretation

In 2013, the rate of daily or occasional smoking in people aged 16 years and over in NSW was 36.8 per cent for Aboriginal people and 15.6 per cent for non-Aboriginal people. Aboriginal people were more than twice as likely to smoke than non-Aboriginal people. Between 2002 and 2013 there has been an overall decline in the proportion of Aboriginal adults who were current smokers, however there are large error margins around the figures for each year due to the small number of Aboriginal people in the sample.

The 2012 prevalence estimate reflects an improvement in the representativeness of the NSW Population Health Survey sample. In 2012 mobile phones were included in the survey methods for the first time and this increased the number of younger people, males and Aboriginal people in the survey sample.

Smoking during pregnancy by mother's Aboriginality, NSW, 2002-2012

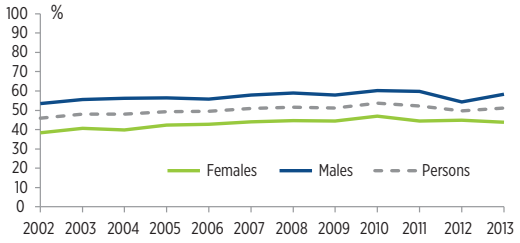


Source: NSW Perinatal Data Collection, Centre for Epidemiology and Evidence.

Interpretation

In NSW in 2012, the percentage of women who reported smoking during pregnancy was 50 per cent for Aboriginal women and nine per cent for non-Aboriginal women. Aboriginal women are over five times more likely to report smoking during pregnancy than non-Aboriginal women. Between 2002 and 2012, there was a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy, from 58 per cent in 2002. 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 2011 in the question used to collect data on smoking during pregnancy. In 2012, there was a slight decline among Aboriginal mothers compared with 2011.

Overweight or obesity in adults aged 16 years and over, NSW, 2002-2013



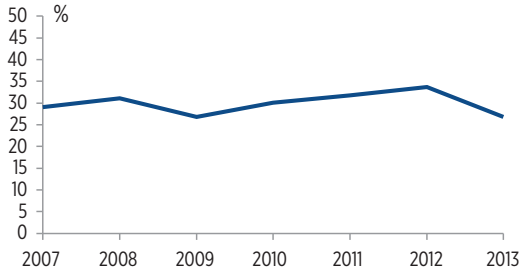
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

Interpretation

In 2013, the rate of overweight and obesity in adults aged 16 years and over in NSW was 51.1 per cent (males 58.3 per cent and females 43.9 per cent). In NSW, over the seven years between 2002 and 2008, the rate of overweight or obesity in the population increased significantly from 46.0 per cent to 51.7 per cent. Since 2008 however, the rate has remained stable.

In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people, males and of people born overseas in the survey sample.

Overweight or obesity in children aged 5 to 16 years, NSW, 2007-2013



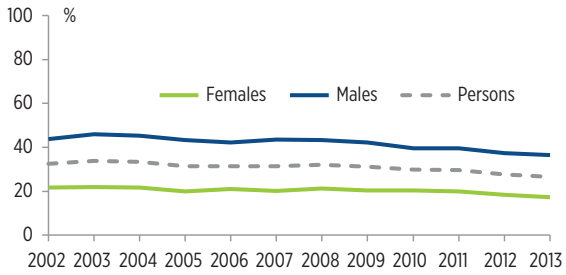
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

Interpretation

In 2013, the rate of overweight and obesity in children aged 5-16 years in NSW was 26.8 per cent compared to 33.7 per cent in 2012. This decline was statistically significant and may be an early indication of improvement. Ongoing monitoring is required to confirm whether the difference reflects random fluctuation in a stable trend or the beginning of a downward trend.

In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people, males and of people born overseas in the survey sample.

Alcohol consumption at levels posing a lifetime risk to health, adults aged 16 years and over, NSW, 2002-2013

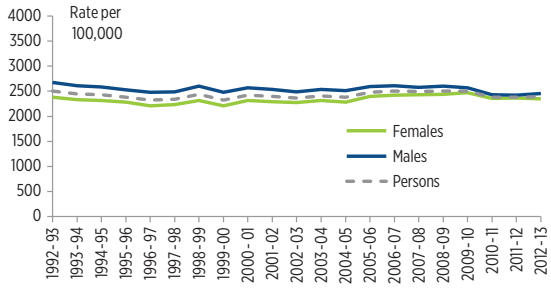


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

Interpretation

In 2013, the NSW Population Health Survey estimated that 26.6 per cent of adults aged 16 years and over (36.4 per cent of men and 17.3 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol. Over the last 10 years in NSW (2004 to 2013) the rate of alcohol consumption at levels that pose a health risk over a lifetime significantly decreased from 33.3 per cent to 26.6 per cent (The NSW Adult Population Health Survey).

Potentially preventable hospitalisations by sex, NSW, 1992–93 to 2012–13

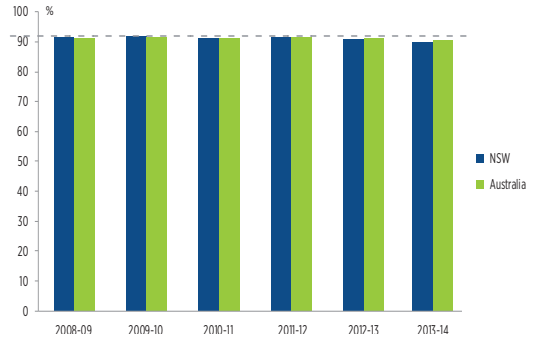


Source: Admitted Patient Data Collection and population estimates, Centre for Epidemiology and Evidence

Interpretation

Rates of potentially preventable hospitalisations are consistently higher in males compared with females over time. The decline in rates between 2009-10 and 2010-11 was associated with a change in the coding of diabetes complications, which was an important cause of potentially preventable hospitalisations. Rates have been stable since this time.

Children fully immunised at one year, NSW and National, 2008–09 to 2012–13

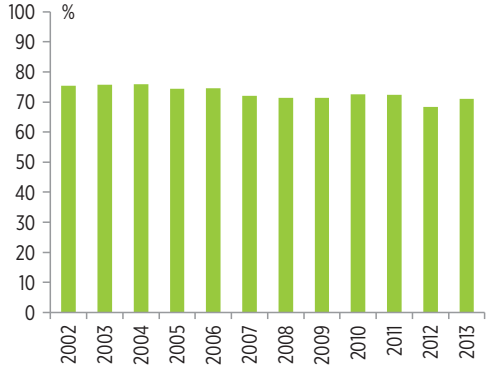


Source: Australian Childhood Immunisation Register

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 2013-14 indicate that 90 per cent of children were fully immunised at one year of age. This is consistent with the national average of 90 per cent. From December 2013, the definition of fully immunised at one year of age includes receipt of pneumococcal vaccine. This may account for the slight decrease in coverage between 2012-13 and 2013-14.

Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW, 2002–2013

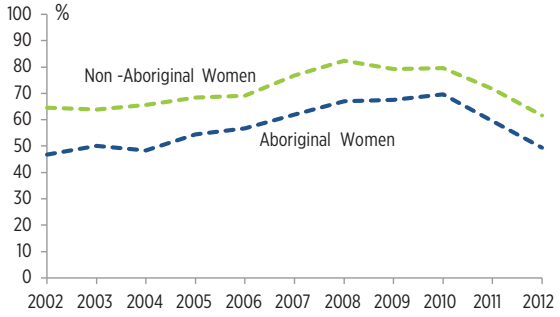


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

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 2013.

First antenatal before 14 weeks by Aboriginal and non-Aboriginal Mothers, NSW, 2002-2012



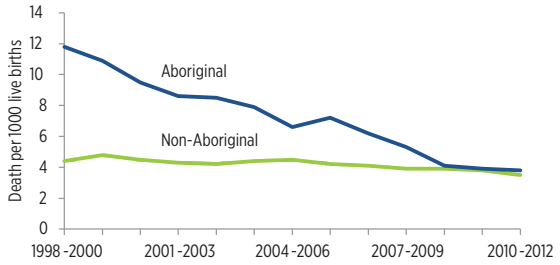
Source: NSW Perinatal Data Collection, Centre for Epidemiology and Evidence.

Interpretation

In NSW in 2012, 51 per cent of Aboriginal mothers attended their first comprehensive visit for antenatal care before 14 weeks pregnancy, compared to 62 per cent of non-Aboriginal mothers. There was an increasing trend in visits for both Aboriginal and non-Aboriginal mothers between 2002 and 2010.

In 2011 a new question about antenatal care was introduced. This question more specifically captures the first comprehensive antenatal visit rather than any visit by mothers who commenced antenatal care before 14 weeks gestation to reflect policy requirements relating to appropriate service delivery. On this basis data from 2011 onwards is not able to be compared with previous years.

Infant deaths by Aboriginality, NSW, 1998-2000 to 2010-2012

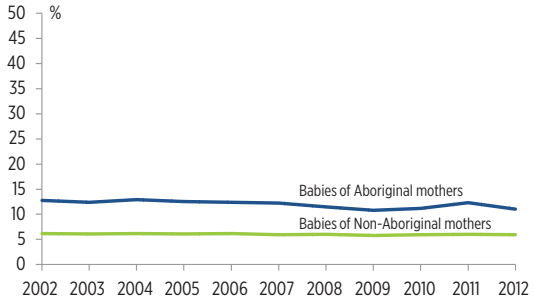


Source: Australian Bureau of Statistics.

Interpretation

In the period 2010-2012, the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 3.8 deaths per 1000 live births for Aboriginal infants, compared with 3.5 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is only slightly higher than 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 five years.

Low Birth Weight Babies born to Aboriginal and non-Aboriginal Mothers, NSW, 2002-2012

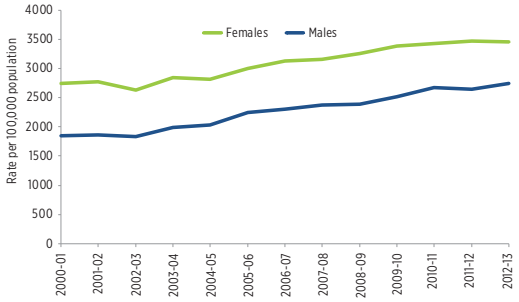


Source: NSW Perinatal Data Collection, Centre for Epidemiology and Evidence.

Interpretation

Low birth-weight babies (weighing less than 2500 grams at birth) are at greater risk of poor health outcomes including disability and death. In NSW in 2012, 11 per cent of babies born to Aboriginal mothers were of low birth weight, compared to 6 per cent of babies born to non-Aboriginal mothers. Babies of Aboriginal mothers are almost twice as likely to be of low birth-weight than babies of non-Aboriginal mothers. Between 2002 and 2012 the rate of low birth-weight babies born to Aboriginal mothers has remained stable.

Fall-related injury overnight stay hospitalisations by sex, persons aged 65 years and over, NSW 2000-01 to 2012-13



Interpretation

This indicator represents the total burden of serious fall-related injury on the hospital system following falls in the community.

Rates of hospitalisations due to a fall among older people have been increasing for the last 20 years. This increase may be due to either: an increase in the incidence of falls in the community resulting in an injury; or may be due to more people returning to hospital for rehabilitation or other care following an injury from a previous fall.

Source: Admitted Patient Data Collection, Centre for Epidemiology and Evidence.

DIRECTION 2:

Providing world-class clinical care

NSW Health is improving performance standards and continuing to focus on quality control to deliver better patient care. Hospitals are a core part of the NSW Health system with the priority being to provide high quality, patient centred clinical care 'first time, every time'.

The way healthcare services are delivered throughout the NSW Health system is changing. Increasingly, acute hospitals are not a stand-alone service but part of an extensive health and medical network, designed to serve the diverse and growing needs of the NSW community. That means working with clinicians and managers to develop and implement new models of care to better meet patient needs – not just within hospital walls, but also beyond them.

To accelerate change, innovation is being driven through locally led, centrally facilitated initiatives that can be scaled up, rolled out and embedded system-wide. With a focus on flexibility, these programs can be tailored to meet the needs of local communities.

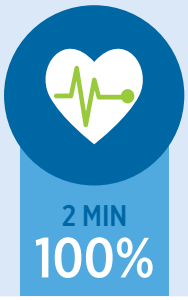
The NSW Health system has been restructured to put decision-making closer to the patient. In creating a 21st century health system, clinicians and managers are being empowered to help transform the way patient care is provided.

Key priorities include:

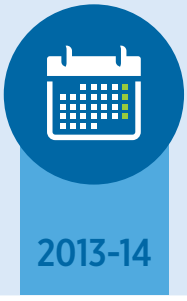
- moving beyond the emergency department to create a better connected health system
- developing and implementing new models of care to meet changing needs and address unwarranted clinical variation
- driving better performance via partnerships with clinicians and managers
- maintaining a continued focus on quality and safety
- listening to patients.

Highlights

Improved patient experience in NSW public hospitals with 91% of patients rating overall care as 'very good' or 'good' in 2013



100% of the most seriously ill patients in NSW emergency departments were treated within the nationally recognised benchmark of **2 minutes**



123,447 less days spent waiting for elective surgery compared to 2011-12

11,485 additional elective surgery patients admitted to hospital for their surgery within the clinically appropriate timeframe

2.1 Moving beyond the emergency department to create a better connected health system

Improved connectivity of the patient journey through a hospital and back into the community, means improved patient-centred services. This connectivity frees up emergency departments and hospital wards for patients with the most pressing needs, while achieving better outcomes for all patients.

NSW continues to build on the success of the Whole of Hospital Program to reflect a system-wide approach that emphasises integrated care. The Program had expanded to 44 sites by August 2014, increasing from 21 sites at the end of 2013. In the first half of 2014, NSW Health achieved an overall improvement in the time a patient spends in the emergency department before discharge against the National Emergency Access Target benchmark of four hours. Between January and June 2014, there were 75.9 per cent of patients admitted, referred or discharged within four hours, compared to 70.6 per cent between July to December 2013. This result is a reflection of the success of the Whole of Hospital Program and its approach of 'locally owned and centrally supported', which remains the cornerstone of the Program.

16,000 care packages made available through the ComPacks Program

The 'Whole of Hospital' approach transitioned towards a 'Whole of Health' approach in 2014 to reflect the focus on integrated care. This new approach takes into account not only what happens within our hospitals, but also the impact of hospital avoidance and post hospital care programs. Internal NSW Ministry of Health partnerships and those with NSW Ambulance have been expanded to support this initiative.

The NSW ComPacks Program continues to grow since its inception as a pilot project in 2003 with an initial 10 referral hospitals. The ComPacks Program was developed for patients in NSW public hospitals who require immediate access to case management and a combination of community services to safely return home from their stay in hospital. During 2013-14 there were in excess of 16,000 care packages made available to patients.

Medical engagement remains a priority area in the Whole of Hospital Program. The Program has provided the opportunity for six sites to take part in the Medical Engagement Survey. This is a comprehensive survey tool, with roots in the United Kingdom National Health Service, which measures the levels of engagement of doctors and then offers support for improvement areas identified. The Medical Engagement Survey is underway at Westmead, Gosford, Royal North Shore, Coffs Harbour and Prince of Wales hospitals, as well as Southern NSW Local Health District.

To help clinicians and managers better coordinate patient flow through emergency departments and hospitals, NSW Health has further developed and refined the Patient Flow Portal and in particular the Electronic Journey Board. Each local health district held workshops on the Board with feedback from around 380 clinicians assisting development. There are plans to embed the Patient Flow Portal as the primary system for managing patient flow and care coordination.

The Reform Plan for NSW Ambulance aims to better integrate NSW Ambulance within the broader NSW Health system to ensure the provision of world-class emergency medical care.

Twenty five of the 34 reforms contained in the Plan have been implemented with the remaining nine on track for completion by their target dates.

The Reform Plan for Aeromedical (Rotary Wing) Retrieval Services in NSW is assisting to foster integration across the health system through the delivery of enhanced helicopter retrieval services. The new Network will deliver high quality clinical care faster and safer than ever before.

New specifications developed by independent aviation and aeromedical retrieval experts will enable faster patient care, reduced retrieval times, and include the requirement for 24 hour base operation, seven days a week, as well as require a team of doctor and paramedic or doctor and nurse to be available for every flight. Current and potential suppliers of these services were invited to tender for the new Network in December 2013 and the final suppliers of helicopter retrieval services will be announced at the end of 2014.

Improved timeliness of transfer of care by 5.7%

As part of this Plan, Newcastle Helicopter Base has already transitioned to a doctor/paramedic model with a dedicated retrieval ambulance for all primary retrievals from 12 March 2014; and Orange Helicopter Base operating hours have increased to provide 24 hour coverage for the region from 28 March 2014.

NSW Ambulance has improved its ability to reach patients in emergency and/or urgent need by introducing a new Triple Zero (000) triage system to ensure patients who need an emergency ambulance get one faster. This resulted in a reduction of over 122,000 emergency 'lights and sirens' responses since implementation in March 2013 (as at February 2014).

2.2 Developing and implementing new models of care to meet changing needs and address unwarranted clinical variation

Clinical variation occurs across all disciplines and practices and can arise due to a range of valid reasons. Unwarranted clinical variation is variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance. In October 2012, the Agency for Clinical Innovation formed a statewide taskforce to work with clinicians, managers and other stakeholders to oversee the development of a system-wide strategy to reduce unwarranted clinical variation.

The Taskforce comprises clinicians from many disciplines; data experts (including representatives from the Bureau of Health Information and the Sax Institute), the NSW Ministry of Health (including the Chief Nursing and Midwifery Officer), Clinical

Excellence Commission, Cancer Institute NSW and two local health district Chief Executives.

The Taskforce identified four key areas: stroke; acute myocardial infarction; hip fracture; and low volume, complex cancer surgeries (pancreas and oesophagus) to focus their evaluation and to develop and introduce new models of care. NSW health services aim to ensure patients with similar diagnoses do not get treated differently when there is no clinical reason for this to happen.

The NSW Stroke Reperfusion Project aims to shorten the patient journey from onset of acute stroke symptoms to an Acute Stroke Thrombolysis service for definitive treatment. The Project has been implemented in 20 Acute Thrombolytic Centres across 11 local health districts including sites in rural NSW. This project trains paramedics in the application of the Face, Arm, Speech and Time (FAST) stroke assessment tool; and to define, locate and govern permanently operating stroke units in hospitals that offer thrombolytic therapy.

20 Acute Thrombolytic Centres across 11 local health districts have implemented the Stroke Reperfusion Project

The State Cardiac Reperfusion Strategy aims to improve care for all patients in NSW with an acute coronary syndrome. The strategy endeavors to reduce the time from symptom onset to reperfusion for all patients in NSW with acute segment elevation myocardial infarction. Implementation of this strategy is due for completion by the end of 2014. Local health districts have implemented a range of strategies, tailored to their local resources including the Pre-Hospital Assessment for Primary Angioplasty and Paramedic Administered Pre-Hospital Thrombolysis.

The Rehabilitation Model of Care has been implemented in at least one care setting in eight local health districts across NSW and implementation is at the planning stage for a further four local health districts.

The Agency for Clinical Innovation is overseeing the implementation of four projects to reduce unwarranted clinical variation in mortality and patient outcomes in the areas of hip fracture, stroke, acute myocardial infarctions and the provision of low volume cancer surgeries. Further work is planned to address variation in 'efficiency' (variation in length of stay and cost) as well as variation in appropriateness of care and intervention. Work has also commenced to address variation in the care and treatment of pneumonia.

To provide support to those facing end of life decisions or requiring access to palliative care, the Agency for Clinical Innovation Palliative Care Network has developed the online resource Palliative and End of Life Care: A Blueprint for Improvement. The Blueprint contains ten essential components that foster earlier end of life conversations, goal planning and enhanced options to be cared for at home.

A series of new community palliative care services have also been introduced across NSW to offer patients, families and carers improved choice about their care at the end of life. These services include new packages of home support services to be rapidly mobilised for patients who wish to be supported at home in their last days of life; expanded paediatric palliative care services working with local clinicians to provide a supportive clinical team for children who are dying and their families; and expanded support for palliative care volunteer services across NSW.

The Advance Planning for Quality Care at End of Life: Action Plan 2013-2018 is being progressed following its launch in July 2013, with the development of an End of Life Decisions, the Law and Clinical Practice: Information for NSW Health Professionals online resource commenced for NSW Health clinicians, general practitioners, legal and health professional bodies and aged care providers.

2.3 Driving better performance via partnerships with clinicians and managers

NSW Health is harnessing the expertise of clinicians and managers across the system to look at where it is appropriate to standardise care to improve the safety and quality of care provided to patients, using data and evidence as their guide.

Throughout 2013-14, the NSW Ministry of Health continued to develop strong working relationships with local health districts, speciality health networks and pillar Chief Executives and their Boards to ensure the NSW Health Performance Framework was clearly understood, implemented and monitored. Significant work has been undertaken this year to ensure the 2014-15 Service Agreement process is completed with greater transparency, timeliness and coordination within the NSW Ministry of Health.

6000 individuals engaged across the health network by the Agency for Clinical Innovation

Local health districts and speciality health networks were also supported to better utilise Activity Based Funding in budget setting and purchasing decisions, including an emphasis on increased devolution to individual hospitals and service units. To enable this, the Activity Based Management Portal was developed. The Portal is an interactive, online business intelligence reporting platform that collates cost data annually from local health district and specialty health network returns and standardises it to be interrogated by Chief Executives, clinicians, management and user groups within the NSW Ministry of Health and pillar organisations. To support funding reform the statewide Clinical Champions Meeting provided an opportunity for local clinicians to share innovative approaches to local implementation of Activity Based Funding.

Continuing to foster clinical engagement and clinical champions to drive improvements to patient care, the Agency for Clinical Innovation has established a forum for senior executive managers and lead clinicians from local health districts and specialty health networks, implemented an Agency for Clinical Innovation Co-Chairs Forum and established an Agency for Clinical Innovation General Practitioner Advisory Group.

2.4 Maintaining a continued focus on quality and safety

NSW performs well against national targets for clinical service access, comparing favourably with other states and territories. Even with over 2.65 million emergency attendances during 2013-14 and growing demand, patient access to and from emergency departments has improved. More elective surgery is also being performed with 97.1 per cent of patients receiving their surgery within clinically recommended timeframes in 2013-14. There has also been noticeable improvement in the proportion of surgeries completed on time across all urgency categories.

Accreditation to the National Safety and Quality Health Service Standards commenced on 1 January 2013 with hospitals progressively undergoing assessment against the Standards from that date. In 2013-14 there were 48.1 per cent of hospitals successfully accredited against the new National Safety and Quality Health Service Standards, 27.6 per cent had their initial assessment and are awaiting final accreditation results and 24.3 per cent will undergo their initial assessment during 2014-15.

Cardiac arrest rate declined with 1200 fewer cardiac arrests than expected over the past four years

The Clinical Excellence Commission continues to support signature safety programs and develop new initiatives to improve the quality and safety of healthcare in NSW through their Patient Safety Program. Since the Between the Flags Program was introduced, the cardiac arrest rate has declined by over 30 per cent, which is an estimated 1200 fewer cardiac arrests than expected over the last four years.

NSW Health continues to develop programs to reduce infection rates in hospitals. Staphylococcus aureus, a bacterium that commonly colonises human skin and mucosa, is among the most common of community and healthcare associated sepsis. NSW Health has continued to report low levels of infection consistently below the Council of Australian Governments agreed benchmark of 2.0 per 10,000 bed days. Infections reported now include both those that are Methicillin resistant (Methicillin-resistant Staphylococcus aureus) and those that are Methicillin sensitive (Methicillin-sensitive Staphylococcus aureus).

NSW Hand Hygiene rates continue to improve and NSW continues to have the highest hand hygiene rates in Australia. In November 2013, the Peripheral Intravenous Cannula (PIVC) Insertion and Post Insertion Care in Adult Patients GL 2013_013 guideline was released. This guideline outlines insertion and post insertion care and is aimed at reducing Staphylococcus aureus bacteraemia infection rates beyond 2014.

2.5 Listening to patients

Patient experience data is playing an increasingly prominent role in determining performance of healthcare services in NSW and the Commonwealth, with the availability of reliable and accurate data an important tool for healthcare organisations to measure and evaluate their performance.

Working together to strengthen partnerships with patients, families and carers in a collaborative way is one of the drivers of the Essentials of Care Program. Currently there are over 700 teams engaged in the Program across NSW. Created as a nursing and midwifery initiative, Essentials of Care has been expanded into teams outside of acute care and nursing. Medical imaging, radiography and allied health such as occupational therapists, dieticians, social workers and pharmacy departments are also implementing the Program in their areas of work.

An example of a locally driven initiative which builds on the success of the Essentials of Care Program is the introduction of the Sensory Garden in the Acacia Unit at Cumberland Hospital which has significantly reduced the rates of agitation and aggression among patients. The Sensory Garden provides a safe comfortable, relaxed, calm and tranquil environment for patients and staff.

The Clinical Excellence Commission's In Safe Hands Program provides a platform for building and sustaining efficient and effective healthcare teams within a complex healthcare environment. Orange Health Service, which was a pilot site for the Program, received the 2013 Minister for Health and Minister for Research Award for Innovation. Responses from staff in the Orange Health Service Acute Medical Unit have been overwhelmingly supportive of the Program and its impact which includes improvements in transfers of care and improved patient satisfaction.

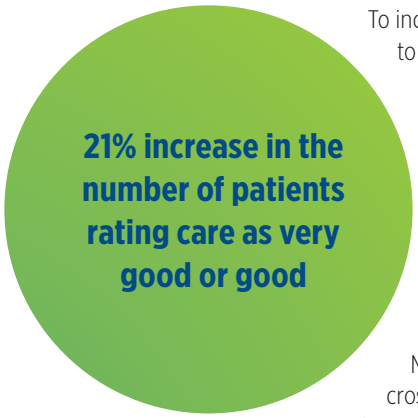
700 teams across NSW engaged in the Essentials of Care program

Fifteen units attended the In Safe Hands residential school held at Orange in June 2013. Thirteen of the units have since implemented the In Safe Hands Program. The In Safe Hands team has supported several hospitals in implementing the Program across metropolitan, regional and rural sites. A number of local health districts are utilising In Safe Hands as a method to improve teamwork and communication between members of healthcare teams across all their facilities.

The NSW Patient Survey Program is the largest scale collection of patient experiences in Australia, mailing almost a quarter of a million surveys a year to recent patients. The Bureau of Health Information took over management of the Program on behalf of the NSW Ministry of Health in 2012. During 2013-14, four separate surveys of NSW health services were undertaken to better understand patients' experiences of admitted patient care, paediatrics, emergency departments and outpatient clinics.

The Bureau of Health Information publicly released a range of survey results through its internet portal, Healthcare Observer. Bureau of Health Information has also published more detailed investigations in report format, such as the Patient perspectives: Mental health services in NSW public facilities reports (community service and inpatients), released in October 2013.

In 2013, ninety one per cent of patients in NSW rated their overall care received as 'very good' or 'good' compared to 70 per cent (rated as 'very good or 'excellent') in 2012. These results, from the NSW Patient Survey Program continue to provide NSW Health with key metrics to inform and direct improvements to patient care.

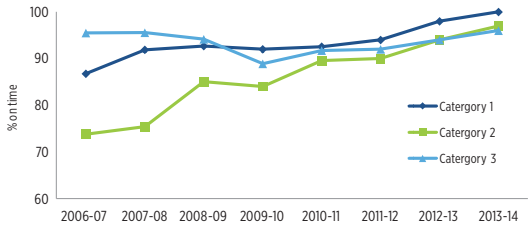


To increase the capacity for patients to provide immediate feedback about their care by embedding real-time patient feedback and Patient Reported Outcome Measures into local systems, the Bureau of Health Information is working with other pillars to understand the role of Patient Reported Outcome Measures in NSW with the first cross-organisational meeting planned for September 2014. The NSW Patient Survey Program is well placed to develop and refine questionnaires for Patient Reported Outcome Measures in NSW and has the mechanism in place to sample and deliver these to patients.

The Survey Program is also working toward inclusion of outcomes of patient care in questionnaires. The Bureau of Health Information is in the process of developing a suite of outcome questions that can provide hospitals with a better understanding of patient outcomes after discharge. When possible, the Bureau's reports include measures of outcome such as in the October 2013 Community Mental Health Experiences report.

Key indicators

NSW Hospital Performance National Elective Surgery Targets



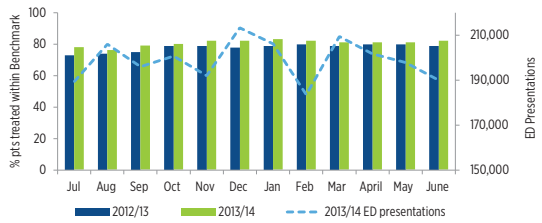
Source: Waiting List Collection Online System, NSW Ministry of Health.

Interpretation

There were 216,675 elective surgical cases performed in 2013-14, an increase of 1.344 per cent or an extra 2876 cases performed compared to 2012-13 when there was 213,799 elective surgical cases performed. As at June 2014, 97.1 per cent of elective surgery patients were admitted to hospital for their surgery within the clinically appropriate timeframe. This is an overall improvement of 1.1 per cent compared to the same period last year.

In each of the three clinical categories, NSW hospitals continued their impressive performance. Category 1 patients are required to be admitted within 30 days. Category 2 patients are required to be admitted within 90 days. Category 3 patients are required to be admitted within 365 days.

All Triage Categories Percentage Treated within benchmark



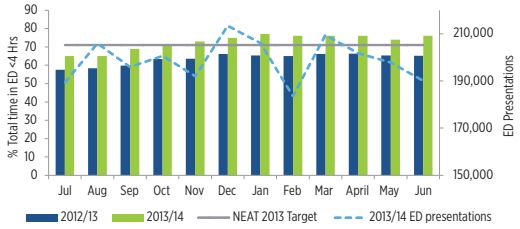
Source: Emergency Department Information System.

Interpretation

There were 2,656,302 emergency department attendances in 2013-14, an increase of 2.9 per cent compared to 2012-13. Year to date, there was also an 8.9 per cent increase in hospital admissions from our emergency departments compared to the same period last year. Patients presenting to our emergency departments are classified or triaged into one of five triage categories in accordance with the Australasian Triage Scale. A triage system is the essential structure by which all incoming emergency patients are prioritised using a standard rating scale. The purpose of a triage system is to ensure that the level of emergency care provided is commensurate with clinical criteria.

Despite increasing attendances to our hospital emergency departments, NSW hospitals continue to perform extremely well in all triage categories. In fact, NSW hospitals on a year to date basis exceeded the benchmark in all five triage categories. NSW emergency departments 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 patients (Triage One) patients within the nationally recognised benchmark of 2 minutes.

NEAT – Percentage of patients with treatment completion time in the emergency department < or = to 4 hours.



Source: Emergency Department Information System.

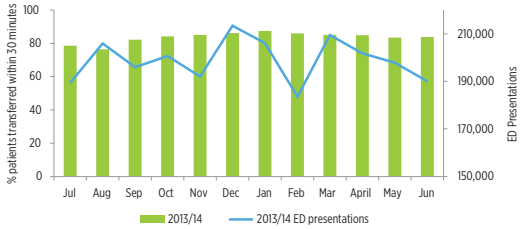
Interpretation

The 2013 calendar year target for National Emergency Access Target (NEAT) was 71 per cent. This target was increased to 81 per cent for the 2014 calendar year. The target measures the percentage of emergency department patients admitted, referred or discharged within four hours of presentation.

Performance for the period July 2013 to December 2013 was 70.6 per cent, meeting the established target.

For the period January 2014 to June 2014, NEAT performance was 75.9 per cent significantly a 9 per cent improvement compared to the same period last year.

Ambulance to Emergency Department Transfer of Care

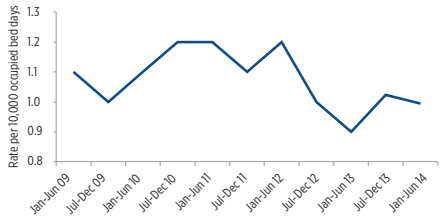


Source: 1 Transfer of Care Reporting System and 2 NSW Health Information Exchange.

Interpretation

As at June 2014, Transfer of Care Performance Year to Date was 83.5 per cent. In the previous year the figure was 79 per cent. The NSW Ambulance Service and emergency department staff have continued to adopt new initiatives which has seen a 5.7 per cent increase in performance compared to the same period last year. The aspirational target for Transfer of Care is 90 per cent.

Staphylococcus aureus bloodstream infections



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

Interpretation

The data for Staphylococcus aureus bacteraemia infection rates from July 2011 are based on a revised national definition which differs from the NSW definition used prior to that date. This revised surveillance definition means in some cases it is more difficult to determine if these infections were associated with performance of a particular hospital.

Infections reported now include both those that are Methicillin resistant (MRSA) and those that are Methicillin sensitive (MSSA). Using the revised national definition, reported rates in NSW are comparable to those in other Australian states and internationally, with the NSW rate consistently below the Council of Australian Governments agreed benchmark of 2.0 per 10,000 bed days.

STRATEGY 3:

Delivering truly integrated care

Delivering the right care, in the right place, at the right time relies on a connected health system that is organised around the needs of the patient. A system that patients and their carers can easily navigate, and one that leads to improved healthcare experiences and outcomes.

Integrated care involves the provision of seamless, effective and efficient care for an individual, across different providers and funding streams. It ranges from prevention and early intervention through to end of life, across physical and mental health, in partnership with the individual, their carers and family. The challenge is to deliver this systematically and sustainably across the health system to those who need it most – people with complex, chronic conditions.

To meet this challenge, NSW is transforming the health system through:

- empowering patients to be partners in their care
- supporting strategic, targeted investments in new models of integrated care
- investing in enablers to inform and support delivery of the integrated care strategy
- strengthening partnerships with the primary and community care sectors for a seamless care experience
- aligning financial incentives and performance
- scaling up, rolling out and embedding successful initiatives across NSW.

Highlights

INVESTED
$120 M

$120 million over four years being invested to support models of integrated care through the **NSW Integrated Care Strategy**

THREE

Three Integrated Care Demonstrators established and a new **Planning and Innovation Fund** operating

ENROLLED
48,425

48,425 people enrolled in the **NSW Chronic Disease Management Program**

500

500 Authorised Care Plans recorded through **NSW Ambulance**

3.1 Empowering patients to be partners in their care

NSW Health is empowering patients to be partners in their care in a range of ways, from the provision of information and a range of programs to assist people in having a greater say in their healthcare and to feedback their experiences, through to designing models of care that incorporate and support self-management.

A number of strategies and initiatives have been developed and implemented to help patients and their carers navigate the health system. The Clinical Excellence Commission *Partnering with Patients* program supports local health districts and specialty networks to include patients and family as care team members. It includes the TOP 5 initiative, which is an approach to engage with carers to gain information that personalises care. It formalises personal information gathered from the carer through a four step process which is then available to every member of the team who will interact with the patient. These steps are:

- Talk to the carer
- Obtain the information
- Personalise the care
- 5 strategies developed

The *REACH* program empowers patients and families to escalate care if they are concerned about the condition of the patient by first encouraging engagement with the treating clinicians at the bedside and the *In Safe Hands* program is supported by 10 functions that enable teams to become a cohesive unit placing patients at the centre of care.

Local initiatives under the NSW Health Integrated Care Strategy focus on creating more connected and patient-centred health services including establishing patients, their families and carers as key partners in the planning and delivery of their care.

TOP 5 Initiative is being implemented and evaluated in 15 public hospitals in NSW

The NSW Chronic Disease Management Program, *Connecting Care in The Community*, includes a strong focus on self-management and health coaching support. The Agency for Clinical Innovation is improving access to information on the Program through the translation of the Program brochure into 15 community languages including Arabic, Assyrian, Chinese, Croatian, Greek, Hindi, Italian, Khmer, Korean, Macedonian, Serbian, Spanish, Thai, Turkish and Vietnamese. These brochures are available on both the Agency for Clinical Innovation and the Multicultural Health and Communication Service websites.

NSW Health is also investing in new technologies that help patients and their carers to better manage and monitor their care outside the hospital setting. Investment by eHealth NSW in clinical systems such as HealtheNet, a clinical portal which integrates with the Personally Controlled Electronic Health Record, provides a unified picture of a patient's health information that is available to both patients and providers and allows discharge summaries to be sent to a patient's nominated general practitioner.

The implementation of HealtheNet is being fast tracked under the NSW Integrated Care Strategy and it will be fully rolled out across NSW by the end of 2014-15. The Strategy also includes the development of systems to routinely capture Patient Reported Outcomes Measures and patient experience in real time to ensure we understand and act on patient experience and outcomes.

3.2 Supporting strategic, targeted investments in new models of integrated care

The NSW Health Integrated Care Strategy aims to transform how we deliver care with connected service provision across different providers (both within NSW Health and more widely) and a greater emphasis on community-based services that better support people with long-term conditions. The Government's $120 million commitment to this Strategy over four years will support the development, testing and scaling of new, innovative locally-led models of integrated care across the State. This investment is primarily directed to local health districts and specialty networks to progress their ideas and strategies for integrated care locally commencing with the establishment of three integrated care Demonstrators and a Planning and Innovation Fund in 2013-14.

The three Demonstrators – Western NSW, Central Coast and Western Sydney – represent rural, regional and metropolitan parts of NSW and have been selected to develop and test system-wide approaches to integrating care. Local health districts are expected to work in partnership with Medicare Locals/primary health networks, community and primary care providers, aged care providers and the not-for-profit and private sectors. Together they have a responsibility to share their approaches and learnings and help scale and transfer good practice across the State. Each Demonstrator now has a local strategy and high level implementation plan in place for their populations, aiming to establish better connections across health providers and design services and pathways around the needs of the patient.

$1.8 million being invested to establish two LikeMind trial sites

This investment provides additional impetus to these districts to help to drive innovation and transformation towards a more integrated health system, building on existing integrated care plans and initiatives and setting the scene for locally led integrated care initiatives across NSW.

In parallel, the Integrated Care Planning and Innovation Fund will support discrete local initiatives in a particular area that contribute to the cumulative transformation of the NSW health care system. Local health districts and speciality networks in NSW that are not already funded as integrated care Demonstrators have the opportunity to bid for funds to support their initiatives. To be successful applications must be developed in partnership with primary care or other health, aged care or community service providers, including non-government organisations and the private sector as appropriate.

During 2013-14, NSW Health also undertook a multi-staged tender to identify a non-government organisation to lead the pilot of a new integrated mental health service. The successful organisation, Uniting Care Mental Health, will lead a consortium of co-located government and non-government service providers, enabling a more efficient and cooperative use of resources whilst supporting an integrated approach to pathways of care for adult consumers of mental health services.

HealtheNet live across four local health districts and The Sydney Children's Hospital Network

Another mental health initiative, LikeMind, aims to provide access to integrated services for adult mental health consumers across four core streams of service: mental health, alcohol and other drugs, primary care and social recovery and vocational services. A three year pilot is being undertaken in two sites in the Penrith and Western Sydney local government areas and surrounding region. The pilot service brings together existing community and allied public, private and non-government health organisations and related services in an accessible, engaging, co-located community space.

This new model of service access aims to increase consumer and carer choice, reduce the red tape and waiting times of community-based mental health services and provide the opportunity for workforce skills exchange and agency capacity building.

3.3 Investing in enablers to inform and support delivery of the integrated care strategy

To complement local initiatives under the NSW Integrated Care Strategy, NSW Health is investing in improved information infrastructure and tools to 'enable' integrated care across the State, building local capacity for local health districts and including improved information systems; patient experience and outcomes; and measurement and risk stratification approaches. This work is being led by eHealth NSW and the Agency for Clinical Innovation, together with the NSW Ministry of Health.

Robust and complete patient information is a key enabler of integrated care. To assist patients and clinicians to make the best decisions in a timely way with immediately accessible clinical and patient information, Healthe*N*et will support data linkages between State and Commonwealth funded services by interfacing with the Commonwealth Personally Controlled Electronic Health Record. This enables the sharing of patient information across public hospitals and allows primary care providers to access information with patient consent. Healthe*N*et is now live across four local health districts and The Sydney Children's Hospitals Network and will be deployed statewide by the end of March 2015.

Other eHealth investments in infrastructure, such as the Health Wide Area Network will improve security and performance, critical to the delivery of telehealth and clinical solutions such as Electronic Medications Management which are an important part of an integrated care environment.

The ability to understand population needs, identify those individuals at risk of hospitalisation or deterioration and provide targeted interventions is a critical part of the integrated care fabric. The Agency for Clinical Innovation has been working with the integrated care Demonstrator sites to identify and test risk stratification tools that may be used in their emerging integrated care models, and this will continue into 2014-15.

The NSW Ministry of Health is also developing a monitoring and evaluation framework to guide learning, adjustments and improvement over the course of the Integrated Care Strategy investment.

3.4 Strengthening partnerships with the primary and community care sectors for a seamless care experience

Building relationships and partnerships with primary and community care sectors to support service improvement and the development of a more seamless care experience has been a major focus across NSW Health in 2013-14.

To promote local health pathways that standardise and simplify referral and links for general practitioners, hospitals and community health providers, the Agency for Clinical Innovation has undertaken several initiatives. The Agency has partnered with Central Coast Medicare Local to develop a Primary Health based *Chronic Pain Management Program*. The Program is trialling and evaluating a number of interventions and will seek to embed pain management in routine primary healthcare practice.

The Agency for Clinical Innovation is also supporting implementation at three sites and evaluation at four sites, of *HealthPathways*. This Program helps local services review and clarify their patient pathways between primary and specialist care and share the information on a reference website for health professionals. This process is aimed at improving patient management, assessment and referral through streamlined links between primary and secondary care clinicians and providing clear information for referrers. The four sites have each formed a local partnership between acute, primary and community care to implement *HealthPathways* and have developed around 400 pathways between them.

The Agency has also partnered with four Medicare Locals and local health districts to develop, implement and evaluate the delivery of musculoskeletal models of care for refracture prevention, chronic care for people with osteoarthritis, and helping people newly diagnosed with low back pain to implement self-management strategies that will deter the problem from becoming chronic. Each will embed a process of care that ensures the patient cohort is provided with interventions in primary care settings with general practitioner leadership and there are smooth transition processes across all care settings – acute, primary, community, within and outside the NSW health system.

The Agency for Clinical Innovation NSW Chronic Disease Management Program, *Connecting Care in the Community*, supports people with chronic disease (diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease and hypertension) to better manage their condition in order to improve their health and quality of life, prevent complications and reduce potentially preventable hospitalisations.

The Program promotes the delivery of coordinated, person-centred care for people with chronic disease across healthcare providers and care settings. It specifically focuses on improving continuity of care by linking primary healthcare (including general practitioners and Aboriginal Medical Services) to community health, rehabilitation and specialist disease services. The total number of people enrolled in the Program for 2013-14 was 48,425, representing 101 per cent of the annual target.

The Justice Health & Forensic Mental Health Network approach to integrated care encompasses both acute and non-acute settings and focuses on assisting a highly vulnerable patient group to access the health system, both internal and external to the Network. This includes diverting adults and young people with mental illness from custody to community-based mental health services, ensuring transition of care as custodial patients move through the correctional and juvenile justice system, particularly for Aboriginal patients and those with chronic disease, drug and alcohol issues and/or mental illness, and supporting a seamless transfer of care for custodial and forensic patients within exiting Justice Health & Forensic Mental Health Network services.

1273 patients assessed by the Aboriginal Chronic Care Program – 34 per cent increase compared to 2012-13

In 2013-14, there were 1273 patients assessed by the Aboriginal Chronic Care Program (34 per cent increase compared to 2012-13), which provides systematic screening, health education, health promotion and early intervention strategies for Aboriginal patients in custody, and 13.8 per cent of all Justice Health & Forensic Mental Health Network patients were enrolled in the *Care Navigation Support Program*, which ensures a smooth patient journey for those with chronic disease and/or complex health needs by connecting and coordinating care from entry to exit from the custodial system and thereafter.

To foster partnerships between NSW Ambulance and primary care organisations to develop strategies that consider alternative referral pathways outside the traditional model of transport to emergency departments, NSW Ambulance implemented a number of initiatives during 2013-14. Palliative and end of life care Authorised Care Plans were introduced to enable clinical protocols for individual patients (such as patients with particular conditions, chronic care or palliative needs) to be developed by their general practitioner or medical specialist in partnership with NSW Ambulance. NSW Ambulance has over 500 authorised care plans that have been recorded; currently 250 active plans are registered.

A collaborative six month proof of concept between NSW Ambulance and Central Coast NSW Medicare Local also enabled intensive care paramedics to deliver non-emergency department appropriate care options such as referring identified low acuity patients to their regular general practitioner. An evaluation of the concept has shown that:

- 83 patient referrals were attempted, with 82 successful referrals made
- most referrals were made for the same day or the following day
- referrals were primarily directed to the patient's own general practitioner
- 83 per cent of patients were transported by private vehicle, not by ambulance
- single paramedic responders attended a high proportion of cases and were successful in avoiding the need for a second vehicle for patient transport.

NSW Ambulance also provided extended care paramedic responses to residential aged care facilities as part of the Aged Care Emergency pilot in the Hunter New England Local Health District. NSW Ambulance is working with other facilities identified as high NSW Ambulance users to provide information about options for patients who would present as non-life threatening including linking to other established local health district aged care triage services.

Finally, local integrated care initiatives funded under the Integrated Care Strategy have been developed and are being implemented in partnership with Medicare Locals and involve collaboration between hospital, specialist, primary and community care providers.

3.5 Aligning financial incentives and performance

Financial and non-financial incentives that encourage partnerships between providers and the delivery of integrated care are a key component of successful integrated care models. Local initiatives under the Integrated Care Strategy will include the development and testing of new, locally derived funding models in low-risk environments. NSW has held discussions with the Commonwealth on opportunities to partner on funding models that support integrated care and expects to progress this further in 2014-15.

NSW is leading in seeking access to Commonwealth data for better patient care

NSW is also continuing its discussion with the Commonwealth on sharing data in relation to planning, service provision across the primary and acute sectors, as well as measuring outcomes. NSW Health continues to take a leadership role in this through established structures including the Council of Australian Governments Health Council, Australian Health Ministers Advisory Committee and the Hospitals Principal Committee.

Better sharing of data is a NSW Health priority as it is an opportunity to improve service delivery coordination and develop a comprehensive picture of individual patient journeys. It will also contribute to improved joint planning and shared funding initiatives between the primary and acute sectors, increasing efficiencies and delivering better health outcomes for local populations by providing more care in the community.

There are also opportunities to use the NSW Health Activity Based Funding model to support integrated care and encourage care in alternative settings. In 2013-14, the Activity Based Funding Taskforce worked closely with the Commonwealth and state governments to develop accurate classifications and improve pricing and funding mechanisms for the future

sustainability of health funding in NSW, particularly around non-acute and mental health services which are critical for integrated care and growth in community-based services.

3.6 Scaling up, rolling out and embedding successful programs across NSW

Under the NSW Integrated Care Strategy, three integrated care Demonstrators, Western NSW, Central Coast and Western Sydney have been selected to develop and test system-wide approaches to integrated care, complemented by initiatives funded under the Planning and Innovation Fund. While these initiatives are still in their early stages, they will create an important learning and knowledge base, allowing good elements to be continued, scaled and transferred, while other aspects can be modified and improved.

Clinical leadership academy held in April 2014

To meet obligations around transferability and scalability, the Demonstrators have been asked to develop approaches that will transfer the successful learnings from their initiatives to other local health districts. Other local health districts will have the opportunity to be involved in peer review of the Demonstrators and to learn from the approaches they have taken, both informally and through formal evaluation. The NSW Ministry of Health will support this process through developing a robust monitoring and evaluation framework, the design of which is underway and coordinating communication, knowledge sharing and capacity building.

The NSW Ministry of Health and Agency for Clinical Innovation are working on a range of communication and knowledge sharing initiatives together with capacity building for local health districts and their partners to support successful design, implementation and sustainability of integrated care initiatives which will be further developed in 2014-15. Clinical leadership is a key success factor for NSW in delivering integrated care. Reflecting this, in April 2014 the Ministry held an Integrated Care Clinical Leadership Academy with Dr Jack Cochran, Executive Director of Kaiser Permanente's clinical arm. The two-day Academy was attended by over 50 clinicians and managers from across the State. It aimed at explaining integrated care, its importance and the critical role of clinical leadership in achieving it.

The Strategies

STRATEGY 1:

Supporting and developing our workforce

1.1 Improve workplace culture
1.2 Ensure our workforce has the right people, with the right skills, in the right place
1.3 Support and inspire our workforce

STRATEGY 2:

Supporting and harnessing research and innovation

2.1 Invest in research
2.2 Build system-wide capacity to turn information and evidence into policy and practice
2.3 Share new ideas
2.4 Foster translation and innovation from research
2.5 Build globally relevant research capacity

STRATEGY 3:

Enabling eHealth

3.1 Invest in clinical systems
3.2 Invest in business systems
3.3 Invest in infrastructure
3.4 Strengthen eHealth governance – to create a contemporary, responsive and world-class eHealth system in NSW
3.5 Refresh the eHealth vision to set a clear direction for the future

STRATEGY 4:

Designing and building future-focused infrastructure

3.1 Deliver the NSW Government's committed major investments for the next five years
4.2 Better plan capital requirements based on service needs
4.3 Grown partnerships in developing health facilities and equipment
4.4 Look to non-capital solutions to deliver care

STRATEGY 1:

Supporting and developing our workforce

Investing in the NSW Health workforce and respecting and valuing the contributions of the staff and many others who volunteer their services is key to delivering high quality patient-centred models of care now, and into the future.

The *Health Professionals Workforce Plan 2012-2022* outlines how all NSW health organisations plan to recruit, train, educate and innovate over the next decade while the Health Education and Training Institute helps to drive skills and leadership development across the state. With a continued focus on the NSW Health CORE values of *Collaboration, Openness, Respect and Empowerment,* local health districts and specialty health networks will improve local workforce planning on staff levels and skill mix, with initiatives targeting regional and rural communities.

To help strengthen and support the workforce funding of $9 million was provided in 2013-14 to support strategies within the *Health Professionals Workforce Plan*. Already the number of doctors and nurses has been increased, particularly in rural and remote areas with a range of other initiatives to:

- improve workplace culture
- ensure our workforce has the right people, with the right skills, in the right place
- support and inspire our workforce.

Highlights

4600 increase in nurses and midwives (headcount) recruited since **March 2011**

50% increase in NSW **Rural Generalist Program** positions for GPs in training to gain advanced skills suitable for rural practice

$4 million invested in response to **YourSay** staff survey to improve workplace culture

40,144 NSW Health staff completed **Respecting the Difference** HETI online cultural training to support improved care for indigenous people

1.1 Improve workplace culture

The *NSW Health Workplace Culture Framework* outlines the characteristics of a healthy and compassionate workplace culture. The Framework is supported by a Code of Conduct which together underpins a workplace that embodies the NSW Health CORE values of *Collaboration, Openness, Respect and Empowerment*.

7% increase in staff participation in the 2013 YourSay survey compared to 2011

In March 2013, NSW Health undertook the second system-wide Health Workplace Survey, YourSay. Results released in September 2013 showed an improvement in both engagement and workplace culture across NSW Health. More than $4 million was invested in culture change initiatives in public health organisations in 2013-14 and the majority of health organisations reported improvements in their workplaces with plans to use results to evaluate culture change action plans going forward.

In May 2014, the NSW Ministry of Health Nursing and Midwifery Office launched *Small Acts of Kindness*. This five minute film supports a compassionate and caring culture and acts as a reminder to staff that small acts of kindness can make all the difference to patients and their families, particularly as most come into contact with the health system during traumatic or challenging stages of their lives. The film has been positively adopted and promulgated by staff.

NSW Health organisations continue to implement local strategies to reduce any incidents of bullying and unacceptable behaviour. Anti-bullying management advisors develop strategies to improve communication and provide support and coaching to managers on effective complaints management processes. The Anti-Bullying Advice Line provides employees with independent, confidential advice and information on the process for resolving complaints.

The number of reported bullying complaints in 2013-14 was 131. This represents 0.12 per cent of the total full time equivalent staff in the health system (June 2013 FTE) and is a reduction on the previous year.

The planned 2015 YourSay survey will provide NSW Health with the opportunity to further improve workplace culture by measuring progress and identifying areas for action.

1.2 Ensure our workforce has the right people, with the right skills, in the right place

Healthcare professionals need to be trained in careers that support the health system, be located where service delivery is required and be supported across the breadth of their careers to maintain skills that remain relevant to community needs.

The annual NSW Health junior medical officer recruitment campaign in July 2013 was successful in recruiting over 3300 junior medical officers who started in the 2014 clinical year.

The campaign involved 50,955 applications across the range of recognised medical specialities in Australia, including endocrinology, haematology, medical oncology, general medicine and paediatrics.

A record 959 medical intern training positions in NSW were recruited to for 2014, an increase of 109 since 2012. NSW also funded a further five intern positions in the ACT intern training network for NSW university medical graduates. This represents an annual investment in the order of $105 million to train the next generation of doctors.

A key challenge is continuing to develop the health professional workforce while addressing workforce maldistribution so that the right health professionals are available where, and when, they are needed. The Rural Preferential Recruitment Scheme allows doctors to spend the majority of their first two years training in a rural location. Eighty two interns commenced their prevocational training under this Scheme in 2014.

In response to a need identified in rural communities for a structured training program that linked trainee career aspirations with rural training and future career opportunities, the Rural Generalist Training Program was established. Rural generalist trainees undertake the majority of their general practice training in rural and remote areas in NSW. Advanced skills training is also focused in regional and rural areas. In 2014, the number of Program placements doubled from 15 to 30 with two additional rural and regional local health districts included, bringing the total to nine districts.

NSW Health also funded a further 17 new specialist medical training positions across a range of specialties according to local workforce need.

The Government has a 2.6 per cent target for employment of Aboriginal staff in the NSW Health workforce by 2015. The NSW Ministry of Health's *Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011 – 2015* requires all health services to report progress towards the 2.6 per cent target on a six monthly basis with the expectation that services exceed this target.

In 2011, NSW Health introduced the *Building Capacity of the Aboriginal Medical Workforce Program*. The Program offers Aboriginal medical graduates a recruitment pathway from medical school to a prevocational trainee position in NSW Health. In 2013-14, there were 20 applications reviewed with 11 applicants allocated to a 2014 position.

To continue to grow the Aboriginal workforce and enhance cultural understanding to ensure safe and culturally appropriate healthcare for Aboriginal people, the *NSW Aboriginal Population Health Training Initiative* is a three year training program which combines part-time Master of Public Health studies with a series of work placements in the population health services areas of NSW Health. Since 2011, there have been nine trainees across three cohorts. In 2013-14, three trainees from the first cohort successfully completed the program and gained population health related positions within NSW Health. Three new trainees commenced the program in 2013-14 and an expression of interest was conducted for four new traineeship positions.

The *NSW Aboriginal Nursing and Midwifery Cadetship Program* currently has 65 cadets enrolled including 42 undertaking a Bachelor of Nursing, four undertaking a Bachelor of Midwifery and 19 undertaking Assistant in Nursing to Enrolled Nursing transition.

This year also saw the completion of a comprehensive independent evaluation of the *NSW Aboriginal Mental Health Workforce Training Program* which provides training to support employment of Aboriginal people as mental health professionals in NSW local health district mental health services. The Program built on the success of the (former) *Far West Aboriginal Mental Health Worker Development Program* and provides Aboriginal people with a three year traineeship comprising an undergraduate degree in mental health, workplace training and clinical placements. As at August 2014, there were 34 trainees in the Program.

3300 junior medical officers were recruited, who commenced in the 2014 clinical year

Enrolled nurses are a critical and valued part of the nursing workforce. This year, the NSW Government awarded a further 300 Diploma of Enrolled Nursing scholarships in collaboration with the Department of Education and Communities. These scholarships support enrolled nurses who will be working in the NSW public health system.

In 2014, more than 1800 graduate nurses and midwives gained employment in the NSW health system. A metropolitan/rural exchange was also introduced offering six months employment during the first year of practice in both metropolitan and rural or regional hospitals. This exchange provides a wide range of experience for newly graduated registered nurses and midwives and increases employment in rural settings.

A new initiative in 2014 links rural undergraduate scholarships to employment of new graduate nurses or midwives in hard to fill rural or remote locations. Ten of these scholarships will now be available each year.

The *Allied Health Assistant Framework* provides guidance to allied health professionals to safely and effectively supervise and delegate tasks to allied health assistants. Launched in August 2013, an interactive online training program has been developed in conjunction with the Health Education and Training Institute to support implementation of the Framework.

1.3 Support and inspire our workforce

By the end of the financial year, more than 90,000 NSW Health staff were able to access HETI Online, a new integrated Learning Management System. This initiative was established in collaboration between the Health Education and Training Institute, HealthShare NSW, eHealth NSW and many other stakeholders and has seen 78 learning modules developed.

The Health Education and Training Institute has also released the HETI App. The App provides key education and training content and resources for mobile device users across platforms. Other professional development initiatives included the NSW Health Leadership Program piloted in six sites with two sites holding their first workshops in May and June, and a third in July 2014.

The Master of Clinical Medicine (Leadership & Management), which supports the development of the hospitalist role, graduated its first cohort of students and enrolled a third cohort of students.

Recognition of excellence is key to inspiring the workforce. During 2013-14 a range of Awards were held which celebrated the workforce and the work of many volunteers and partners of NSW Health.

The inaugural *NSW Nursing and Midwifery Excellence Awards* were held at Parliament House in September 2013. The Awards recognise the invaluable contribution made by nurses and midwives to the NSW public health system. Congratulations to the following winners:

Excellence in Nursing and Midwifery Award	Winner
Excellence in Nursing – Registered Nurse	Billie McHutchison, Campbelltown Hospital
Excellence in Midwifery – Registered Midwife	Kate Dove, Campbelltown Hospital and Frances Guy, Mid North Coast Local Health District
Excellence in Nursing – Enrolled Nurse	Angela Hand, Children's Hospital at Westmead
Excellence in Nursing – Assistant in Nursing	Jocelyn Leyshan, Westmead Hospital
Excellence in Leadership	Melissa Cumming, Far West Local Health District
Excellence in Education, Research and Innovation	Scott Brunero, Prince of Wales Hospital
Excellence in Aboriginal and Torres Strait Islander Health Care	Karen Griffin, Wagga Wagga Base Hospital
Excellence in Partnerships with Patients, Families and Carers	Jocelyn McLean, Royal Prince Alfred Hospital
Excellence in Team Clinical Practice	Malabar Midwifery Service, Royal Hospital for Women
Judith Meppem Lifetime Achievement Award	Kaye Spence, Children's Hospital at Westmead

In October 2013 the 15th Annual NSW Health Awards and Innovation Symposium were held at Darling Harbour. Western NSW Local Health District (In Safe Hands – Structured Interdisciplinary Bedside Rounds) was awarded The Minister for Health and Minister for Medical Research Peak Award for Excellence, Nepean Blue Mountains Local Health District (Implementing an Assertive Community Treatment Team) was awarded for The Minister for Mental Health Award for Excellence in the Provision of Mental Health and Hunter New England (Good for Kids, Good for Life: Childhood Obesity Prevention) received the Secretary's Peak Award for Integrated Care.

Around 1000 clinicians, academics, consumers and partners came together to look at better ways of delivering healthcare by showcasing innovation from across NSW Health. In addition to the many innovations, the work of many NSW Health organisations was recognised through the NSW Health Awards including:

NSW Health Award	Winner
Patients as partners	Billie McHutchison, Campbelltown Hospital
Frequent User Management, NSW Ambulance	Kate Dove, Campbelltown Hospital and Frances Guy, Mid North Coast Local Health District
Integrated health care	Bug Attack – St George Hospital Fight Back: Confronting Resistance, South Eastern Sydney
Local solutions	Southcare Geriatric Flying Squad, South Eastern Sydney
Healthy living	Good for Kids, Good for Life: Childhood Obesity Prevention, Hunter New England
Building partnerships	Optimising Health and Learning in Refugee Students, Sydney Children's Hospitals Network
Collaborative team	Setting the Standard: A Patient Journey at Royal North Shore Hospital, Northern Sydney
Harry Collins Award	Innovations for MRSA Control in a NICU Population, Western Sydney
Volunteer of the year	Peggy Roberts, South Eastern Sydney
Staff member of the year	Wendy Robinson, Western NSW
Collaborative leader of the year	Dr Gabriel Shannon, Western NSW

Providing opportunities for collaboration of health professionals across the health system, the Agency for Clinical Innovation is redesigning and incorporating the Australian Resource Centre for Healthcare Innovations website with its own website to create an Innovation Exchange for the health system. The Innovation Exchange will provide a single, collaborative online forum to share and promote local innovation and improvement projects and resources from all healthcare organisations across NSW. The Agency for Clinical Innovation also established a new Rural Health Network to focus on supporting clinical networks across metropolitan and rural services.

NSW Health is committed to providing a safe environment for workers, patients and visitors at NSW Health facilities. It develops policies and provides information to assist public health organisations meet work health and safety legislative obligations.

Policy Directive PD2013_050 *Work Health and Safety Better Practice Procedures* provides a comprehensive framework for the development of a work health and safety management system consistent with legislative requirements. Guideline GL2013_011 *Work Health and Safety – Other Workers Engagement* was published to assist managers and supervisors in NSW Health to fulfil their obligations when engaging contractors, sub-contractors, volunteers and others.

A range of information sheets about work health and safety in the NSW Health context were also issued to provide additional guidance. They dealt with the identification, management, control and safe removal of asbestos and the safe use of glutaraldehyde.

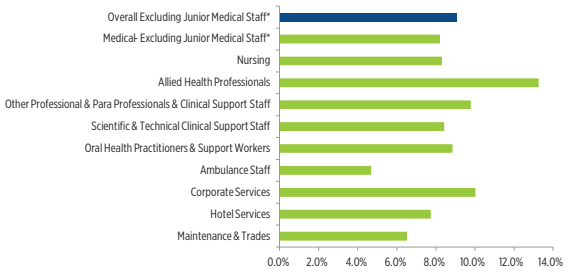
A diverse workforce, free of discrimination and reflective of the NSW community, is more innovative, effective and better able to deliver quality services. Equity and diversity builds positive workplaces and supports all employees.

23% increase in nominations for the 2014 Excellence in Nursing and Midwifery Awards compared to 2013

In 2013-14, the NSW Ministry of Health held a range of activities to celebrate and support equity and diversity including: commemoration of National Aborigines and Islanders Day Observance Committee (NAIDOC) week with a focus on the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW; and National Sorry Day was commemorated on Monday 26 May in 2014, providing an opportunity for staff to take time to reflect "that an apology does not change the past but some restitution can help to regain dignity and self-esteem"(National Sorry Day Committee).

Key indicators

Non-Casual Staff Turnover Rate by Treasury Group June 2014



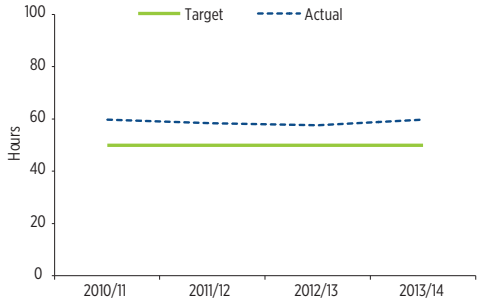
Interpretation

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.

Source: NSW Ministry of Health Health Information Exchange -Premier's Workforce Profile Data Collection. Note: JMOs of their first two years are on a term contract. Excludes Third Schedule Facilities and "Other" Treasury group. Health System Average inclusive of all Health Services, NSW Ministry of Health, Health Pillars, Health Support Services, Justice Health & Forensic Mental Health, NSW Health Pathology, and NSW Ambulance.

Sick leave – annual average per Full Time Equivalent (hours)



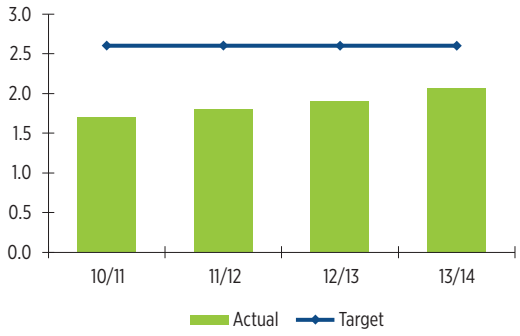
Interpretation

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.

Source: NSW Ministry of Health Health Information Exchange. Note: Excludes Third Schedule Facilities. Average inclusive of all Health Districts, NSW Ministry of Health, Health Pillars, Health Support Services, Justice Health & Forensic Mental Health, NSW Health Pathology, and NSW Ambulance.

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



Interpretation

There has been an increase in the proportion of the NSW Aboriginal health workforce, from 1.9 per cent to 2.1 per cent of the total NSW Health workforce for 2013-14 using the Public Service Commission estimated Equal Employment Opportunity data reports.

Source: Public Service Commission EEO Report. Note: NSW Public Health System. Excludes Third Schedule Facilities

STRATEGY 2:

Supporting and harnessing research and innovation

Healthcare in NSW will only advance if we continue to pursue cutting edge medical and health research and innovation. NSW Health will continue to consolidate and extend research and innovation efforts to drive innovation in the way healthcare is provided.

NSW Health is supporting our best and brightest minds to pursue cutting edge, world-class health and medical research. There is a focus on providing clinicians, managers and policy makers with the tools they need to translate research outcomes into innovative policy and practice to create healthier communities and deliver better patient care.

Every NSW Health staff member and every organisation has a responsibility to support and harness ordinary and extraordinary research and innovation. At a State level the Office of Health and Medical Research; the Cancer Institute NSW, the NSW Clinical Excellence Commission and the Agency for Clinical Innovation help to set direction and support engagement with clinicians and managers in promoting quality and safety in patient care and in development of new approaches to care.

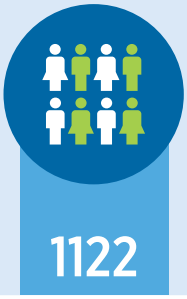
Facilitating better use of research expertise, assets and data including record linkage and large scale cohort studies will assist in building a robust evidence base and provide NSW with a competitive advantage in health and medical research.

Initiatives to support and harness research and innovation include:

- investing in research
- building system-wide capacity to turn information and evidence into policy and practice
- fostering translation and innovation from research
- building globally relevant research capacity
- sharing new ideas.

Highlights

$1.6 million allocated to the **Health and Medical Research Hubs** in 2013-14



1122 new patients enrolled in **Cancer Institute NSW supported** portfolio-compliant clinical trials

308 interventional clinical trials were open to recruitment across **Cancer Institute NSW** supported sites (up from 292 in 2012)

$10.3 million committed to five medical device projects through the **Medical Devices Fund**

2.1 Investing in research

In addition to the estimated $200 million annually that the NSW Government spends on health and medical research, the Government established the Office for Health and Medical Research and committed an additional $70 million over four years to fund new initiatives. The Office drives a coordinated approach on research and oversees the implementation of the *NSW Health and Medical Research Strategic Plan*.

$208 million in additional research funding leveraged by Cancer Institute NSW Translational Cancer Research Program grant holders since 2011

The *Medical Research Support Program* provides funding towards infrastructure costs of the leading medical research institutes in NSW to support size, scale and excellence. The current four year program commenced in 2012 and supports 11 independent institutes. In 2013-14, $34 million was distributed which makes the Program the largest government fund of its kind in Australia. In this period, an additional six institutes entered a transition program to help them address independence and governance requirements and meet funding eligibility criteria.

The Medical Devices Fund provides support to individuals, companies and public and private hospitals, medical research institutes and universities to take local innovation to market and increase uptake of NSW medical devices by the health system. For the first round of the program, $10.3 million was committed to five projects. The fund recipients were Elastagen Pty Ltd, Endoluminal Sciences Pty Ltd, HEARworks Pty Ltd, mobiLIFE Pty Ltd and Saluda Medical Pty Ltd.

Fellowships in Medical Devices are being provided to build capacity in developing and commercialising medical devices. The Postdoctoral Fellowship Program was developed in partnership with the California Institute for Quantitative Biosciences, a consortium of leading US institutes in the field of medical device development and commercialisation. Program participants will be provided with practical training on how ideas are generated, products developed and clinical value assessed. They will also learn about intellectual property management, reimbursement policies and how to negotiate regulatory pathways. Phase one of the Program is a three month accelerated training program, delivered by ATP Innovations, for a group of up to 20 candidates. Phase two includes sending up to two candidates from this cohort to participate in the Rosenman Institute's Scholar Program for two years. An allocation of $400,000 was made to establish this program.

To facilitate the translation of research evidence into policy and practice, NSW Health is providing $1.8 million per annum for five years (2013 to 2018) to the Sax Institute. The funds are being used to build and maintain research assets that include *The 45 and Up Study*, the *Study of Environment on Aboriginal Resilience and Child Health*, *Hospital Alliance for Research Collaboration* and the NSW/ACT *Population Health Research Network*.

To assist in driving translation of research into better health service delivery, three new Translational Cancer Research Centres were funded by the Cancer Institute NSW (now a total of seven in NSW) to ensure more rapid translation of evidence into policy and practice. In 2013, there were 84 collaborative initiatives undertaken across these centres to support the translation of evidence into practice.

2.2 Building system-wide capacity to turn information and evidence into policy and practice

Building system-wide capacity to turn information and evidence into policy and practice requires strategy and investment in initiatives across a range of areas.

Health Statistics NSW is a web-based online reporting tool for a broad range of population health indicators used for planning, policy development and performance monitoring within the health system and for information to the public. In 2013-14, Health Statistics NSW increased data releases to a fortnightly basis to improve the currency of data for key performance indicators and increased the volume of indicators for users across a range of topics and data sources to meet the needs of a larger group of users.

The Centre for Health Record Linkage links multiple sources of data and maintains a record linkage system that protects privacy. Linked health data is used across NSW Health, other Government Agencies and the Academic sector. The Centre for Health Record Linkage has almost 100 million records in its main data linkage system making it the largest dedicated data linkage centre in Australia. A new linkage process was implemented in 2013-14 that saw a significant reduction in the time to link hospital data from one year to less than six weeks. It has also linked more than 100 additional datasets on request. Other recent activities include entering into data sharing arrangements with a number of key NSW Government Agencies and facilitating data linkage across jurisdictions.

The NSW Population Health Survey entered its 12th year of continuous collection and continues to provide exclusive information on a range of key performance indicators. The NSW Population Health Survey continues to be a platform for empowering evidence-based policy through the collection of data on a range of topics including alcohol-related harm, HIV testing, overweight and obesity and smoking. The Survey interviewed approximately 15,000 people in NSW by telephone during 2013-14.

In 2013-14, NSW Health supported the Public Health Officer and the Biostatistical Officer Training Programs. The Training Programs offer three-years of workplace based training within NSW Health with a supervised learning experience for people who have completed postgraduate studies in public health or statistics and are committed to a career in public health. Trainees work across a range of workplace settings in population health. The Public Health Officer Training Program is recognised training for medical graduates seeking Fellowship of the Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians.

$750,000 invested in two projects through the Bioinformatics Collaborative Grants Program competitive grants process

Four Aboriginal Population Health Trainees successfully completed a Master of Public Health as part of the NSW Aboriginal Population Health Training Initiative.

Eleven Trainee Biostatisticians on the *NSW Bio-statistical Officer Training Program* completed three years of supervised work-based learning and were awarded a Master of Biostatistics through the University of Sydney.

The *Bioinformatics Collaborative Grants Program* provides support for projects that can demonstrate the benefit of data linkage across different research areas to improve the way treatments are developed and targeted to patient needs. An allocation of $750,000 was made to two projects through a competitive grants process.

In 2013-14, $70,000 was contributed in partnership with the Cancer Institute NSW and the NSW Chief Scientist to the NSW Premier's Awards for the outstanding cancer research award, *Big Data, Big Impact.*

NSW Health also invested in priority driven research centres including: the Physical Activity, Nutrition and Obesity Research Group at the University of Sydney, the Research Program for HIV, STIs and Viral Hepatitis at the University of NSW and The Australian Prevention Partnership Centre. In 2013-14, investment in these priority driven research centres totalled $1.17 million.

2.3 Sharing new ideas

Innovation and sharing of ideas is key to delivering world-class healthcare. The more innovative and collaborative our system becomes, the better the quality of care.

The 2013 NSW Health Innovation Symposium featured 63 presentations on ground-breaking health initiatives that harness new ideas, new technologies and new approaches to the delivery of patient care. Innovation and new thinking is evident in all NSW Health organisations from the State level through to acute care in hospital settings, to community health networks across NSW. Embracing innovation increases the strength of the organisation and real advances are being made through the collaboration of healthcare professionals and consumers, carers, the workforce, the broader community and non-government providers. The result is both an improvement in outcomes for patients and how work is done.

The Minister for Health and Minister for Medical Research Peak Award for Excellence awarded to Western NSW Local Health District for their In Safe Hands initiative

The 15th Annual NSW Health Awards were held on 11 October 2013. The annual awards ceremony is one of the most important events in the NSW Health calendar. It showcases the excellent work being done throughout the NSW public health system. Thirty eight finalists were selected from 149 entrants including those providing direct care and those that support direct care through development of policy, management and clinical or corporate services.

Each year the Premier's Awards for Public Service are held to recognise outstanding performance and excellence in the delivery of public services. In 2013, HealthShare NSW was awarded the Premier's Public Sector Improving Performance and Accountability Award for their *Enterprise Imaging Repository project*. The *Enterprise Imaging Repository* is a centralised store that allows digital radiology images and reports to be shared across public hospitals in NSW. This not only provides clinicians with a more comprehensive picture of the patient's condition and medical history, but assists the clinician to make a faster and more accurate diagnosis and treatment plan, leading to better patient outcomes.

In 2014, NSW Health nominated 16 initiatives. Congratulations to all teams and individual who were chosen as finalists for 2014:

- *Packaging Accessibility Project: enable better nutrition* (HealthShare NSW) for the Premier's Public Service Delivery Quality Customer Service Award
- *Break and Enter: Working together in breaking down the barriers to accessing quality clinical training in JH&FMHN secure environments* (Justice Health & Forensic Mental Health Network) for the Premier's Public Service Improving Performance and Accountability Award
- *Quality in Acute Stroke Care Implementation Project* (Agency for Clinical Innovation) for the Premier's Public Service Improving Performance and Accountability Award
- Sydney Sexual Health Centre with ACON for the Premier's Partnership Award
- *Jenny Hart, Clerical Manager, Emergency Department Westmead Hospital* (Western Sydney Local Health District Health) for the Premier's Award for Individual Excellence and Achievement
- *Carolyn Murray, Manager NSW STI Programs Unit, Sydney Sexual Health Centre* (South Easter Sydney Local Health District) for the Premier's Award for Individual Excellence and Achievement.

An *Excellence and Innovation in Healthcare Portal* was formally launched in June 2014. The Portal enables clinicians, managers and the community to keep up to date on healthcare improvement initiatives being undertaken by the Agency for Clinical Innovation and the Clinical Excellence Commission. The Portal provides 'at a glance' detail on over 100 initiatives including rural and Aboriginal health initiatives.

2.4 Fostering translation and innovation from research

To establish NSW leadership in clinical trials, the Office for Health and Medical Research is developing a clinical research network strategy and has provided $685,000 in funding to five clinical networks to facilitate their engagement with the strategy.

In 2013-14, funding of $125,000 was also allocated to support the Australian Advanced Treatment Centre, an early phase clinical trials facility in NSW which aims to accelerate research translation.

To promote NSW health and medical research internationally, $50,000 was provided to seven NSW organisations to assist them to showcase and promote specialty health and medical research products, services and clinical trials at BIO 2014, the international biotechnology convention in San Diego.

10 Cooperative Clinical Trial Grants awarded to support the efficient conduct of high quality cooperative group cancer trials in NSW

The Cancer Institute NSW is continuing to develop a 'Portfolio' of clinical trials to identify high quality, well-designed, industry-independent interventional clinical trials. This acts as a mechanism for prioritising resource utilisation across supported sites. Across these sites in 2013, there were 308 interventional trials open to recruitment (up from 292 in 2012), including 112 portfolio-compliant trials.

A total of 1986 new patients were enrolled in these trials; of which 1122 were to the portfolio-compliant trials.

Secure Analytics for Population Health Research and Intelligence (SAPHaRI) is a platform that enables users within the NSW Health system to discover information through the exploration of data. Recent developments to SAPHaRI have improved usability, speed, security and scalability. These improvements included enhancement of the population data warehouse infrastructure to provide geocoded data to more people in local health networks, new analytic tools embedded to enable easier access to data and systems have been streamlined to provide access to linked data in a significantly reduced time.

In line with the NSW Government Evaluation Framework (2013), the NSW Ministry of Health supported the rigorous evaluation of key programs such as the Healthy Children Initiative, Get Healthy at Work (Healthy Workers Initiative) and the Chronic Disease Management Program – Connecting Care in the Community.

The Australian Prevention Partnership Centre is a national initiative focused on researching and developing systems approaches to prevent lifestyle-related chronic disease in Australia. The initiative is jointly supported by NSW Health, the NHMRC, the Australian Government Department of Health, ACT Health, HCF and the HCF Research Foundation to the value of $22.6 million over five years. The work plan includes evaluations of key NSW Health statewide programs.

2.5 Building globally relevant research capacity

Quality medical research and development has the potential to transform the delivery of healthcare for patients. Australia's own cochlear implant, for example, has enriched the lives of many hearing-impaired people around the world. It is important that NSW can contribute to the discovery and application of new treatments and diagnostic techniques and devices that improve care and prevention as well as contributing to health reform.

The NSW Health and Medical Research Hub Strategy promotes research collaboration and translation within and across hubs. The Strategy outlines a statewide approach to setting priorities for research infrastructure, improving research governance and provides platforms for driving local and system-wide research and translation initiatives. In 2013-14, $1.6 million was allocated to the hubs to develop strategic plans, create and revise governance processes to develop performance measures for collaboration and translation. Research hubs comprise geographically proximate local health districts, medical research institutes, universities, primary healthcare providers and private and public organisations (including biotechnology firms, the pharmaceutical industry and philanthropic organisations).

The *Bioinformatics (Genomics) Training Program* has been developed to provide training to researchers, clinicians, health professionals and academics with various levels of skill in bioinformatics. The training is targeted at those who have an existing project that requires the use of bioinformatics. In 2013-14, funding of $250,000 was provided as the first in three annual allocations to the Program.

The Population Health and Health Services Research Support Program provided $2.76 million in 2013-14 to NSW research organisations to increase the generation of high quality and internationally recognised population health and health services research in NSW that address NSW Health priorities and encourages the adoption of research findings in health policies, programs and services. Recipients under the program use part of their funding for capacity building initiatives such as research fellowships, hosting international experts and embedding researchers into policy environments.

As part of the *Breaking the Cycle of Heart Disease* campaign, $2 million was allocated to the Victor Chang Cardiac Research Institute to fund key research programs in organ transplantation, congenital heart disease, epigenetics (how genes behave), molecular cardiology and stem cell biology.

The *Neurological Conditions Translational Research Grants Program* provided grants for projects that promoted translational research into spinal cord injuries and neurological conditions. A $25,000 allocation was made to the final project under this program.

199 research studies were supported via funded infrastructure in 2013

To support research infrastructure, thirty four research grants have been awarded since 2011 to further enhance equipment and infrastructure platforms across NSW including: 13 full-time equivalent positions currently funded by the Cancer Institute NSW to support research infrastructure; 199 research studies supported via funded infrastructure in 2013; $14 million directly leveraged in co-funding from other sources to support the infrastructure; and $31 million leveraged by grant-holders in the period 2011–2013 to support cancer research in the State.

To build research assets and maximise their use, the *NSW Biobanking Framework* has been developed in collaboration with the Cancer Institute NSW and NSW Health Pathology to support biobanking in NSW. The Framework includes improving the way biobanking services are delivered, improving data linkage between biobanks, and streamlining regulatory processes associated with the collection and storage of biospecimens and data.

The *Medical Research Commercialisation Fund* is a collaborative venture that invests in early stage development and commercialisation opportunities originating from medical research institutes and allied research hospitals in Australia. In 2013-14, $300,000 was provided to assist the Fund to work with NSW institutes and public hospitals to increase the State's capacity to progress research to the commercialisation stage.

To improve research ethics and governance, the first phase of reviewing ethics and governance preapproval processes has been undertaken and a reform framework developed to address delays in the current approval processes.

STRATEGY 3:

Enabling eHealth

Technology is rapidly transforming everyday life and healthcare is no exception. NSW Health continues to harness technology to improve patient care with value for money healthcare solutions.

Information and communication technology-led investments in clinical care, business services and smart infrastructure are already reshaping the way healthcare is being delivered. As a result, NSW now has one of the most advanced eHealth systems in the country. For clinicians this means streamlined medical care like electronic patient records and digital imaging, while for patients it means better coordination of care no matter where they seek care or live, as well as more control over their own health information and treatment.

As demand shifts from acute to chronic care – and from hospital to community – the eHealth agenda continues to move forward so that technology helps advance healthcare and connectivity.

The *Blueprint for eHealth in NSW* which was released in December 2013, provides the vision for technology-led improvements in healthcare for patients. The Blueprint sets out the next steps in harnessing technology to improve the quality, efficiency and safety of healthcare for patients including:

- investing in clinical systems
- investing in business systems
- investing in infrastructure
- strengthening eHealth governance
- refreshing the eHealth vision to set clear directions for the future.

Highlights

23,000 clinicians log on to access electronic medical records

EVERYDAY

17,000 appointments are booked electronically

EVERYDAY

212,000 charts are opened electronically

EVERYDAY

136,000 tests are ordered electronically

EVERYDAY

3.1 Investing in clinical systems

ehealth helps doctors, nurses, allied health clinicians and managers provide safe, quality care that supports patients to control their own healthcare.

To support clinical systems, investment in the integration of the Community Health and Outpatient Care system with the electronic Medical Record is occurring. This will improve functionality of records for community health and outpatient care services.

Reporting specifications are currently being developed to enable data extraction for the integration of Child Protection Counselling Service data collection and reporting requirements to enable integration into the child youth and family Community Health Outpatient Care stream.

Phase two of the electronic Medical Record upgrade has also commenced. This project is extending the foundation of the electronic Medical Record, its functionality and its reach, by upgrading existing hardware and software and introducing clinical documentation to inpatient settings.

Phase two of the electronic Medical Record Upgrade commenced

Another key clinical systems initiative, Electronic Medication Management, is delivering an electronic system designed to support doctors, nurses and pharmacists to record, prescribe, order, check, reconcile, dispense and record the administration of medicines.

The Intensive Care Clinical Information System is being transformed to improve integration of this system through a suite of online and digital systems.

The development of Version 2 ObstetriX (electronic Maternity Clinical Information System) is also underway. The development phase is expected to be completed by the end of 2014, with proposed implementation across 14 local health districts scheduled to commence in early 2015.

3.2 Investing in business systems

eHealth corporate or business applications help managers and clinicians plan and run the health system effectively and efficiently.

During the year, the rollout of StaffLink, a consolidated e-business solution, across NSW Health was largely finalised. This new system is delivering a single statewide payroll and human resource system gateway for 140,000 public health employees. As a unified source of workforce information, Stafflink will facilitate better planning and staff management.

The Statewide Rostering Program is implementing a modern, fit-for-purpose rostering software solution. The new system will allow managers to more effectively match the availability and skill levels of staff to the needs of patients. The new system will also link to payroll and human resource systems.

NSW Health is also in the planning stages for instigating an Asset and Facilities Management Performance Improvement Program. The Program will see an Asset and Facilities Management System integrated into existing systems to manage and report on asset portfolios and asset life cycles.

The upgrade of the NSW Health food management IT system, CBORD, is an essential foundation for the introduction of statewide nutrition standards and has now been implemented across 60 per cent of the state, enabling enhanced reporting and resource control. The rollout is scheduled for completion in December 2015.

HealthShare NSW was also the first public health organisation in Australia to trial mobile menu entry which takes patients' meal orders at the bedside, increasing patient food consumption and reducing food waste. This software will be further trialled in 2014-15, as part of the proposed Food Service Delivery Model.

3.3 Investing in infrastructure

eHealth infrastructure includes hardware, software, facilities and services that support and enable eHealth.

Investing in infrastructure upgrades to ensure equal access to high speed broadband across the health system, eHealth NSW is delivering the Health Wide Area Network statewide. This network will support remote access, multimedia applications and services, data exchange, voice and video services.

To streamline the NSW Health Data Centre for efficient and reliable information technology infrastructure support, eHealth NSW has moved its clinical and corporate information and communication technology applications from a lower performance Tier 1 to a high performance Tier 3 data centre environment. NSW Health is one of the anchor tenants in the Whole of Government Data Centres.

eBlue Book App trialled in South Western Sydney Local Health District

3.4 Strengthening eHealth governance

Achieving a contemporary, responsive and world-class eHealth system in NSW requires new forms of governance, planning and enterprise architecture.

To create a dedicated organisation within NSW Health to guide eHealth planning, strategy, program implementation and operations, eHealth NSW was established as a functional entity in May 2014 and as legal entity on 1 July 2014.

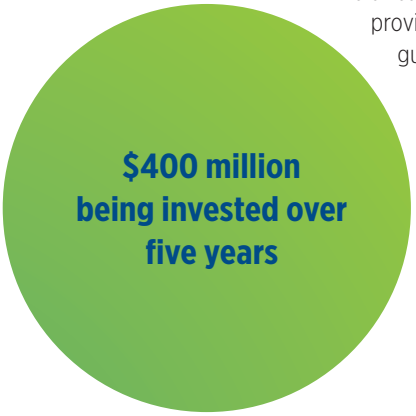
The establishment of an eHealth Executive Council has also been undertaken to provide statewide strategic direction and support to eHealth NSW. The Council is chaired by the Secretary, NSW Health and includes senior representation from the NSW Ministry of Health, pillars and local health districts. The inaugural meeting was held on 29 November 2013.

Additionally, to foster clinician engagement and ensure that clinical eHealth programs align clinical practice and informatics, eHealth NSW has appointed a Chief Clinical Information Officer.

3.5 Refresh the eHealth vision to set a clear direction for the future

In 2014, planning commenced for a new eHealth Strategic Plan to:

- guide information and communication technology investment for the next five years for new statewide eHealth initiatives
- consolidate and expand existing eHealth programs
- outline new arrangements in governance, privacy, and capacity-building
- articulate eHealth benefits for consumers and clinicians
- measure and report on eHealth performance.



The eHealth strategic plan will provide a clear roadmap to guide investment in eHealth and to build capacity across the state through the development and implementation of new statewide eHealth initiatives.

STRATEGY 4:

Designing and building future-focused infrastructure

NSW Health facilities are valued at $19 billion, including over 225 public hospitals, 280 community health centres, 226 ambulance stations.

A significant investment in developing new and upgraded facilities across the State is currently underway, with over $4 billion committed over the next four years.

Thinking differently about how to maintain, develop and manage all these assets, means establishing healthcare precincts with public and private services, encouraging integrated services delivery models for multipurpose facilities and continuing to develop demand management strategies to respond to growth.

A major construction and upgrade program is underway across both urban and regional NSW. To ensure the design and building of infrastructure is future focused NSW Health will:

- deliver on the NSW Government committed major investments for the next five years
- use our devolved service delivery model to plan capital requirements including local alignment of service needs
- grow partnerships in developing health facilities and equipment
- look to non-capital solutions to deliver care.

Highlights

BILLION
$1.29

$1.29 billion expenditure in Capital Works Program for **2013-14**

MILLION
$497

14 major works completed with a combined value of **$497 million**

100

100 capital works projects completed across NSW

300

300 organisations received grants through the NSW Health NGO Grants Program to deliver a range of services

4.1 Deliver the NSW Government's committed major investments for the next five years

NSW Health has a range of facilities, from large scale hospitals with the capacity to meet the most critical medical and surgical needs, to multipurpose services providing a range of health services to rural and regional communities. The NSW Health forward capital program will respond to the NSW State Plan to provide world class clinical services with timely access and effective infrastructure. Over the next four years, over $4 billion will be spent to enable this with planning on a number of projects already underway.

$80.25 million Lismore Base Hospital Stage 3A redevelopment commenced

The Capital Works Program total expenditure for NSW Health in 2013-14 was $1.29 billion with over 100 capital works projects completed across NSW. Key activity undertaken included:

- Requests for Proposals sought to build and operate the Northern Beaches Hospital. The $12 million 26-bed inpatient Beachside Rehabilitation Unit at Mona Vale Hospital was opened to patients
- planning for the new Maitland Hospital
- a new 50-bed mental health unit opened as the first phase of the $282.1 million redevelopment of the Wagga Wagga Health Service. The opening was a milestone for the community, providing an increase of 30 beds, including 10 acute beds and a new 20 bed sub-acute unit to provide rehabilitation services for mental health consumers in the region for the first time
- as part of the Stage 1 Expansion of Blacktown Hospital, a new multistorey car park was built; a Sub-Acute Mental Health Unit (Melaleuca) was built; and the current hospital building is being refurbished. Work on the new Clinical Services Building continues and is expected to open in early 2016. Mount Druitt Hospital has a refurbished main entrance; expanded Oral Health Unit; a new Emergency Department Urgent Care Centre; and a Sub-Acute Rehabilitation Unit
- commencement of the $80.25 million Lismore Base Hospital Stage 3A redevelopment of a Clinical Procedures Block.

4.2 Better plan capital requirements based on service needs

Health Infrastructure is working closely with local health districts to ensure the facilities built are in direct response to specific health service requirements in the area. The development of clinical services plans underpins the planning process for any project and are the focal point to ensure the infrastructure is designed to meet service needs.

4.3 Grow partnerships in developing health facilities and equipment

NSW Health has a long history of partnering with non-government organisations to deliver health services across NSW. In 2013-14, NSW Health (including local health districts) provided grants to over 300 organisations through the NSW Health NGO Grants Program for a range of services including Aboriginal health, drug and alcohol, mental health, AIDS and infectious disease, oral health, kids and families and chronic illness disease.

Under the NSW Service Plan for People with Eating Disorders 2013-2018 launched in September 2013, the Government has committed additional funding of $15.2 million over five years to improve access to care for people suffering illnesses such as anorexia and bulimia nervosa. The NSW Ministry of Health is investing to improve tertiary services to treat severely medically compromised patients and to ensure people with eating disorders have access to early intervention services in the community.

The Service Plan flags the establishment of a pilot Child and Adolescent Day Program, delivered by The Sydney Children's Hospital Network in partnership with the Butterfly Foundation, the leading Eating Disorders advocacy organisation and expansion in the number of specialist adult eating disorder tertiary beds (statewide) for adults with eating disorders. This Service Plan requires local health districts to network across public and private providers (both primary care and specialist care options) with support from specialist tertiary hubs which will increase access to inpatient and community-based treatment, build the ability of clinicians to treat those with eating disorders and support the ability of people with eating disorders in regional communities to get earlier and more effective treatment.

$15.2 million over five years to improve access to care for people suffering with eating disorders

The NSW Government is also entering into a partnership with a private hospital operator to design, build, operate and maintain the new Northern Beaches Hospital. Funding will be guaranteed for public patient services through a long term contract between the Northern Sydney Local Health District and the hospital operator.

4.4 Look to non-capital solutions to deliver care

eHealth NSW supports the NSW Information and Communication Technology Strategy and is exploring options to deliver programs as a service. eHealth NSW is currently investigating different operating models to support integrated care, such as Software as a Service, Platform as a Service and Infrastructure as a Service. 'As a service' offerings may have the potential to deliver solutions that are more agile, flexible and efficient.

FUNDING AND EXPENDITURE

Capital works and asset management

Strategic asset management

Significant achievements 2013-14

The statewide Asset and Facilities Management information management system (AFM Online) implementation has continued as planned. The establishment of the technology was followed by information population of the database and then project acceptance testing. AFM Online will help improve NSW Health assets and facilities management to ensure that assets support patient care effectively and efficiently.

Major priorities 2014-15

Statewide AFM Online system implementation will continue with user training and availability of the system modules throughout 2014-15.

To support the strategic asset management functions within NSW Health and to strengthen the whole of life approach to asset management, the overarching NSW Health Asset Management framework will be further developed.

Capital Works Program

The Capital Works Program total expenditure for NSW Health in 2013-14 was $1.29 billion, with over 100 capital works projects completed across NSW.

The Program is jointly delivered by local health districts and other health organisations for projects valued at less than $10 million and by Health Infrastructure for projects valued at $10 million or more.

Local health districts and other health organisations achieved capital expenditure of $494 million during 2013-14. A total of 91 projects were completed during the year, with a combined total value of $144 million. In the same year, Health Infrastructure expended $801 million on capital works. Fourteen major works were completed with a combined total value of $497 million. Further information relating to Health Infrastructure projects can be found at page 173.

Capital works completed 2013-14

Project	Total cost ($m)	Completion date
NSW Ambulance		
Non-Emergency Patient Transport Change Manager and Mobile Booking System	0.53	Aug-13
Ambulance Rostering System	2	Sep-13
ASNSW Accommodation	1	Oct-13
Bundeena Ambulance Station	1.23	Dec-13
ASNSW Headquarters Sustainable Government Investment Program	0.37	Dec-13
ASNSW Emergency Message System	0.3	Dec-13
Albury Ambulance Station	4	May-14
Ambulance Future New Works Planning	0.5	Jun-14
Rozelle Office Accommodation Refurbishment Stage 2	0.75	Jun-14
Central Coast Local Health District		
Wyong Integrated Education Centre	4.68	Oct-13
Far West Local Health District		
Rural Health Minor Works (Menindee, Ivanhoe, Wilcannia, Tibooburra and Broken Hill Health Services)	1	Jun-14
Hunter New England Local Health District		
New England North West Regional Cancer Centre	42	Aug-13
Maitland Hospital Sustainable Government Investment Program	0.88	Jul-13
Guyra Super Clinic	0.62	Jul-13
Maitland Mental Health Carer's Room	2	Aug-13
Elective Surgery Procedures Room	2.15	Aug-13
Tamworth Hospital Gamma Camera	0.96	Sep-13
Hughes Walters Emergency Department Upgrades	3.9	Oct-13
Armidale Hospital Refurbishments	8	Nov-13
Rural Health Minor Works (Glenn Innes District Hospital, Inverell and Gunnedah Health Services)	1.8	Jun-14
James Fletcher Barrack – Boronia Buildings Refurbishment	0.91	Nov-13
Cessnock Emergency Redevelopment	2	Apr-14
Bulahdelah HealthOne	0.5	Apr-14
Raymond Terrace HealthOne	15.15	Jun-14
John Hunter Children's Hospital Paediatric Unit	0.4	Jun-14
Illawarra Shoalhaven Local Health District		
Illawarra Regional Cancer Centre	14.0	Jul-13
Shoalhaven Regional Cancer Centre	32.28	Jul-13
Shoalhaven Hospital Air Conditioning	0.36	Apr-14

Project	Total cost ($m)	Completion date
Wollongong Hospital Mortuary Upgrade	1.38	Apr-14
Wollongong Hospital 3.0 Tesla MRI	2.4	May-14
Illawarra Child Development Centre	0.69	Jun-14
Mid North Coast Local Health District		
Port Macquarie Base Hospital Expansion	104	May-14
Wauchope Palliative Care Unit	2.4	Jun-14
Rural Health Minor Works (Bellinger River District Hospital and Wauchope District Memorial Hospital)	1	Jun-14
Wauchope Urgent Care Centre	0.66	Jun-14
Port Macquarie Air Conditioning – Sustainable Government Investment Program	0.89	Jun-14
Murrumbidgee Local Health District		
Lockhart Multipurpose Service	7.63	Feb-14
Murrumbidgee Local Health District Lift Upgrades (various sites)	1	Aug-13
Cootamundra Infrastructure Upgrade	0.3	Jun-14
Murrumbidgee Local Health District Plant and Equipment Upgrades	0.3	Jun-14
Rural Health Minor Works (Tocumwal, Deniliquin and Griffith Health Services)	1.8	Jun-14
Nepean Blue Mountains Local Health District		
Nepean Hospital Expansion	139	Feb-14
Nepean Hospital Car Park	23	Aug-13
Governor Phillip Community Health Service	5.05	Mar-14
Cranebrook HealthOne	0.99	Mar-14
Northern Sydney Local Health District		
Hornsby Mental Health Unit	33.6	Jul-13
Graythwaite Rehabilitation Centre	41.2	Aug-13
Mona Vale Hospital Sub Acute Rehabilitation Unit	10.5	Jun-14
Royal North Shore Hospital Redevelopment Associated Support Activities	9.9	Jan-14
Mona Vale Hospital Palliative Care Unit	0.68	Aug-13
Ryde Medical Imaging – CT Scanner	0.53	Jan-14
Northern Sydney Local Health District Community Health – Electronic medical record State Baseline Build for community and outpatient care	3.95	May-14
Mona Vale Hospital Emergency Department Short Stay Unit	1.8	Jun-14
Chatswood Mental Health Refurbishment	0.7	Jun-14
Royal North Shore Hospital Heart Lung Machine	0.38	Jun-14
Northern NSW Local Health District		
Tweed Hospital Emergency Department National Emergency Access Target	0.35	Aug-13
Tweed Hospital Student Dental Training	2.42	Oct-13
Rural Minor Works (Murwillumbah District Hospital)	1.25	Jun-14
Kyogle Health Service McKid Building	0.56	Jun-14
Grafton Pathology/Pharmacy Relocation	0.8	Jun-14
Southern NSW Local Health District		
Goulburn Base Hospital Sub Acute Rehabilitation Unit	10	Nov-13
Cooma Hospital Dialysis Unit	1.75	Jun-14
Rural Health Minor Works (Braidwood Multipurpose Service and Goulburn Base Hospital)	1.25	Jun-14
South Eastern Sydney Local Health District		
St George Hospital Sub Acute Mental Health Unit	8	Jun-14
St George Hospital Clinical Trials Expansion	0.9	Nov-13
St George Hospital Surgical Skills Centre	1.26	Nov-13
Sydney and Sydney Eye Hospital Emergency Refurbishment	1	Nov-13
Emergency Senior Assessment and Streaming Model of Care	0.26	Dec-13
Sydney and Sydney Eye Hospital Bicentenary Eye Clinic	0.83	Dec-13
Community Health Outpatients Information Systems	1.47	Jun-14
Sydney and Sydney Eye Hospital Tissue Bank Upgrade	0.63	Jun-14
Prince of Wales Hospital Isolation Rooms	0.38	Jun-14
South Western Sydney Local Health District		
Bowral District Hospital Upgrade	0.63	Oct-13
Hoxton Park Community Health Centre Car Park Extension	0.28	Mar-14
Liverpool and Macarthur CT and MRI	5.4	Jun-14
Liverpool Hospital Equipment Purchases	1.6	Jun-14
Bankstown Hospital Equipment Purchases	1.45	Jun-14
Campbelltown Hospital Equipment Purchases	0.82	Jun-14
Fairfield Hospital Equipment Purchases	0.41	Jun-14
Bowral Hospital Equipment Purchases	0.25	Jun-14
Sydney Local Health District		
Royal Prince Alfred Hospital 3.0T MRI Scanner	2.53	Oct-13
Lifehouse Medical Imaging Equipment	2.73	Oct-13
High Volume Short Stay Specialty Service/Peri-Operative Refurbishment – Canterbury Hospital	1.81	Apr-14
Canterbury Hospital Emergency Short Stay Unit	2.53	Apr-14
Corporate Systems Stage 2 Rostering Program	0.35	Apr-14

Project	Total cost ($m)	Completion date
National Emergency Access Target – Equipment Purchases	0.30	Jun-14
Concord Hospital Emergency and Intensive Care Unit Monitors	0.74	Jun-14
The Sydney Children's Hospitals Network		
SCH Centre for Children's Cancer and Blood Disorders	0.77	Aug-13
Emergency Department Upgrades – SCH & Children's Hospital Westmead	0.58	Sep-13
Children's Hospital Westmead Pathnet Upgrade	3.74	Sep-13
SCH Clinical Education Centre Simulated Environment – Equipment	0.63	May-14
SCH Clinical Education Centre – Simulated Environment	1.18	May-14
SCH Operating Rooms Upgrade and Medical Equipment	0.7	May-14
Western NSW Local Health District		
Gulgong Multipurpose Service	7	Mar-14
Rural Health Minor Works (Condobolin District Hospital and Wellington Health Service)	1.76	Jun-14
Orange Health Service CT Scanner	1.2	Apr-14
COAG ED Lifepack 15 Defibrillators	0.4	Jun-14
Western Sydney Local Health District		
Blacktown Hospital Car Park	24	Mar-14
Mt Druitt Hospital Cogeneration Plant	0.31	Apr-14
Westmead Hospital Lighting Energy Performance Contract	3.96	Jun-14
NSW Health Pathology		
DNA Analyser Forensic DNA Unit	1	Jun-13
Hunter Pathology Air Conditioning	3.7	Feb-14
NSW Pathology Emergency Department Point of Care	5	Jun-14
Division of Analytical Laboratories Lidcombe Refurbishment	5	Jun-14
Forensic and Analytical Science Service CT Scanner – Newcastle	0.7	Jun-14

Credit card certification

It is affirmed that for the 2013-14 financial year, credit card use within the NSW Ministry of Health was in accordance with Premier's memoranda and Treasurer's directions.

Credit card use

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

- the reimbursement of travel and subsistence expenses
- the purchase of books and publications
- seminar and conference deposits.

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

In accordance with NSW Treasury Policy, NSW Health has commenced a rollout of procurement cards to all organisations within NSW Health. It is anticipated the rollout program will be completed by December 2015.

The Ministry requires all NSW Health organisations to adopt the use of procurement cards, where practicable, for purchases of goods and services that are $3000 or less. The use of procurement cards will improve the efficiency of the business processes associated with the procurement of goods and services.

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 2013-14 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH

I, Dr Mary Foley, am of the opinion that the NSW Ministry of Health 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 09108 Internal Audit and Risk Management Policy. These processes provide a level of assurance that enables senior management of the NSW Ministry of Health to understand, manage and satisfactorily control risk exposures.

I, Dr Mary Foley, am of the opinion that the Audit and Risk Committee for the NSW Ministry of Health 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 Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- Southern NSW Local Health District
- South Western Sydney Local Health District
- Sydney Local Health District
- Western NSW Local Health District
- Western Sydney Local Health District
- Agency for Clinical Innovation
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education and Training Institute
- Health Infrastructure
- HealthShare NSW
- Justice Health & Forensic Mental Health Network
- NSW Ambulance
- NSW Health Pathology
- NSW Kids and Families
- The Sydney Children's Hospitals Network

Dr Mary Foley
Secretary, NSW Ministry of Health
31 October 2014

Contact Officer:
Chris Martin, Acting Manager
Internal Audit, NSW Ministry of Health
Telephone: 02 9391 9640

Digital information security annual attestation statement

FOR THE 2013-14 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH

I, Dr Mary Foley, am of the opinion that the NSW Ministry of Health had information security management arrangements in place during the financial year being reported on consistent with the core elements set out in the Digital Information Security Policy for the NSW Public Sector.

I, Dr Mary Foley, am of the opinion that the security arrangements in place to manage identified risks to the digital information and digital information systems of the NSW Ministry of Health including the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy, are adequate. Processes are in place to continually improve the information security arrangements.

I, Dr Mary Foley, am further of the opinion that the public sector agencies, or part thereof, under the control of the Secretary (and listed below) also have security arrangements in place to manage identified risks to their digital information and digital information systems. These agencies are covered by the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy. Processes are in place to continually improve the information security arrangements.

I, Dr Mary Foley, am of the opinion that in accordance with the Digital Information Security Policy for the NSW Public Sector, HealthShare NSW, as the information and communication technology and ehealth shared service provider for NSW Health, had certified compliance with AS/NZS ISO/IEC 27001 Information technology – Security techniques – Information security management systems – Requirements.

The public sector agencies controlled by the Secretary for the purposes of this Digital Information Security Attestation are:

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

Dr Mary Foley
Secretary, NSW Ministry of Health
31 October 2014

Contact Officer:
Michael Walsh, Chief Executive
eHealth NSW
Telephone: 02 8644 2254
Note: eHealth NSW was established separately from HealthShare NSW from 1 July 2014

Implementation of price determination

For 2013-14, 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 PD2013_020.

Current charges are outlined in NSW Health Policy Directive PD2014_016 Ambulance Service Charges.

Land disposal

A total of 10 properties were sold during 2013-14, realising gross proceeds of $6.063 million. Another property was under contract for sale at $800,000 on 30 June 2014 resulting in total gross sales proceeds in the order of $6.86 million.

All sales were undertaken in accordance with government policy. Access to documents relating to these sales can be obtained under the Government Information (Public Access) Act.

Summary of sales 2013-14

Property	Status as at 30 June 2014	Gross Sale Revenue $
Albury – Part Albury Base Hospital site	Contract settled	80,000
Batemans Bay – Former Ambulance Station, 17 Beach Road	Contract settled	775,000
Casino – Part Casino Memorial Hospital site	Contract settled	800,000
Cudal – Vacant land, Toogong Street	Contract settled	25,000
Glebe – 229 Bridge Road	Contract settled	2,700,000
Grafton – Part Grafton Base Hospital	Contract settled	665,000
Lavington – 319 Diggers Road	Contract settled	266,000
Lavington – Lot 104 Union Road	Contract settled	130,000
Mullumbimby – 14 Tincogan Street	Contract settled	461,000
Terrigal – Part Terrigal Ambulance Station	Contract settled	161,000
Subtotal Value		6,063,000
Orange – Bloomfield Hospital 'Riverside', Forest Road	Contracts exchanged	800,000
Total Gross Value		**6,863,000**

Non-government organisation funding

NSW Health has a long history of partnering with non-government organisations to deliver health services across NSW. In 2013-14, NSW Health provided grants to over 300 organisations through the *NSW Non-Government Grants Program* for a range of services including Aboriginal health, drug and alcohol, mental health, AIDS and infectious diseases, oral health, kids and families, and chronic illness support.

Partnerships for Health

The *Grants Management Improvement Program* was initiated to look at ways to improve the administration of funding to the non-government sector. The Program ensures that high quality and cost effective health services are delivered by non-government organisations, at the same time, demonstrating transparency in funding and appropriate levels of contestability in resource allocation decisions.

Through *Partnerships for Health,* NSW Health will introduce new funding arrangements for non-government organisations that will be consistent with the way NSW Health purchases services from other providers. This approach ensures that services purchased from the non-government sector are aligned with NSW Health's strategic priorities and broader community needs.

Achievements in 2013-14

- Extension of funding for existing grants through 2013-14 to support the rollout of a phased approach to implementing *Partnerships for Health*.
- Development of a new contractual form of funding agreement for 2014-15, in consultation with the NGO Advisory Committee, that provides greater clarity around service specifications and a more robust approach to monitoring activity and performance.
- Eleven information sessions held across NSW during October and November 2013, informing over 500 attendees about the staged implementation of *Partnerships for Health*.
- Provision of regular *Partnerships for Health* news updates on the NSW Health website and email alerts to stakeholders.
- Stronger engagement with the NGO Advisory Committee on *Partnerships for Health* implementation through bi-monthly meetings, working groups and regular workshops.

Non-Government Organisation Grants Program 2013-14

BY THE NSW MINISTRY OF HEALTH DURING 2013-14

Organisation name	Amount ($)	Description
Aboriginal Health and Medical Research Council of NSW	2,689,834	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 Health and Medical Research Council of NSW	763,400	Implementation of HIV/AIDS, hepatitis C and sexually transmissible infections 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; and hepatitis C treatment social marketing.
Aboriginal Health and Medical Research Council of NSW	307,500	Implementation of the AH&MRC *Tobacco Resistance and Control* program to increase the capacity of NSW Aboriginal community controlled health services staff to undertake comprehensive tobacco control activities and to contribute to reducing smoking rates among Aboriginal people in NSW.
Aboriginal Health and Medical Research Council of NSW	168,000	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	157,600	Grant to continue the policy/project officer position and Aboriginal drug and alcohol network projects.
Aboriginal Medical Service Co-op Ltd	456,000	Preventive healthcare, 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	278,000	Mental health workers project and mental health youth project for the Aboriginal community in the Sydney inner city area.
Aboriginal Medical Service Co-op Ltd	272,800	Multipurpose drug and alcohol centre.
Aboriginal Medical Service Co-op Ltd	115,900	Aboriginal oral health services.
Aboriginal Medical Service Co-op Ltd	82,700	Preventive vascular health program for the Aboriginal community in the Sydney inner city area.
Aboriginal Medical Service Co-op Ltd	196,800	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	477,500	Preventive healthcare, 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	424,500	Aboriginal oral health services.
Aboriginal Medical Service Western Sydney Co-op Ltd	191,100	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.
Aboriginal Medical Service Western Sydney Co-op Ltd	84,800	Mental health worker project for the Aboriginal community.
ACON – Sex Workers Outreach Project	1,118,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections peer-based sex worker health education and outreach program.

Organisation name	Amount ($)	Description
ACON Health Ltd	9,536,700	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	685,900	Family and carer mental health program.
Albury Wodonga Aboriginal Health Service Inc	328,300	Aboriginal oral health services.
Albury Wodonga Aboriginal Health Service Inc	84,800	Mental health worker project for the Aboriginal community.
Albury Wodonga Aboriginal Health Service Inc	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Armajun Aboriginal Health Service	140,000	Provision of sexual and reproductive health programs for local Aboriginal communities.
Australasian Society for HIV Medicine Inc	1,800,100	Provision of general practitioner engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV, hepatitis B and C; training that supports GP involved with patients who have HIV, hepatitis B and C; sexual health training for nurses; and HIV, sexually transmissible infections, hepatitis B and hepatitis C training for other healthcare providers, as required.
Australian Breastfeeding Association (NSW Branch)	105,100	Promoting and supporting breastfeeding.
Australian Diabetes Council Ltd	2,378,000	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	532,200	Preventive healthcare, 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	168,800	Aboriginal oral health services.
Awabakal Newcastle Aboriginal Co-op Ltd	95,300	Mental health worker project for Aboriginal community in the Newcastle area.
Awabakal Newcastle Aboriginal Co-op Ltd	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Biripi Aboriginal Corporation Medical Centre	244,000	Preventive healthcare drug and alcohol and family health programs for the Aboriginal community in the Taree area.
Biripi Aboriginal Corporation Medical Centre	191,100	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.
Biripi Aboriginal Corporation Medical Centre	168,800	Aboriginal oral health services.
Biripi Aboriginal Corporation Medical Centre	76,200	Preventive vascular health program for the Aboriginal community in the Taree area.
Black Dog Institute	1,535,400	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches.
Bourke Aboriginal Health Service Ltd	244,000	Public health, family health and drug and alcohol programs for the Aboriginal community in Bourke and surrounding areas.
Bourke Aboriginal Health Service Ltd	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Bulgarr Ngaru Medical Aboriginal Corporation	408,700	Aboriginal oral health services.
Bulgarr Ngaru Medical Aboriginal Corporation	191,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.
Bulgarr Ngaru Medical Aboriginal Corporation	97,300	Mental health worker project for the Aboriginal community.
Bulgarr Ngaru Medical Aboriginal Corporation	86,200	Family health program in the Grafton area.
Bulgarr Ngaru Medical Aboriginal Corporation – Casino AMS	235,100	Aboriginal oral health services.
Bulgarr Ngaru Medical Aboriginal Corporation – Casino AMS	212,000	Chronic disease prevention and management program in the Casino area.
Centacare Wilcannia-Forbes	688,700	Family and Carer Mental Health Program.
Centacare Wilcannia-Forbes	156,900	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	265,351	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	191,100	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.

Organisation name	Amount ($)	Description
Coomealla Health Aboriginal Corporation	95,300	Mental health worker project for the Aboriginal community.
Coonamble Aboriginal Health Corporation	298,200	Family health and chronic care programs in the Coonamble area.
Coonamble Aboriginal Health Corporation	120,000	Provision of sexual and reproductive health programs for local Aboriginal communities.
Council of Social Service NSW	227,000	Grant to support NCOSS Management Support Unit with the aim of developing management capacity of Health funded non-government organisations and to employ a Health Policy Officer to address effective policy development, communication, coordination and advocacy work.
Cummeragunja Housing & Development Aboriginal Corporation	95,300	Mental health worker project for the Aboriginal community.
Cummeragunja Housing & Development Aboriginal Corporation	86,500	Preventive health program for Aboriginal community in the Cummeragunja, Moama and surrounding areas.
Cystic Fibrosis NSW	225,400	Information, services and support for people living with Cystic Fibrosis.
Drug and Alcohol Multicultural Education Centre	628,900	Statewide program targeting health and related professionals to assist them to appropriately service culturally and linguistically diverse customers.
Dubbo Neighbourhood Centre Inc	86,600	Family health program for communities in the Dubbo area.
Durri Aboriginal Corporation Medical Service	408,700	Aboriginal oral health services.
Durri Aboriginal Corporation Medical Service	369,400	Preventive healthcare, chronic care, drug and alcohol programs for Aboriginal communities in the Kempsey area.
Durri Aboriginal Corporation Medical Service	76,300	Preventive vascular health program for the Aboriginal community in the Kempsey area.
Durri Aboriginal Corporation Medical Service	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Family Drug Support	189,200	Grant to support services for families of drug and alcohol affected people.
Family Planning NSW	339,500	Provision of sexual and reproductive health evaluation framework for Aboriginal communties in NSW.
Frederic House	190,400	Project grant for mental health services at aged care facility.
Galambila Aboriginal Health Service Inc.	212,000	Chronic disease prevention and management program for the Aboriginal community in the Coffs Harbour area.
Galambila Aboriginal Health Service Inc.	84,800	Mental health worker project for the Aboriginal community.
Galambila Aboriginal Health Service Inc.	76,300	Preventive vascular health program for the Aboriginal community in the Coffs Harbour area.
Goorie Galbans Aboriginal Corporation	130,700	Family health program in the Kempsey area.
Griffith Aboriginal Medical Service	120,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Health Consumers NSW	358,800	Health Consumers NSW is the peak State voice for NSW health consumers. Its principal aim is to provide a voice for health consumers in NSW to enable them to participate in shaping health services and decisions in our State.
Healthy Kids Association Inc	430,800	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	1,742,200	Hepatitis NSW is a statewide community-based organisation that provides information, support, referral, education, prevention and advocacy services for all people in NSW affected by hepatitis C. Hepatitis NSW works actively in partnership with other organisations and affected communities to bring about improvement in quality of life and to prevent the transmission of hepatitis C.
Hunter New England Local Health District	450,300	Aboriginal oral health services.
Illaroo Cooperative Aboriginal Corporation	56,100	Personal care worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	294,900	Aboriginal oral health services.
Illawarra Aboriginal Medical Service	259,300	Preventive healthcare, 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	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Intereach NSW Inc	95,000	Family health program in the Deniliquin area.
Katungul Aboriginal Corporation Community & Medical Services	307,200	Aboriginal oral health services.
Katungul Aboriginal Corporation Community & Medical Services	89,800	Mental health worker project for the Aboriginal community.
Katungul Aboriginal Corporation Community & Medical Services	76,800	Ear health program for the Aboriginal communities of the far South Coast region.
Katungul Aboriginal Corporation Community & Medical Services	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
KIDSAFE NSW Inc	219,900	Prevention of deaths and injuries to children under the age of fifteen.
Life Education NSW Ltd	1,893,200	A registered training organisation providing health oriented educational program for primary school children.

Organisation name	Amount ($)	Description
Lifeline Australia	2,133,500	Crisis telephone service.
Maari Ma Aboriginal Corporation	185,300	Aboriginal oral health services.
Maari Ma Health Aboriginal Corporation	363,755	Family health, chronic disease prevention and management programs.
Manning District Emergency Accommodation Inc	56,100	Counselling and support service for Aboriginal women and children in the Manning district.
Mental Health Coordinating Council NSW	766,300	Peak organisation funded to support non-government sector efforts to provide efficient and effective delivery of mental health services plus three year project funding for the non-government organisation Development Officers Strategy project and the Professional Development Scholarships program.
Mission Australia	687,500	Family and Carer Mental Health Program.
National Stroke Foundation	1,247,200	Support health checks in community pharmacies.
Network of Alcohol & Other Drugs Agencies Inc	1,097,200	Peak body for non-government organisations providing alcohol and other drug services.
Ngaimpe Aboriginal Corporation	173,500	Residential drug and alcohol program for men in the Central Coast area.
NSW Rural Doctors Network Ltd	1,433,800	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 healthcare 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 based hospital.
NSW Users & AIDS Association Inc	1,496,500	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	144,100	Residential drug and alcohol program located near Brewarrina.
Orange Aboriginal Health Service	323,100	Aboriginal oral health services.
Orange Aboriginal Health Service	212,000	Chronic disease prevention in the Orange area.
Parkinson's NSW Inc	24,700	Funds to raise awareness of Parkinson's disease in the community through support of Parkinson's week activities and targeted training and education.
Parramatta Mission	1,375,500	Family and Carer Mental Health Program.
Peer Support Foundation Ltd	248,200	Social skills development program providing education and training for youth, parents and teachers, undertaken in schools across NSW.
Pharmacy Guild of Australia (NSW Branch)	1,462,400	Promotion and coordination of the Pharmacy Fitpack Scheme (Needle and Syringe Program) in retail pharmacies throughout NSW.
Pharmacy Guild of Australia (NSW Branch)	890,000	Support health checks in community pharmacies.
Pius X Aboriginal Corporation	168,300	Aboriginal oral health services.
Pius X Aboriginal Corporation	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Positive Life NSW	819,700	Statewide community based education, information, referral and support services for people living with HIV.
Quality Management Services Inc	210,100	Assist with the NGO Quality Improvement Program for non-government organisations funded under NSW Health's NGO Grant Program.
Riverina Medical & Dental Aboriginal Corporation	467,300	Preventive healthcare, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region.
Riverina Medical & Dental Aboriginal Corporation	445,000	Aboriginal oral health services.
Riverina Medical & Dental Aboriginal Corporation	84,800	Mental health worker project for Aboriginal community.
Schizophrenia Fellowship of NSW Inc	2,080,100	Family and Carer Mental Health Program.
Schizophrenia Research Institute	1,366,500	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	255,700	Aboriginal oral health services.
South Coast Medical Service Aboriginal Corporation	182,700	Mental health worker for local Aboriginal community.
South Coast Medical Service Aboriginal Corporation	158,700	Preventive healthcare and drug and alcohol programs for the Aboriginal community in the Nowra area.
South Coast Medical Service Aboriginal Corporation	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Tharawal Aboriginal Corporation	294,900	Aboriginal oral health services.
Tharawal Aboriginal Corporation	157,400	Preventive healthcare, drug and alcohol programs for the Aboriginal community in the Campbelltown area.
Tharawal Aboriginal Corporation	84,800	Mental Health worker project for Aboriginal community.

Organisation name	Amount ($)	Description
Tharawal Aboriginal Corporation	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
The Kirby Institute – University of NSW	685,988	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	279,900	A residential drug and alcohol treatment and referral service for Aboriginal people.
The Oolong Aboriginal Corporation	191,200	Residential drug and alcohol treatment located in the Nowra area.
Tobwabba Aboriginal Medical Service	87,300	Family health services for the prevention and management of violence within Aboriginal families.
United Hospital Auxiliaries of NSW Inc	184,400	Peak organisation providing coordination and central administration for members of the United Hospital Auxiliaries.
Uniting Care NSW.ACT	3,366,000	Medically Supervised Injecting Centre.
Walgett Aboriginal Medical Service Co-op Ltd	297,600	Preventive healthcare, 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	169,400	Mental health worker project for the Aboriginal community.
Walgett Aboriginal Medical Service Co-op Ltd	115,900	Aboriginal oral health services.
Walgett Aboriginal Medical Service Co-op Ltd	110,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	88,600	Family health program in the South Coast area.
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	86,100	Mental health worker project for the Aboriginal community.
Weigelli Centre Aboriginal Corporation	84,800	Mental health worker project for the Aboriginal community.
Weigelli Centre Aboriginal Corporation	77,500	Residential drug and alcohol program for Aboriginal people in the Cowra area.
Wellington Aboriginal Corporation Health Service	212,000	Drug and alcohol, youth and family health programs for the Aboriginal community in and around Wellington.
Wellington Aboriginal Corporation Health Service	92,900	Project grant for the employment of a clinical team leader (psychologist) with a focus on Aboriginal mental health.
Wellington Aboriginal Corporation Health Service	71,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Women's Health NSW	191,300	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	364,600	Preventive healthcare, ear health and family health programs for the Aboriginal people in the Wyong area and funds for administration.
Yerin Aboriginal Health Services Inc	323,100	Aboriginal oral health services.
Yerin Aboriginal Health Services Inc	84,800	Mental health worker project for the Aboriginal community.
Yoorana Gunya Family Healing Centre Aboriginal Corporation	167,600	Family health program for the Aboriginal community in Forbes and surrounding areas.

Operating consultants 2013-14

Consultancies equal to more than $ 50,000

Consultant	Cost ($)	Title / Description
Management Services		
APP Corporation	56,230	Asset Plan for Medical Research Initiatives
CGA Consulting NSW Pty Ltd	72,750	Evaluation of Emergency Department Workforce Analysis Tool
Deloitte Touche Tohmatsu	114,533	Review of Business Case for Non-Emergency Patient Transport Market Testing
Doll Martin Associates Pty Ltd	66,055	National Disability Insurance Scheme Analysis of Information Management and Reporting Impacts
MBMPL Pty Ltd	68,547	Efficiency Review Services for Central Coast and South Eastern Sydney Local Health Districts'
Nous Group	90,691	Review of Blood and Blood Product Program Governance
O'Connell Advisory Pty Ltd	65,484	Evaluation of NSW Pharmacy Health Check – Know Your Numbers
University of Newcastle	95,228	Evaluation of Keep Them Safe – Getting on Track in Time "Got it"
URBIS Pty Ltd	148,507	Evaluation of Keep Them Safe – Whole Family Teams
Sub Total	778,026	
Organisational Review		
McGrath Nicol Advisory Partnership	56,481	Organisational Review for Yerin Aboriginal Health Service
Sub Total	56,481	
Consultancies equal to or more than $50,000	834,507	

Consultancies less than $50,000

During the year, 55 other consultancies were engaged in the following areas:

	Cost ($)
IT Services	51,655
Operating Legal	8,016
Management Services	562,276
Operating Engineer	23,288
Organisational Review	83,584
Training	60,448
Consultancies less than $50,000	789,266
Total Consultancies	1,623,773

Other funding grants 2013–14

Organisation name	Amount ($)	Description
Adele Dundas Incorporated	310,420	Residential rehabilitation services for clients from Adult Drug Court.
Aftercare	194,919	Adhoc grant for Mental Health Supported Accommodation Services.
Aftercare	530,415	Mental Health Boarding House Support Initiative.
Aftercare	1,900,712	Mental Health Housing and Accommodation Initiatives Projects.
Age Concern Albury Wodonga Home	2,000	Purchase of Men's Shed Equipment.
Albion Park Men's Shed	10,000	Grant for extension to Men's Shed.
Albury Wodonga Health	85,120	NSW contribution towards the cost of Mental Health Transition Manager position.
ARCS Australia	24,900	Sponsorship of Annual Scientific Congress.
ASP Healthcare Pty Ltd	27,273	Supply of needle and syringe disposal bins to designated locations in NSW.
Australia & NZ Intensive Care Society	281,351	Core Bi-National Intensive Care Databases.
Australia & NZ Intensive Care Society	9,717	Drug/Alcohol Treatment Services.
Australian Breastfeeding Association	140,000	Promotion and support of breastfeeding targeting overweight and obesity in NSW.
Australian Commission on Safety & Quality in Health Care	2,039,854	NSW contribution funding as per Funding Agreement between Commonwealth and State/Territory Health Departments.
Australian Diabetes Council	200,000	Funding of National Diabetes Service Scheme.
Australian Drug Foundation	1,074,000	Drug and Alcohol Community Engagement and Action Plan.
Australian Red Cross	8,760,522	Tissue Typing/Bone Marrow Services.
Australian Red Cross	262,708	Save a Mate funding.
Benelong's Haven Ltd	36,660	Residential rehabilitation services for clients from Adult Drug Court.
Billabong Clubhouse	10,000	Grant for renovation to premises.
Blake's Printing Solutions	9,887	One off grant for 'No Way' program for printing brochures.
Brewarrina Shire Council	8,400	Aussie Helpers project-assistance to drought affected farmers.
City of Sydney Local Government	20,000	Video project for community needle and syringe safe disposals.
Clarence Valley Council	8,970	Funding for needle and syringe safe disposals.
Community Restorative Centre	136,761	Drug/Alcohol Treatment Services.
Cooma-Monaro Shire Council	110,752	Upgrade Fluoridation Plant.
Corrimal Uniting Church	2,000	One-off funding for Therapy Group Project.
Culcairn Men's Shed	2,000	One-off grant for tools and equipment.
Cure Brain Cancer Foundation	100,000	Donation towards research into Glioblastoma and other brain cancer projects.
Department of Health and Ageing	1,437,730	Contribution for National Cord Blood Collection Network.
Department of Health and Ageing	1,628,787	Contribution to Australian Childhood Immunisation Register.
Department of Health and Ageing	16,100	NSW contribution to World AIDS Day.
Department of Health Victoria	47,009	Contribution for the Mental Health Professional On-Line Development, Hosting and Maintenance Program.
Department of Juvenile Justice & Attorney General	2,292,434	National Health Care Agreement Drug Budget Funding.
Drug and Alcohol Multicultural Education Centre	364,407	Drug/Alcohol Treatment Services.
Dunedoo Multipurpose Services	2,000	Staging of Men's Health funding in Dunedoo.
Eastern Health	19,834	Energy Drinks Research Project.
Family Drug Support	135,000	Grant for 24/7 Helpline.
Garvan Research Foundation	100,000	Donation to the Breakthrough Fund.
Garvan Research Foundation	82,727	Donation for purchase of molecular research equipment.
Gilgandra Shire Council	40,000	Renovation project Gilgandra Medical Centre.
Griffith Neighbourhood House Community Care	9,500	One off grant for Care Van Project.
Guthrie House	37,078	Residential rehabilitation services for clients from Adult Drug Court.
Health Direct Australia	13,109,017	National Registered Nurse Telephone Triage Service.
Health Direct Australia	1,850,000	NSW Get Healthy Information & Coaching Service.
Henty Men's Shed	2,000	One off funding for Men's Shed tools & equipment.
Howlong Men's Shed	2,000	One-off funding for dust extraction for Men's Shed.
Humpty Dumpty Foundation	60,000	Funding for The Michelle Beets Memorial Award.
Humpty Dumpty Foundation	500,360	Purchase of paediatric medical equipment for NSW public hospitals.
Jarrah House	225,364	Drug/Alcohol Treatment Services.

Organisation name	Amount ($)	Description
Jarrah House	21,450	Residential rehabilitation services for clients from Adult Drug Court.
Juvenile Diabetes Research Association	10,000	Donation to support diabetes research.
Karitane	20,000	Donation to support refurbishment of residential unit at Carramar.
Kathleen York House	9,120	Residential rehabilitation services for clients from Adult Drug Court.
Kedesh Rehabilitation Services	272,766	Drug/Alcohol Treatment Services.
Kempsey Shire Council	1,114	Funding for needle and syringe safe disposals.
Kids of Macarthur Health Foundation	25,000	Donation to assist with the purchase of medical equipment for new paediatric emergency department at Campbelltown Hospital.
Knights of St George's Heart Association	25,000	Donation for purchase of Telemetry System for the Cardiothoracic Unit at St George Hospital.
Lifehouse Australia	3,600,000	Outreach services to Rural Cancer Centres and provision of facilities for Junior Medical Officer Training.
Lifeline Macarthur	15,000	Youth Mental Health Project.
Lithgow District Men's Shed	10,000	Grant for operation of Men's Shed.
Lucy Osburn Nightingale Foundation Museum	75,000	Contribution to operational costs.
Maari Ma Aboriginal Health Corporation	2,000,000	Contribution to capital works.
Maari Ma Aboriginal Health Corporation	284,807	Drug/Alcohol Treatment Services.
Medical Research Commercialisation Fund	150,000	Support towards operational costs.
Medicare Local Far West NSW	66,865	Western NSW Food Cost and Availability Project.
Medicare Local North Coast NSW	7,000	Positive Adolescent Sexual Health Project.
Melbourne Convention & Visitor's Bureau	30,000	Grant for International AIDS Conference 2014.
Mental Health Co-ordinating Council	49,000	Mental Health Community Managed Benchmarking Project.
Mental Health Council of Australia	19,426	National Mental Health Consumer and Carer Forum annual contribution.
Mid North Coast Maritime Museum	10,000	One off grant for Men's Shed.
Miimi Aboriginal Corporation	126,362	Aboriginal Injury Prevention and Safety Demonstration Project.
Mission Australia	3,290,601	Mental Health Housing and Accommodation Initiatives.
Mission Australia	689,210	Mental Health Recovery and Resource Services Program.
Moree Plains Council	11,751	Funding for needle and syringe safe disposals.
Murrumbidgee Local Health District	2,000	Suicide Prevention Dramatic Minds Festival.
Nambucca Shire Council	60,720	Fluoridation upgrade Nambucca.
National Association for Loss & Grief	277,365	Adhoc grant for Mental Health Supported Accommodation Services.
National Blood Authority	1,297,962	Contribution to operational costs.
National Blood Authority	3,037,236	NSW contribution for National Blood Authority Converging Ratio.
National Health & Medical Research Council	65,000	Review of the Safety and Efficacy of Fluoridation.
National Heart Foundation	22,000	Australian Physical Activity Network funding.
Neami National	707,220	Mental Health Boarding House Support Initiative.
Neami National	9,111,545	Mental Health Housing and Accommodation Initiatives.
Neami National	559,983	Mental Health Recovery and Resource Services Program.
Nelune Foundation	85,000	Donation towards purchase of an anaesthetic machine for the Nelune Comprehensive Cancer Centre at Randwick.
Network of Alcohol & Other Drug Agencies	47,273	Drug and Alcohol Treatment Program.
New Horizons Enterprises	11,305,485	Mental Health Housing and Accommodation Initiatives.
New Horizons Enterprises	581,521	Mental Health Recovery and Resource Services Program.
Ngaimpe Aboriginal Corporation	17,741	Residential rehabilitation services for clients from Adult Drug Court.
NSW Department of Attorney General & Justice	285,512	Implementation of the Magistrate's Early Referral into Treatment Program.
NSW Department of Attorney General & Justice	28,426	Review of Individual Drug and Alcohol Treatment.
NSW Department of Corrective Services	1,621,841	Support for specialist drug and alcohol counselling positions and programs conducted in NSW correctional facilities.
NSW Department of Education & Training	200,000	Funding allocation for the Sexual Health in Schools Program.
NSW Department of Education & Training	750,000	NSW Enrolled Nursing Scholarship Program.
NSW Department of Education & Training	2,976,192	Promotion of healthy eating and physical exercise at school – Live Life Well at School.
NSW Department of Premier & Cabinet	334,000	Support for Premier's Council of Active Living.
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 Force	141,200	Diversion Cannabis Mansard Causing Scheme.
NSW Police Force	123,359	Funding for Drug Diversion Training.
NSW Police Force	495,061	National Drug Strategy Funding.

Organisation name	Amount ($)	Description
NSW Police Force	158,755	Training in Medical Health.
NSW Rural Doctors' Network	317,304	Medical Specialist Outreach Assistance Program.
NSW State Library	157,594	Drug Info@Your Library Services.
NSW Users & AIDS Association Inc	27,273	Funding for needle and syringe safe disposals.
Odyssey House McGrath Foundation	18,395	Residential rehabilitation services for clients from Adult Drug Court.
Office of Communities Support & Recreation	120,000	Promotion of healthy food in junior community sport canteens – *Finish with the Right Stuff.*
On Track Community Programs	674,780	Mental Health Housing and Accommodation Initiatives Projects.
Outback Arts Incorporated	11,600	Outback Arts Community Health Program Mad Hatters.
Palerang Council	53,955	Fluoridation of Braidwood Water Supply.
Palerang Council	53,955	Fluoridation of Currawdow Water Supply.
Parramatta Mission	235,740	Mental Health Boarding House Support Initiative.
Parramatta Mission	5,559,970	Mental Health Housing and Accommodation Initiatives.
Pharmacy Guild of Australia	1,592,706	Pharmacy Incentive Scheme – NSW Opioid Treatment Program.
Queensland University of Technology	15,000	Contribution towards Australia Research Council Linkage project.
Reach for the Rainbow	5,000	Donation for the 2013 Run for the Hills event to support Lifestart to provide early intervention services for children with Down Syndrome and Autism.
Redkite	10,000	Donation to support children, young people and families living with cancer.
RichmondPRA	884,025	Mental Health Boarding House Support Initiative.
RichmondPRA	14,179,950	Mental Health Housing and Accommodation Initiatives.
RichmondPRA	926,126	Mental Health Recovery and Resource Services Program.
Royal Far West Home	2,000	Donation to support Kempsey Kids Camp.
Royal Hospital for Women Foundation	120,000	Donation for purchase of 4D ultrasound equipment for the Royal Hospital for Women.
Salvation Army	6,818	Development of Indigenous adaptation packages for National Drug and Alcohol Clinical Care model.
Salvation Army	246,345	Drug/Alcohol Treatment Services.
Salvation Army	34,060	Residential rehabilitation services for clients from Adult Drug Court.
Samaritan's Foundation	392,735	Drug/Alcohol Treatment Services.
Schizophrenia Fellowship	53,000	Community Development Project Grant.
Schizophrenia Fellowship	263,839	Mental Health Recovery and Resource Services Program.
Schizophrenia Research Institute	500,000	Schizophrenia Research Grant.
School for Living	15,000	Contribution of printing costs for children's book which deals with handling stress and resilience issues.
Silver Chain Group	955,464	Palliative Care Home Support Services.
South Australian Health Department	1,123,763	Australian Health Ministers' Advisory Council funding.
Spatial Intelligence Pty Ltd	28,426	Telehealth Service Directory development.
St George & Sutherland Medical Research Foundation	200,000	Donation for purchase of equipment for trauma care.
St George Men's Shed Inc	3,000	One off grant for premises renovation.
St Luke's Anglicare	745,747	Mental Health Housing and Accommodation Initiatives.
St Luke's Anglicare	209,994	Mental Health Recovery and Resource Services Program.
St Vincent de Paul Society	73,240	Drug/Alcohol Treatment Services.
St Vincent's Curran Foundation	443,000	Donation to support purchase of Heart Lung machines for St Vincent's Hospital.
Sydney Adventist Hospital	5,000,000	Final Instalment 2013-14 Health Workforce Program.
Taldumande Youth Services	1,000	Donation for purchase of health and fitness equipment to support homeless youth.
The Buttery Ltd	319,736	Drug/Alcohol Treatment Services.
The George Institute	839,047	Buckle Up Safe Travel for Aboriginal children.
The George Institute	482,900	Evaluation of NSW Connecting Care Program.
The George Institute	185,612	Falls Prevention among Older Aboriginal People Project.
The George Institute	400,000	Grant for delivery of an Aboriginal Smoking Cessation Program.
The Hammond Care Group	581,809	Mental Health Special Care Unit and Program for Older People.
The Hammond Care Group	2,897,523	Palliative Care Home Support Services.
The Lyndon Community	3,380	Residential rehabilitation services for clients from Adult Drug Court.
The Sax Institute	84,960	Document health service use among NSW workers over age 45 who have a newly acquired chronic illness.
The Sax Institute	25,000	Review Evidence Check of Deep Brain Stimulation for Mental Illness Treatment.

Organisation name	Amount ($)	Description
The Sax Institute	1,800,000	The Sax Institute core infrastructure funding.
Thurgoona Men's Shed	2,000	One-off grant for Men's Shed tools and equipment.
Tumbarumba Men's Shed	2,000	One-off grant for Men's Shed tools and equipment.
Uniting Church, Nowra	10,000	Completing construction of Nowra Men's Shed.
University of New South Wales	36,400	Research for Health and Service Needs of Pharmaceutical Opioid Users.
University of New South Wales	360,000	Clinical Academic Research Program.
University of New South Wales	101,292	Falls Injury Prevention – Neuroscience Research Australia.
University of New South Wales	100,000	Grant to stop impulsive behaviour in repeat violent offenders.
University of New South Wales	75,000	Implementing Falls Prevention Research into Policy and Practice Project.
University of New South Wales	200,000	NSW Child Development Study.
University of New South Wales	75,000	NSW Research & Workforce Development Program on Healthy Built Environments.
University of New South Wales	40,600	NSW contribution to World AIDS Day.
University of New South Wales	22,727	Opioid Treatment Program.
University of New South Wales	14,773	Pilot study for Treating Substance Use and Traumatic Stress Among Adolescents.
University of New South Wales	273,920	Reducing alcohol related injury and violence in rural Aboriginal communities.
University of New South Wales	25,000	Research Project – Improving Mental Health Outcomes for People with Intellectual Disability.
University of New South Wales	187,500	Surveillance, research and evaluation of HIV, sexually transmissible infections and Viral Hepatitis in NSW.
University of New South Wales	59,095	Treating Substance Use and Traumatic Stress Among Adolescents.
University of New South Wales	225,000	Workforce Development Program.
University of New South Wales	35,000	Year two payment – Clustered Randomised Control Trial.
University of Newcastle	17,006	Alcohol Dependency Research.
University of Newcastle	19,300	Funding to enhance the education services provided to health practitioners in rural areas of the Hunter region.
University of Newcastle	19,662	Research for Patient Priorities for Change and Preferences for Model of Support.
University of Newcastle	2,845,423	Rural Adversity Mental Health Program.
University of Sydney	30,000	Assessment of transport health and economic impacts of new urban cycling infrastructure in Sydney.
University of Sydney	10,000	Development and evaluation of a health literacy program for socially disadvantaged adults attending TAFE.
University of Sydney	85,600	Diabetes Prevention Program.
University of Sydney	365,000	Funding for cardiac equipment and a mobile health clinic for the Poche Centre for Indigenous Health.
University of Sydney	198,925	Funding for Chair of Medical Physics Research.
University of Sydney	400,000	Funding for two Chairs of Research Programs – the Chair of Mental Health and Chair of Depression.
University of Sydney	375,000	NSW Research Program for Physical Activity, Nutrition and Obesity Prevention.
University of Sydney	545,522	NSW Schools Physical Activity and Nutrition Survey.
University of Sydney	350,000	Royal North Shore Hospital Trauma Services 2012-13.
University of Sydney	100,000	Study of Environment on Aboriginal Resilience and Child Health.
University of Sydney	90,909	Support for NSW Service Plan for Eating Disorders.
University of Sydney	50,000	Variation of Contract to deliver the Opioid Treatment Accreditation Course.
Urana Shire Council	1,738	Funding for needle and syringe safe disposals.
Watershed	212,721	Drug/Alcohol Treatment Services.
Wayback Community Ltd	582,855	Residential rehabilitation services for clients from Adult Drug Court.
We Help Ourselves Hunter Valley	281,574	Drug/Alcohol Treatment Services.
We Help Ourselves Hunter Valley	29,120	Residential rehabilitation services for clients from Adult Drug Court.
We Help Ourselves Sydney	12,500	Drug and Alcohol Research Grant Program.
We Help Ourselves Sydney	521,151	Drug/Alcohol Treatment Services.
We Help Ourselves Sydney	142,155	Residential rehabilitation services for clients from Adult Drug Court.
Wesley Mission	4,000,000	Mental health support for mothers with young children – *Mums & Kids Matter.*
Woollahra Municipal Council	19,100	Grant to install filters for closed circuit televisions in Gap Park.
Workcover NSW	2,997,016	Healthy Worker Initiative Program.

Payment of accounts

The following tables provide payment performance information for the NSW Ministry of Health for 2013–14.

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
All Suppliers[1]					
September	2,928,449	3,571	834	11,890	521
December	3,020,841	11,569	12,051	6,460	376
March	362,936	43,957	17,513	2,092	3,366
June	353,704	34,240	414	1,318	535
Small Business Suppliers[2]					
September	25	1	0	0	0
December	35	0	0	0	0
March	5	3	0	0	2
June	181	1	2	0	0

Notes: **1** The reporting of all suppliers is excluded payments between NSW Health Entities. **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*.

Accounts due or paid within each quarter				
All Suppliers[1]	**Sept**	**Dec**	**Mar**	**Jun**
	$'000	**$'000**	**$'000**	**$'000**
Number of accounts due for payment	7,341	8,066	7,034	6,919
Number of accounts paid on time	7,113	7,793	6,573	6,627
Actual percentage of accounts paid on time (based on number of accounts)	96.9%	96.6%	93.4%	95.8%
Dollar amount of accounts due for payment	2,945,265	3,051,297	429,863	390,211
Dollar amount of accounts paid on time	2,932,020	3,032,410	406,892	387,944
Actual percentage of accounts paid on time (based on $)	99.6%	99.4%	94.7%	99.4%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0
Small Business Suppliers[2]				
Number of accounts due for payment to small businesses	3	6	4	20
Number of accounts due to small businesses paid on time	2	6	1	18
Actual percentage of small business accounts paid on time (based on number of accounts)	66.7%	100%	25.0%	90.0%
Dollar amount of accounts due for payment to small businesses	26	35	10	184
Dollar amount of accounts due to small businesses paid on time	25	35	5	181
Actual percentage of small business accounts paid on time (based on $)	95.5%	100%	51.6%	98.1%
Number of payments to small business for interest on overdue accounts	0	0	1	0
Interest paid to small businesses on overdue accounts	0	0	0	0

Commentary

Time for payment of accounts for the NSW Ministry of Health showed a consistent performance over the year. During the year, measures have been taken to ensure Ministry staff are aware of NSW Treasury Circular 11/12 including conducting training sessions to educate relevant personnel about invoice approval processes.

Actions are taken to monitor and promptly follow up invoice payments. The NSW Ministry of Health made a total of $85 in payment of interest on overdue accounts related to small business suppliers during 2013-14.

Research and development

Population Health and Health Services Research Support Program

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 that is important to NSW Health and leads to changes in the health of the population and health services in NSW.

The objectives of the Program are:

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

Round three of the funding ran from January 2010 to June 2013.

Applications were invited for round four of the Program in November 2012, with grants of up to $500,000 per year available to successful applicants. Round Four of the Program runs from July 2013 to June 2017.

Grants paid under this program for 2013-14 were:

Grant recipient	Amount $	Purpose
Hunter Medical Research Institute	499,750	Public Health Program Capacity Building Group
University of New South Wales	250,000	Australian Institute of Health Innovation
University of New South Wales	500,000	Centre for Primary Health Care and Equity
University of Sydney	500,000	Australian Rural Health Research Collaboration
University of Sydney	357,478	Clinical and Population Perinatal Health Research
University of Sydney	403,500	Prevention Research Collaboration
Total	**2,510,728**	

Medical Research Support Program and associated programs

The NSW Government established the Medical Research Support Program 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 Medical Research Support Program in 2013-14 were:

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	5,321,797
ANZAC Research Institute	700,058
Centenary Institute	1,694,357
Children's Medical Research Institute	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

Medical Research Support Program Transition Grants

Medical Research Support Program 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 the Medical Research Support Program, and 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. Those deemed eligible would enter into the program at the mid-term review in 2014.

Organisation name	Amount $
Black Dog Institute	550,061
Children's Cancer Institute Australia	581,114
Illawarra Health and Medical Research Institute	563,122
Centre for Vascular Research (University of New South Wales)	815,739
Kolling Institute (Northern Sydney Local Health District)	1,269,763
Institute of Virology (St Vincent's Hospital Sydney)	1,397,622

Medical Research Support Program Assistance Funding

Assistance funding was provided to institutes to assist with possible mergers or governance restructures.

Organisation name	Amount $
Schizophrenia Research Institute	25,000
Total Medical Research Support Program Expenditure 2013-14	**33,840,403**

Networks and Clinical Trials

Networks

The Office of Health and Medical Research is developing a clinical research network strategy. As this strategy is being developed, interim funding was provided to six clinical networks.

These networks were created to assist in increasing research capacity and collaboration with a focus on multicentre clinical trials and translation of research. Many of the networks have wide organisational representation from the health and medical research sector. A number of the networks are also supported by non-government organisations. The clinical research networks will be encouraged to engage with research hubs.

Clinical Trials

To implement Theme two of the NSW Health and Medical Research Strategic Review, Leadership in Clinical Trials, the Office of Health and Medical Research invested $125,000 to support the Australian Advanced Treatment Centre. The Australian Advanced Treatment Centre is an early phase clinical trials facility in NSW, which aims to accelerate the translation cycle and decrease the average time it takes for clinical research in a lab to become of tangible benefit to a patient.

Organisation name	Amount $
Australian Diabetes Council (Stem Cell Network)	80,000
Oncology Children's Foundation (Better Treatment for Kids)	150,000
National Heart Foundation (Cardio Vascular Research Network)	250,000
Multiple Sclerosis Research Australia	105,000
Australian and New Zealand Spinal Cord Injury Network	100,000
University of New South Wales (Australian Advanced Treatment Centre)	125,000
Total	**810,000**

Hubs

Research hubs will receive collectively $800,000 annually to provide administrative support and assist in coordination of hub activities to enhance collaboration. The funds will facilitate the efficient sharing of expensive equipment, accommodation and support services and the development of statewide research translation. $1.6 million was distributed in 2013-14 ($800,000 from 2012-13 was rolled over due to the Hub Strategy being released in 2013-14).

Organisation name	Amount $
Heart Research Institute (Central Sydney)	187,500
St Vincent's Centre for Applied Medical Research (Darlinghurst)	187,500
Hunter Medical Research Institute (Hunter)	187,500
University of Wollongong (Illawarra)	187,500
Ingham Institute (Liverpool)	187,500
University of Sydney (Northern Sydney)	187,500
Health Science Alliance (South Eastern Sydney)	187,500
Children's Medical Research Institute (Westmead)	187,500
Mid North Coast Local Health District (Rural)	100,000
Total	**1,600,000**

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund was established in 2007 as an investment collaboration that supports early stage development and commercialisation opportunities from medical research institutes and allied research hospitals in Australia. The Medical Research Commercialisation Fund has been working with NSW institutes over the past five years to increase NSW's capacity to commercialise research discoveries. Through the Medical Research Commercialisation Fund, NSW Health gains access to expertise, training and mentoring provided by the funding.

Organisation name	Amount $
Medical Research Commercialisation Fund	300,000

Research Capacity Building Program

Bioinformatics Grants Program

Two grants to the total of $750,000 were awarded to innovative projects that will demonstrate the benefit of integrating and analysing statewide data to enhance research and evidence-based healthcare. These grants were awarded to:

1. Professor David Thwaites from the Institute of Medical Physics in the School of Physics at the University of Sydney ($250,000), who will work with two NSW universities, eight clinical centres, four NSW local health districts, a European clinical research institute and the Cancer Institute NSW. The project will link radiotherapy images and clinical data to optimise clinical decisions for lung cancer patients in NSW.
2. Professor Jonathan Morris from the Kolling Institute of Medical Research at Royal North Shore Hospital ($500,00) who is collaborating with the University of Sydney's Charles Perkins Centre, Deakin University, the Children's Medical Research Institute and international industry partner in health informatics and analytics, Aridhia. The project will support patient-centred care, measurement of quality and performance within the health service, and enable research opportunities.

Neurological Conditions Research Grants Program

The Neurological Conditions Research Grants Program 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. A further grant ($25,360) was awarded to Professor John Worthington, through the Ingham Institute for Applied Medical Research – Home to Outcomes – a data-linkage study of the stroke journey.

Breaking the Cycle of Heart Disease

The Victor Chang Cardiac Research Institute's Breaking the Cycle of Heart Disease campaign received $2 million to fund key research programs in organ transplantation, congenital heart disease, epigenetics (how genes behave), molecular cardiology and stem cell biology.

Cancer Research, Big Data, Big Impact Award

The Office for Health and Medical Research in partnership with the NSW Chief Scientist and Engineer and the Cancer Institute NSW received $70,000 in funding toward the NSW Premier's Awards for outstanding cancer research, Big Data, Big Impact Award.

Organisation name	Amount $
Professor Thwaites – University of Sydney	250,000
Professor Morris – University of Sydney	500,000
Ingham Institute of Applied Medical Research	25,360
Victor Chang Cardiac Research Institute	2,000,000
Cancer Institute NSW	70,000
Total	**2,845,360**

BIO 2014

BIO 2014 provided seven NSW organisations with the opportunity to showcase and promote specialty health and medical research products, services or clinical trials support, on the Australian Pavilion at the international biotechnology convention in San Diego.

Organisation name	Amount $
Advanced Surgical Design & Manufacture Ltd	5,000
Children's Medical Research Institute	5,000
Datapharm Australia Ltd	5,000
George Clinical Pty Ltd	5,000
Southern Star Research Pty Ltd	5,000
University of Sydney	20,000
Viralytics Limited	5,000
Total	**50,000**

Medical Devices

Medical Devices Fund

The Medical Devices Fund is a $5 million per annum, competitive technology development and commercialisation program funded by the NSW Government, through the NSW Ministry of Health. In the inaugural year, 2012-13, the Fund had $8 million available which has been forward committed to recipients for the 2013-14 financial year.

Organisation name	Amount $
Saluda Medical Pty Ltd	5,000,000
Elastagen Pty Ltd	2,000,000
Endolumina! Sciences Pty Ltd	2,448,883
HearWorks Pty Ltd	662,115
MobiLIFE Pty Ltd	214,760
Total	**10,325,758**

Medical Device Commercialisation Training

The Medical Device Commercialisation Training program delivered by ATP Innovations Pty Ltd will provide training in medical device commercialisation. Participants gain skills in entrepreneurship, medical device design, development and commercialisation.

The three month training program is the precursor to select up to two candidates to attend the NSW-QB3 Rosenman Institute Scholar Program in the United States.

NSW QB3 Rosenman Institute Scholar Program

The NSW Government in partnership with the Rosenman Institute in San Francisco has established a Postdoctoral fellowship program in medical device commercialisation.

Organisation name	Amount $
Australian Technology Park Innovation Centre	200,000
University of California	222,222
Total	**422,222**

Risk management and insurance activities

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

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (a self-insurance arrangement of the NSW Government implemented on 1 July 1989) of which the NSW Ministry of Health (and its controlled entities) is a member agency. The Health portfolio is a significant proportion of the Treasury Managed Fund and is identified as an independent pool within the Treasury Managed Fund 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 Treasury Managed Fund indemnity in 2013-14 for NSW Health is identified under Contributions. Benchmarks are the budget allocation.

	Contributions ($000)	Benchmark ($000)	Variation ($000)
Workers Compensation	168,787	174,357	5570
Motor Vehicle	9182	9899	717
Property	10,457	10,133	(324)
Liability	198,502	196,517	(1985)
Miscellaneous	592	562	(30)
Total Treasury Managed Fund	387,520	391,468	
Visiting Medical Officer	31,439	31,439	
Total	**418,958**	**422,907**	

Note: Values subject to rounding.

Benchmarks (other than Visiting Medical Officers) 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 Treasury Managed Fund with reference to benchmark expectations of relative claims costs for the agencies in the Treasury Managed Fund 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 2007-08 final five years and 2009-10 interim three years were declared and adjusted as at 30 June 2012, with the Ministry receiving a surplus of $22.3 million for the 2007-08 fund year but responsible for a deficit payable of $56.9 million for the 2009-10 fund year, a net result of a $34.6 million deficit.

The motor vehicle hindsight adjustment as at 31 December 2010 resulted in a $189,165 surplus.

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 2011-12, 2012-13 and 2013-14.

Table 1: Workers compensation – frequency and total claims cost

Occupation group	2013-14				2012-13				2011-12			
	Frequency		Claims cost		Frequency		Claims cost		Frequency		Claims cost	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Nurses	1,912	40	20.5	41	2,085	39	20.8	39	2,460	37	25.1	43
Hotel services	946	20	8.1	16	998	19	8.9	17	1,167	18	8.8	15
Medical/medical support	642	13	7.1	14	753	14	6.6	12	843	13	7.4	13
General administration	731	15	8.1	16	763	14	7.5	14	793	12	8.2	14
Ambulance	361	7	4.4	9	496	9	5.4	10	659	10	5.2	9
Maintenance	147	3	1.2	2	192	4	2.7	5	205	3	1.7	3
Linen services	74	2	0.7	1	79	1	0.6	1	114	2	0.8	1
Not grouped	8	0	0.1	0	23	0	0.1	0	424	6	1.9	3
Total	**4,821**	**100**	**50.3**	**100**	**5,389**	**100**	**52.6**	**100**	**6,665**	**100**	**59.1**	**100**

Mechanism of injury group	2013-14				2012-13				2011-12			
	Frequency		Claims Cost		Frequency		Claims Cost		Frequency		Claims Cost	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Body stress	2,303	48	25.2	50.1	2,470	46	25.0	48	2,944	44	27.2	46
Slips and falls	819	17	7.8	15.6	964	18	9.3	18	1,243	19	10.5	18
Mental stress	370	8	8.2	16.3	392	7	8.7	17	442	7	8.4	14
Hit by objects	229	5	0.9	1.9	741	14	5.0	10	728	11	4.7	8
Motor vehicle[1]	75	2	0.3	0.7	97	2	0.9	2	458	7	3	5
Other causes	1,025	21	7.8	15.5	725	13	3.6	7	850	13	5.3	9
Total	**4,821**	**100**	**50.3**	**100**	**5,389**	**100**	**52.6**	**100**	**6,665**	**100**	**59.1**	**100**

Data Source: SICorp Data Warehouse. Note: **1** The decrease in workers compensation claims from motor vehicles from 2012-13 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 contributing factor.

Table 2: Claims frequency

	2013-14	2012-13	2011-12
No. of Employees FTE	111,743	112,102	107,285
Salaries and Wages $M	10,924	10,437	9,578
No. claims lodged per 100 FTE	4.31	4.81	6.21
Average claims cost	$10,430.00	$9,752.47	$8,868.39
Cost of claims per FTE	$449.98	$468.82	$550.94
Cost of claim as % S&W	0.56	0.58	0.65
Total number of claims	4,821	5,389	6,665
Total claim costs	**$50,282,523**	**$52,556,040**	**$59,107,789**

Data Source: SICorp Data Warehouse

Table 3: Average cost ($ per claim)

	2013-14	2012-13	2011-12
Nurses	$10,740	$9,954	$10,214
Hotel services	$8,566	$8,937	$7,546
Medical/medical support	$11,133	$9,300	$8,780
Body stress	$10,928	$10,139	$9,253
Slips and falls	$9,564	$9,647	$8,423
Mental stress	$22,146	$22,299	$18,983

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.

As at 30 June 2014, there were 4278 claims reported for the period 1 July 2008 to 30 June 2014 with a net incurred cost of $958.3 million. This does not include claims "notified" or "notified finalised". Of these claims, 129 were Large Claims (>$1m) with a net incurred cost of $564.9 million.

For the same period there were 8664 notifications received of which 49 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 Visiting Medical Officers and Honorary Medical Officers treating public patients in public hospitals, provided that they each signed a service agreement and a contract of liability coverage with their public hospital organisation. In accepting this coverage, Visiting Medical Officers and Honorary Medical Officers 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 Visiting Medical Officers, 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 Visiting Medical Officers to treat privately referred non-inpatients at NSW public hospitals.

The number of Visiting Medical Officer claims received for the period 1 July 2008 to 30 June 2014 was 1130 with a net incurred cost of $145 million. In the fund year ending 30 June 2014, there were 161 claims reported, a decrease of 40 claims or 19.9 per cent from the number reported during 2012-13. The net incurred cost also decreased by 41.4 per cent of $12.4 million from 2012-13. As at 30 June 2014, 57 per cent of notifications resulted in a claim.

The policy for retrospective cover for Visiting Medical Officers and Honorary Medical Officers for incidents prior to 1 January 2002 continues. As at 30 June 2014, NSW Health had granted indemnity in respect of 496 cases since 1 January 2002. The increase of 188 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 data at 30 June 2014 indicating a decrease in claims lodged during the period. As at 30 June 2014, a total of 251 claims were lodged in the fund year for a net incurred cost of $4.7 million. This is an increase of 72 claims or 22.3 per cent when compared with the total claims lodged as at 30 June 2013. The most common claim types for the 2013-14 period were storm and tempest, flooding and water damage, accidental damage and theft. Total asset value has increased by 10.7 per cent to $24.7 billion.

Risk management initiatives

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

- Implementation of early intervention strategies to facilitate early and sustained return to work for injured employees.
- Ongoing implementation of best practice strategies to facilitate a reduction in workplace injuries, as part of the work health and safety proactive strategic plan 2014-2016 with its particular focus on our ageing workforce and proactive strategies to minimise the risk of injury.
- In partnership with the Health Education & Training Institute, development and implementation of online training modules for all frontline managers and supervisors, in relation to management of an injured worker and the return to work and psychological injury management.
- Management of clinical liability claims to minimise exposure to adverse events and financial loss and minimise the incidence, severity and total cost of claims.
- Provide education on Visiting Medical Officer incidents through clinical governance in relation to, Visiting Medical Officer adverse incident reporting and claims management procedures, and also in ensuring the early notification of possible legal claims and the investigation, gathering and storage of records.

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 2014, 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 2014, 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.

Secretary's Responsibility for the Financial Statements

The Secretary 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 Secretary 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 Secretary, 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.

Grant Hehir
Auditor-General

19 September 2014
SYDNEY

Ministry of Health
Certification of the Parent/Consolidated Financial Statements
for the year ended 30 June 2014

I state, 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 2014 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) I am not aware of any circumstances which would render any particulars in the accounts to be misleading or inaccurate.

Dr Mary Foley
Secretary, NSW Health
18 September 2014

John Roach PSM
Chief Financial Officer

Ministry of Health
Statement of Comprehensive Income for the year ended 30 June 2014

PARENT					CONSOLIDATION		
Actual	Budget Unaudited	Actual		Notes	Actual	Budget Unaudited	Actual
2014 $000	2014 $000	2013 $000			2014 $000	2014 $000	2013 $000
			Expenses excluding losses				
			Operating Expenses				
128,116	131,110	111,867	Employee Related	3	11,014,190	10,902,923	10,262,357
770,862	717,898	687,698	Other Operating Expenses	4	5,117,265	5,230,219	4,803,327
3,432	3,392	3,845	Depreciation and Amortisation	2(i), 5	609,388	621,073	586,781
14,456,182	14,450,360	13,813,936	Grants and Subsidies	6	1,171,571	1,067,763	1,233,511
-----	-----	-----	Finance Costs	7	50,077	49,140	40,122
15,358,592	**15,305,845**	**14,617,346**	**Total Expenses excluding losses**		**17,962,491**	**17,871,118**	**16,926,098**
			Revenue				
9,677,107	9,677,107	9,192,268	Recurrent Appropriation	2(d)	9,677,107	9,738,473	9,192,268
965,139	965,139	806,182	Capital Appropriation	2(d)	965,139	965,159	806,182
39,120	-----	-----	Transfers to the Ministry of Health		-----	-----	-----
6,813	6,982	1,392	Acceptance by the Crown Entity of Employee Benefits	2(a)(ii), 11	525,760	363,535	268,340
178,288	191,067	211,533	Sale of Goods and Services	8	2,287,212	2,262,000	2,207,901
12,145	7,450	13,505	Investment Revenue	9	67,962	78,700	69,258
4,517,122	4,506,135	4,290,915	Grants and Contributions	10	4,881,100	4,849,688	4,678,169
22,155	20,215	25,744	Other Revenue	12	114,989	62,900	133,659
15,417,889	**15,374,095**	**14,541,539**	**Total Revenue**		**18,519,269**	**18,320,455**	**17,355,777**
(2,306)	(1,563)	**(434)**	**Gain / (Loss) on Disposal**	13	**(25,388)**	**-----**	**(90,612)**
(226)	-----	**(9)**	**Other Gains / (Losses)**	14	**(73,855)**	**(10,283)**	**(63,722)**
56,765	**66,687**	**(76,250)**	**Net Result**	35	**457,535**	**439,054**	**275,345**
			Other Comprehensive Income				
			Items that will not be reclassified to net result				
-----	-----	(1,139)	Net Increase/(Decrease) in Property, Plant & Equipment Revaluation Surplus		125,477	-----	526,297
-----	**-----**	**(1,139)**	**Total Other Comprehensive Income**		**125,477**	**-----**	**526,297**
56,765	**66,687**	**(77,389)**	**TOTAL COMPREHENSIVE INCOME**		**583,012**	**439,054**	**801,642**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Financial Position as at 30 June 2014

PARENT					CONSOLIDATION		
Actual	Budget Unaudited	Actual		Notes	Actual	Budget Unaudited	Actual
2014 $000	2014 $000	2013 $000			2014 $000	2014 $000	2013 $000
			ASSETS				
			Current Assets				
249,771	255,278	233,534	Cash and Cash Equivalents	17	1,668,493	1,400,633	1,482,967
92,971	94,892	50,702	Receivables	18	526,766	534,590	548,572
28,798	32,922	32,922	Inventories	19	138,487	152,542	142,095
-----	-----	-----	Financial Assets at Fair Value	20	39,401	117,349	78,892
12,873	13,626	2,487	Other Financial Assets	21	223	-----	1,349
384,413	396,718	319,645			2,373,370	2,205,114	2,253,875
-----	-----	-----	Non-Current Assets Held for Sale	25	15,653	26,841	19,290
384,413	**396,718**	**319,645**	**Total Current Assets**		**2,389,023**	**2,231,955**	**2,273,165**
			Non-Current Assets				
-----	-----	-----	Receivables	18	8,668	9,095	7,274
-----	-----	-----	Financial Assets at Fair Value	20	39,747	75,088	42,002
38,081	39,952	29,952	Other Financial Assets	21	-----	-----	-----
			Property, Plant and Equipment				
120,333	109,446	124,779	- Land and Buildings	22	11,250,178	11,123,351	10,615,140
2,238	10,832	2,154	- Plant and Equipment	22	848,590	851,831	880,942
-----	-----	-----	- Infrastructure Systems	22	439,903	383,156	449,502
-----	-----	-----	- Leasehold Improvements	22	28,530	-----	17,304
122,571	120,278	126,933	Total Property, Plant and Equipment		12,567,201	12,358,338	11,962,888
-----	-----	-----	Intangible Assets	23	463,019	512,214	389,102
-----	-----	-----	Other	24	41,626	54,411	37,416
160,652	**160,230**	**156,885**	**Total Non-Current Assets**		**13,120,261**	**13,009,146**	**12,438,682**
545,065	**556,948**	**476,530**	**Total Assets**		**15,509,284**	**15,241,101**	**14,711,847**
			LIABILITIES				
			Current Liabilities				
326,263	327,698	313,966	Payables	28	1,385,355	1,229,221	1,270,714
-----	-----	-----	Borrowings	29	14,285	18,620	14,035
11,131	9,222	9,222	Provisions	30	1,666,268	1,695,863	1,581,830
2,606	2,427	2,427	Other	31	39,971	35,405	38,400
340,000	339,347	325,615	**Total Current Liabilities**		3,105,879	2,979,109	2,904,979
			Non-Current Liabilities				
-----	-----	-----	Borrowings	29	1,063,051	1,084,115	1,047,689
167	304	304	Provisions	30	18,216	13,030	15,625
55,831	58,258	58,258	Other	31	96,351	103,455	103,022
55,998	**58,562**	**58,562**	**Total Non-Current Liabilities**		**1,177,618**	**1,200,600**	**1,166,336**
395,998	**397,909**	**384,177**	**Total Liabilities**		**4,283,497**	**4,179,709**	**4,071,315**
149,067	**159,039**	**92,353**	**Net Assets**		**11,225,787**	**11,061,392**	**10,640,532**
			EQUITY				
107,646	108,413	108,413	Reserves		3,159,213	3,053,234	3,034,804
41,421	50,626	(16,060)	Accumulated Funds		8,066,574	8,008,158	7,605,728
149,067	**159,039**	**92,353**	**Total Equity**		**11,225,787**	**11,061,392**	**10,640,532**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Changes in Equity for the year ended 30 June 2014

PARENT	Notes	Accumulated Funds	Asset Revaluation Surplus	Total
		$000	$000	$000
Balance at 1 July 2013		(16,060)	108,413	92,353
Net Result for the year		56,765	-----	56,765
Other Comprehensive Income:				
-Transfers on Disposal		767	(767)	-----
Total Other Comprehensive Income		767	(767)	-----
Total Comprehensive Income for the year		57,532	(767)	56,765
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	40	(51)	-----	(51)
Balance at 30 June 2014		**41,421**	**107,646**	**149,067**
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	40	(1,062)	-----	(1,062)
Balance at 30 June 2013		**(16,060)**	**108,413**	**92,353**

CONSOLIDATION				
Balance at 1 July 2013		7,605,728	3,034,804	10,640,532
Restated Total Equity at 1 July 2013		**7,605,728**	**3,034,804**	**10,640,532**
Net Result for the year		457,535	-----	457,535
Other Comprehensive Income:				
Net Increase/(Decrease) in Property, Plant & Equipment		-----	125,477	125,477
Available for Sale Financial Assets:				
-Transfers on Disposal		1,068	(1,068)	-----
Total Other Comprehensive Income		1,068	124,409	125,477
Total Comprehensive Income for the year		458,603	124,409	583,012
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	40	2,243	-----	2,243
Balance at 30 June 2014		**8,066,574**	**3,159,213**	**11,225,787**
Balance at 1 July 2012		7,254,671	2,508,507	9,763,178
Restated Total Equity 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
Available for Sale Financial Assets:				
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	40	75,712	-----	75,712
Balance at 30 June 2013		**7,605,728**	**3,034,804**	**10,640,532**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Cash Flows for the year ended 30 June 2014

PARENT					CONSOLIDATION		
Actual	Budget (Unaudited)	Actual			Actual	Budget (Unaudited)	Actual
2014 $000	2014 $000	2013 $000		Notes	2014 $000	2014 $000	2013 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(121,646)	(126,393)	(117,060)	Employee Related		(10,542,137)	(10,518,046)	(10,113,447)
(14,456,183)	(14,450,361)	(13,813,936)	Grants and Subsidies		(1,171,572)	(1,067,763)	(1,233,511)
-----	-----	-----	Finance Costs		(49,555)	(49,140)	(40,122)
(885,671)	(843,739)	(588,697)	Other		(6,113,461)	(5,823,620)	(5,480,322)
(15,463,500)	(15,420,493)	(14,519,693)	**Total Payments**		(17,876,725)	(17,458,569)	(16,867,402)
			Receipts				
9,677,107	9,677,107	9,192,268	Recurrent Appropriation		9,677,107	9,738,473	9,192,268
965,139	965,139	806,182	Capital Appropriation		965,139	965,159	806,182
39,120	-----	-----	Asset Sale Proceeds Transferred to the NSW Ministry of Health		-----	-----	-----
2,266	-----	1,392	Reimbursements from the Crown Entity		171,902	-----	163,452
153,491	179,715	268,115	Sale of Goods and Services		2,468,264	2,200,434	2,171,674
12,145	7,450	13,505	Interest Received		60,418	78,700	69,258
4,534,125	4,523,139	4,290,915	Grants and Contributions		4,981,110	4,591,259	4,678,169
116,284	106,860	29,539	Other		853,525	963,159	832,416
15,499,677	15,459,410	14,601,916	**Total Receipts**		19,177,465	18,537,184	17,913,419
36,177	**38,917**	**82,223**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	35	**1,300,740**	**1,078,615**	**1,046,017**
			CASH FLOWS FROM INVESTING ACTIVITIES				
145	45	45	Proceeds from Sale of Property, Plant and Equipment and Intangibles		17,817	62,000	43,789
-----	-----	-----	Proceeds from Sale of Investments		123,055	-----	110,735
(1,572)	(1,394)	(898)	Purchases of Property, Plant and Equipment and Intangibles		(1,172,379)	(962,673)	(983,941)
-----	-----	-----	Purchases of Investments		(81,309)	(149,228)	(56,293)
(18,513)	(15,824)	(8,225)	Other		-----	-----	-----
(19,940)	**(17,173)**	**(9,078)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(1,112,816)**	**(1,049,901)**	**(885,710)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
-----	-----	-----	Proceeds from Borrowings and Advances		15,069	-----	3,542
-----	-----	-----	Repayment of Borrowings and Advances		(17,467)	(11,000)	(14,912)
-----	**-----**	**-----**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(2,398)**	**(11,000)**	**(11,370)**
16,237	21,744	73,145	**NET INCREASE / (DECREASE) IN CASH**		185,526	17,714	148,937
233,534	233,534	160,389	Opening Cash and Cash Equivalents		1,482,967	1,382,919	1,302,763
-----	-----	-----	Cash Transferred In/(Out) as a Result of Administrative Restructuring	40	-----	-----	31,267
249,771	**255,278**	**233,534**	**CLOSING CASH AND CASH EQUIVALENTS**	17	**1,668,493**	**1,400,633**	**1,482,967**

The accompanying notes form part of these financial statements.

Ministry of Health

Summary of Compliance with Financial Directives for the year ended 30 June 2014

	2014				2013			
	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	9,738,473	9,615,571	965,159	965,139	9,192,556	9,191,198	807,506	806,182
	9,738,473	**9,615,571**	**965,159**	**965,139**	**9,192,556**	**9,191,198**	**807,506**	**806,182**
Other Appropriations/Expenditure								
• S26 PF&AA Commonwealth Specific Purpose Payments	61,536	61,536	-----	-----	-----	-----	-----	-----
• Additional Appropriations	(46,253)	-----	-----	-----	1,070	1,070		
• Transfers to/from another agency (S32 of the Appropriation Act)	(76,649)	-----	-----	-----	-----	-----	1,700	-----
	(61,366)	**61,536**	-----	**-----**	**1,070**	**1,070**	**1,700**	**-----**
Total Appropriations/ Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	**9,677,107**	**9,677,107**	**965,159**	**965,139**	**9,193,626**	**9,192,268**	**809,206**	**806,182**
Amount drawn down against Appropriation		**9,677,107**		**965,139**		**9,192,268**		**806,182**
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 2014

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	
	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013
	$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	521,047	473,819	47,132	45,123	1,331,452	1,277,072	1,604,517	1,431,600	4,861,143	4,546,211	1,115,551	1,030,623	939,738	992,522	231,844	185,333	361,766	280,054	-----	-----	11,014,190	10,262,357
Other Operating Expenses	177,767	163,246	17,053	14,599	873,274	769,113	649,845	623,330	2,427,255	2,391,517	289,514	236,414	319,576	317,643	224,578	180,584	138,403	106,881	-----	-----	5,117,265	4,803,327
Depreciation and Amortisation	22,278	21,517	1,607	1,393	98,356	101,408	78,576	69,770	283,086	272,757	52,127	41,640	48,122	53,509	9,374	9,670	15,862	15,117	-----	-----	609,388	586,781
Grants and Subsidies	104,693	214,419	21,428	24,828	170,671	111,851	47,609	36,098	370,854	227,245	99,983	61,089	164,727	224,918	72,614	187,795	118,992	145,268	-----	-----	1,171,571	1,233,511
Finance Costs	502	299	24	7	5,760	5,560	2,940	2,819	22,230	16,373	15,165	12,827	1,904	1,844	111	64	1,441	329	-----	-----	50,077	40,122
Total Expenses excluding losses	**826,287**	**873,300**	**87,244**	**85,950**	**2,479,513**	**2,265,004**	**2,383,487**	**2,163,617**	**7,964,568**	**7,454,103**	**1,572,340**	**1,382,593**	**1,474,067**	**1,590,436**	**538,521**	**563,446**	**636,464**	**547,649**	**-----**	**-----**	**17,962,491**	**16,926,098**
Revenue																						
NSW Ministry of Health Recurrent Allocations **																			9,677,107	9,192,268	9,677,107	9,192,268
NSW Ministry of Health Capital Allocations **																			965,139	806,182	965,139	806,182
Acceptance by the Crown Entity																						
of Employee Benefits and Other Liabilities	26,870	12,073	2,148	543	59,482	24,982	75,874	48,315	232,134	132,859	53,065	23,120	47,687	15,965	9,693	4,014	18,807	6,469	-----	-----	525,760	268,340
Sale of Goods and Services	18,813	32,723	3,026	4,356	461,151	243,047	278,664	200,295	1,023,019	1,166,696	99,208	125,439	336,608	382,011	39,092	12,509	27,631	40,825	-----	-----	2,287,212	2,207,901
Investment Revenue	1,221	2,261	56	129	13,663	7,434	3,335	4,440	35,283	32,717	2,950	2,608	7,443	9,086	1,635	1,548	2,376	9,035	-----	-----	67,962	69,258
Grants and Contributions	159,828	272,943	9,381	4,664	648,908	633,695	399,015	354,769	2,303,348	2,229,863	802,255	636,507	162,767	152,055	99,448	113,385	296,150	280,288	-----	-----	4,881,100	4,678,169
Other Revenue	2,753	10,698	267	294	19,517	14,124	9,843	16,370	52,013	57,546	7,876	12,227	14,537	10,881	5,230	4,674	2,953	6,845	-----	-----	114,989	133,659
Total Revenue	**209,485**	**330,698**	**14,878**	**9,986**	**1,202,721**	**923,282**	**766,731**	**624,189**	**3,645,797**	**3,619,681**	**965,354**	**799,901**	**569,042**	**569,998**	**155,098**	**136,130**	**347,917**	**343,462**	**10,642,246**	**9,998,450**	**18,519,269**	**17,355,777**
Gain / (Loss) on Disposal	(297)	(3,439)	(22)	(216)	(1,495)	(14,504)	(1,213)	(10,996)	(13,848)	(43,265)	(3,796)	(6,349)	(2,481)	(8,163)	(297)	(1,473)	(1,939)	(2,207)	-----	-----	(25,388)	(90,612)
Other Gains / (Losses)	(574)	(3,381)	(35)	(318)	(3,505)	(8,347)	(52,108)	(8,245)	(10,094)	(27,289)	(2,307)	(5,616)	(3,213)	(6,058)	(206)	(2,653)	(1,813)	(1,815)	-----	-----	(73,855)	(63,722)
Net Result	**(617,673)**	**(549,422)**	**(72,423)**	**(76,498)**	**(1,281,792)**	**(1,364,573)**	**(1,670,077)**	**(1,558,669)**	**(4,342,713)**	**(3,904,976)**	**(613,089)**	**(594,657)**	**(910,719)**	**(1,034,659)**	**(383,926)**	**(431,442)**	**(292,299)**	**(208,209)**	**10,642,246**	**9,998,450**	**457,535**	**275,345**
Other Comprehensive Income																						
Increase/(Decrease) in Revaluation Surplus	6,000	31,926	801	1,256	15,369	57,082	14,324	55,504	56,911	267,702	11,918	55,701	17,228	37,743	1,739	7,449	1,187	11,934	-----	-----	125,477	526,297
Total Other Comprehensive Income	6,000	31,926	801	1,256	15,369	57,082	14,324	55,504	56,911	267,702	11,918	55,701	17,228	37,743	1,739	7,449	1,187	11,934	0	0	125,477	526,297
Total Comprehensive Income	**(611,673)**	**(517,496)**	**(71,622)**	**(75,242)**	**(1,266,423)**	**(1,307,491)**	**(1,655,753)**	**(1,503,165)**	**(4,285,802)**	**(3,637,274)**	**(601,171)**	**(538,956)**	**(893,491)**	**(996,916)**	**(382,187)**	**(423,993)**	**(291,112)**	**(196,275)**	**10,642,246**	**9,998,450**	**583,012**	**801,642**

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

** Appropriations are made on an entity basis and not to individual service groups. Consequently, appropriations must be included in the 'Not Attributable' column.

Ministry of Health
Service Group Statements (Continued)
for the year ended 30 June 2014

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		Not Attributable		Total	
	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013
	$000	$000	$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	58,826	75,631	13,730	7,415	198,793	203,166	152,503	192,786	718,946	636,193	85,886	123,086	75,933	137,916	67,407	59,319	296,469	47,455	-----	-----	1,668,493	1,482,967
Receivables	10,614	8,229	6,380	1,097	111,927	60,343	68,664	49,920	195,463	289,646	20,016	31,269	38,355	94,903	7,005	3,291	68,342	9,874	-----	-----	526,766	548,572
Inventories	3,826	4,689	1,236	427	22,059	24,156	10,849	19,609	43,721	64,937	4,147	7,389	4,919	9,094	31,909	8,668	15,821	3,126	-----	-----	138,487	142,095
Financial Assets at Fair Value	1,150	4,023	208	394	6,414	10,808	3,915	10,256	17,121	33,845	2,769	6,548	3,808	7,337	429	3,156	3,587	2,525	-----	-----	39,401	78,892
Other Financial Assets	118	69	-----	7	1	185	1	175	102	579	-----	112	1	125	-----	54	-----	43	-----	-----	223	1,349
Non-Current Assets Held for Sale	671	714	64	39	1,652	3,337	3,481	2,296	5,965	8,968	1,538	1,370	2,098	1,755	146	309	38	502	-----	-----	15,653	19,290
Total Current Assets	**75,205**	**93,355**	**21,618**	**9,379**	**340,846**	**301,995**	**239,413**	**275,042**	**981,318**	**1,034,168**	**114,356**	**169,774**	**125,114**	**251,130**	**106,896**	**74,797**	**384,257**	**63,525**	**-----**	**-----**	**2,389,023**	**2,273,165**
Non-Current Assets																						
Receivables	65	109	36	15	1,670	800	558	662	3,741	3,840	271	415	1,799	1,258	128	44	400	131	-----	-----	8,668	7,274
Financial Assets at Fair Value	680	2,142	6	210	6,342	5,754	2,341	5,460	17,006	18,020	1,151	3,486	812	3,906	1,491	1,680	9,918	1,344	-----	-----	39,747	42,002
Property, Plant and Equipment																						
- Land and Buildings	388,540	412,823	30,055	23,566	1,933,321	1,835,782	1,319,715	1,240,379	5,091,964	5,026,269	1,093,283	717,583	899,689	920,651	146,533	170,904	347,078	267,183	-----	-----	11,250,178	10,615,140
- Plant and Equipment	27,624	32,595	8,443	1,762	163,006	152,403	109,501	104,832	327,641	409,638	55,815	62,547	49,381	80,166	11,333	14,095	95,846	22,904	-----	-----	848,590	880,942
- Infrastructure Systems	14,865	16,632	1,435	899	79,561	77,764	41,719	53,491	202,818	209,017	42,624	31,915	38,111	40,905	5,779	7,192	12,991	11,687	-----	-----	439,903	449,502
- Leasehold Improvements	1,261	-----	365	-----	5,255	-----	2,547	-----	11,066	-----	1,516	-----	1,987	-----	503	-----	4,029	-----	-----	-----	28,530	17,304
Intangible Assets	35,552	14,397	23,249	778	113,193	67,315	20,549	46,303	23,765	180,932	4,099	27,626	4,825	35,408	768	6,226	237,019	10,117	-----	-----	463,019	389,102
Other	3,196	1,908	2,091	187	10,176	5,126	1,847	4,864	2,137	16,051	368	3,106	434	3,480	69	1,497	21,308	1,197	-----	-----	41,626	37,416
Total Non-Current Assets	**471,783**	**480,606**	**65,680**	**27,417**	**2,312,524**	**2,144,944**	**1,498,777**	**1,455,991**	**5,680,138**	**5,863,767**	**1,199,127**	**846,678**	**997,038**	**1,085,774**	**166,604**	**201,638**	**728,589**	**314,563**	**-----**	**-----**	**13,120,261**	**12,438,682**
TOTAL ASSETS	**546,988**	**573,961**	**87,298**	**36,796**	**2,653,370**	**2,446,939**	**1,738,190**	**1,731,033**	**6,661,456**	**6,897,935**	**1,313,483**	**1,016,452**	**1,122,152**	**1,336,904**	**273,500**	**276,435**	**1,112,846**	**378,088**	**-----**	**-----**	**15,509,284**	**14,711,847**
LIABILITIES																						
Current Liabilities																						
Payables	54,796	41,934	14,216	3,812	263,021	216,021	170,641	175,359	528,659	580,715	76,272	66,077	72,086	81,326	62,147	77,514	143,517	27,956	-----	-----	1,385,355	1,270,714
Borrowings	1,496	716	84	70	1,988	1,923	1,302	1,825	5,466	6,021	2,597	1,165	908	1,305	217	561	227	449	-----	-----	14,285	14,035
Provisions	76,441	72,764	9,437	6,327	232,302	196,147	251,729	221,456	680,894	702,333	151,984	158,183	122,402	153,438	33,579	28,473	107,500	42,709	-----	-----	1,666,268	1,581,830
Other	1,860	1,958	262	192	5,408	5,261	3,897	4,992	17,446	16,474	4,135	3,187	3,895	3,571	932	1,536	2,136	1,229	-----	-----	39,971	38,400
Total Current Liabilities	**134,593**	**117,372**	**23,999**	**10,401**	**502,719**	**419,352**	**427,569**	**403,632**	**1,232,465**	**1,305,543**	**234,988**	**228,612**	**199,291**	**239,640**	**96,875**	**108,084**	**253,380**	**72,343**	**-----**	**-----**	**3,105,879**	**2,904,979**
Non-Current Liabilities																						
Borrowings	72,373	68,068	2,786	1,928	142,415	168,081	87,529	108,331	424,335	565,668	158,007	43,783	107,916	50,258	15,654	19,864	52,036	21,708	-----	-----	1,063,051	1,047,689
Provisions	798	719	255	63	2,205	1,938	4,801	2,188	4,688	6,935	1,030	1,563	832	1,516	959	281	2,648	422	-----	-----	18,216	15,625
Other	1,752	5,254	167	515	6,362	14,114	3,684	13,393	70,773	44,196	4,198	8,551	4,236	9,581	2,032	4,121	3,147	3,297	-----	-----	96,351	103,022
Total Non-Current Liabilities	**74,923**	**74,041**	**3,208**	**2,506**	**150,982**	**184,133**	**96,014**	**123,912**	**499,796**	**616,799**	**163,235**	**53,897**	**112,984**	**61,355**	**18,645**	**24,266**	**57,831**	**25,427**	**-----**	**-----**	**1,177,618**	**1,166,336**
TOTAL LIABILITIES	**209,516**	**191,413**	**27,207**	**12,907**	**653,701**	**603,485**	**523,583**	**527,544**	**1,732,261**	**1,922,342**	**398,223**	**282,509**	**312,275**	**300,995**	**115,520**	**132,350**	**311,211**	**97,770**	**-----**	**-----**	**4,283,497**	**4,071,315**
NET ASSETS	**337,472**	**382,548**	**60,091**	**23,889**	**1,999,669**	**1,843,454**	**1,214,607**	**1,203,489**	**4,929,195**	**4,975,593**	**915,260**	**733,943**	**809,877**	**1,035,909**	**157,980**	**144,085**	**801,635**	**280,318**	**-----**	**-----**	**11,225,787**	**10,640,532**

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2014

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 Hospitals 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, NSW Kids and Families, 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). 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.

In the process of preparing the consolidated financial statements consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

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

These consolidated financial statements for the year ended 30 June 2014 have been authorised for issue by the Secretary, NSW Health on 18 September 2014.

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 on an accruals basis and 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.

Property, plant and equipment, investment property, assets (or disposal groups) held for sale and 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.

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

Comparative Information

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

Statement of Compliance

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

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

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted). Actuarial advice obtained by Treasury has confirmed that the use of a nominal approach plus the annual leave on annual leave liability (using 15.1% to 21.0% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The entity has assessed the actuarial advice based on the entity's circumstances and has determined that the effect of discounting is immaterial to annual leave.

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.

ii) Long Service Leave and Superannuation

The Ministry's liability for Long Service Leave and defined benefit superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) are assumed by the Crown Entity.

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'.

Specific on-costs relating to Long Service Leave assumed by the Crown Entity are borne by the Ministry as shown in Note 30.

Long Service Leave is measured at present value in accordance with AASB 119, Employee Benefits. This is based on the application of certain factors (specified in NSW Treasury Circular 14/04) to employees with five or more years of service, using current rates of pay. These factors were determined based on an 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 28, 'Payables'.

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

iii) Consequential On-Costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of workers' compensation insurance premiums and fringe benefits tax.

iv) 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 entities.

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 Ministry 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, 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 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 AASB 139, Financial Instruments: Recognition and Measurement.

Dividend revenue is recognised in accordance with AASB 118, Revenue when the Ministry's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

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 District based on a percentage of receipts generated
* 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 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 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 an asset's cost of acquisition 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

Interstate patient flows are funded through the State Pool, based on activity and consistent with the price determined in the service level agreement.

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

Assets acquired are initially recognised at cost. 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(z)).

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

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

Land and buildings which are owned by the Health Administration Corporation or the State and administered by the Ministry are deemed to be controlled by the Ministry and are reflected as such in the financial statements.

h) Capitalisation Thresholds

Individual items of Property, Plant & Equipment and Intangibles 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 identifiable components of assets are depreciated over their 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%
Leasehold Improvements	10.0%
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

j) Revaluation of Non-Current Assets

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP 14-01). This policy adopts fair value in accordance with AASB 13 Fair Value Measurement, AASB 116 Property, Plant and Equipment and AASB 140 Investment Property.

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

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Fair value of property, plant and equipment is based on a market participants' perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs. Also refer Note 22 and Note 26 for further information regarding fair value.

The Ministry revalues its Land and Buildings and Infrastructure at minimum every three years by independent valuation. The last revaluation for assets assumed by the Ministry was completed in the 30 June 2013 financial year and was based on an independent assessment.

To ensure that the carrying amount for each asset does not differ materially from its fair value at reporting date, indices are sourced. The indices reflect an assessment of movements made in the period between revaluations.

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 for the year, except that, to the extent that a credit balance exists in the revaluation surplus in respect of the same class of assets, they are debited directly to the revaluation surplus.

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 surplus 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, impairment under AASB 136 Impairment of Assets is unlikely to arise.

As property, plant and equipment is carried at fair value, impairment can only arise in the rare circumstances where the costs of disposal are material. Specifically, impairment is unlikely for not-for-profit entities given that AASB 136 modifies the recoverable amount test for non-cash generating assets of not-for-profit entities to the higher of fair value less costs of disposal and depreciated replacement cost, where depreciated replacement cost is also fair value.

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 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 four 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. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

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

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 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 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 Ministry's 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.

  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 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; i.e. 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 entity will not be able to collect all amounts due.

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

A number of the Ministry's accounting policies and disclosures require the measurement of fair values, for both financial and non-financial assets and liabilities. When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 Fair Value Measurement, the Ministry categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

* Level 1 - quoted prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
* Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or
* Level 3 – inputs that are not based on observable market data (unobservable inputs).

The Ministry recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

Refer Note 26 and Note 41 for further disclosures regarding fair value measurements of financial and non-financial assets.

z) Equity Transfers

The transfer of net assets between entity is 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 AASB 1004, 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 agency 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.

aa) Equity and Reserves

(i) Accumulated Funds

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

(ii) 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).

(iii) Separate Reserves

Separate reserve accounts are recognised in the financial statements only if such accounts are required by specific legislation or Australian Accounting Standards.

ab) Trust Funds

The Ministry receives monies in a trustee capacity for various trusts as set out in Note 33.

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.

ac) Budgeted Amounts

The consolidated budgeted amounts are drawn from the orginal budgets presented to Parliament in the State Budget Papers. The parent budget amounts are not subject to audit review and, accordingly, the relevant column entries in the financial statements are denoted as "Unaudited".

ad) 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.

ae) Service Group Statements Allocation Methodology

Using the statistical data for twelve months ending 30 June 2013, the data is then adjusted for any material change in service delivery or funding distribution, occurring in the 2013-14 year in determing the Income Statement fractions.

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 policy set by the Ministry of Health, e.g. depreciation/amortisation charges form the basis of apportioning the values for Intangibles and Property, Plant & Equipment.

af) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2013-14

The accounting policies applied in 2013-14 are consistent with those of the previous financial year except as a result of the following new or revised Australian Accounting Standards that have impacted in 2013-14 and have been applied for the first time as follows:

AASB 13, AASB 2011-8 and AASB 2012-1, Fair Value Measurement have mandatory application from 1 January 2013 and address, inter alia, the assumptions that market participants would use when pricing the asset or liability. No impact to prior year values, increased note disclosures, refer note 26.

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. Refer note 30.

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. Minor Adjustment has been made to note 41.

(ii) Issued but not yet 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 2010-7 regarding Financial Instruments has mandatory application from 1 July 2015 and comprises 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 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 profit entities, the changes have application from 1 July 2014 but are assessed as having no material effect.

AASB 1055 and AASB 2013-1 regarding Budgetary Reporting, has application from 1 July 2014. Any changes in future disclosures will be determined by the polices adopted for whole of government reporting.

AASB 9, Financial Instruments, has application from 1 January 2017. Standard is to establish principles for the financial reporting of financial assets and financial liabilities that will present relevant and useful information to users of financial statements for their assessment of the amounts, timing and uncertainty of an entity's future cash flows.

AASB 1031, Materiality, is applicable to annual reporting periods beginning on or after 1 January 2014. This Standard provides references to other Standards and the Framework that contain guidance on materiality.

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 2013-3, Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets, has application from 1 July 2014.

AASB 2013-6, Amendments to AASB 136 arising from Reduced Disclosure Requirements, has application from 1 July 2014.

AASB 2013-8, Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities – Control and Structured Entities, has application from 1 July 2014.

AASB 2013-9, Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments has application from 1 July 2014.

AASB 2014-1, Ammendments to Australian Accounting Standards is a summary of changes and impacts on wording arising from changes in other standards issued by the Australian Accounting Standards Board which have already been assessed above. This standard has application from 1 July 2014.

AASB 2014-2, Ammendments to AASB 1053 - Transition to and between Tiers, and related Tier 2 Disclosure Requirements which should have minimal impact due to exemptions not applying to General Government Sector Entities. This standard has application from 1 July 2014.

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		3. Employee Related		
		Employee related expenses comprise the following:		
98,491	89,657	Salaries and Wages	8,533,730	8,227,301
3,072	1,976	Superannuation - Defined Benefit Plans	134,437	139,002
6,406	5,708	Superannuation - Defined Contribution Plans	768,604	702,823
5,029	(692)	Long Service Leave	423,018	131,460
7,172	6,832	Annual Leave	925,932	846,205
1,660	2,223	Redundancies	27,226	27,579
879	699	Workers' Compensation Insurance	194,290	181,196
5,407	5,464	Payroll Tax and Fringe Benefits Tax	6,953	6,791
128,116	**111,867**		**11,014,190**	**10,262,357**
		The following additional information is provided:		
-----	-----	Employee Related Expenses Capitalised - Land and Buildings	8,143	10,654
-----	-----	Employee Related Expenses Capitalised - Intangibles	11,053	13,052
		4. Other Operating Expenses		
5,611	6,363	Advertising	21,865	18,561
519	661	Audit of Financial Statements	4,276	4,049
17,405	14,470	Blood and Blood Products	117,013	105,480
1,624	1,498	Consultancies	19,581	15,097
468	576	Domestic Supplies and Services	101,947	90,492
68,617	98,971	Drug Supplies	625,580	639,490
-----	-----	Food Supplies	89,281	89,768
695	741	Fuel, Light and Power	147,504	148,620
47,022	50,981	Other Expenses (See (a) below)	522,548	459,850
-----	-----	Hospital Ambulance Transport Costs	22,758	26,941
9,788	7,824	Information Management Expenses	290,229	255,751
228,287	219,893	Insurance	252,138	245,801
355,884	250,002	Interstate Patient Outflows	355,884	250,002
7,688	7,116	Maintenance (See (b) below)	407,484	396,056
4,883	3,902	Medical and Surgical Supplies	731,220	711,912
100	119	Motor Vehicle Expenses	44,190	42,417
1,949	2,173	Postal and Telephone Costs	49,897	45,380
2,072	2,321	Printing and Stationery	47,656	49,099
497	246	Rates and Charges	23,561	24,495
7,390	7,141	Rental	73,571	65,856
4	31	Special Service Departments	299,391	273,788
8,803	10,648	Staff Related Costs	111,619	115,382
1,556	2,021	Travel Related Costs	82,520	79,143
-----	-----	Visiting Medical Officers	675,552	649,897
770,862	**687,698**		**5,117,265**	**4,803,327**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		(a) Other Expenses Includes		
-----	-----	Aircraft Expenses (Ambulance Fixed Wing and Rotor Transport)	78,817	72,782
589	1,034	Contract for Patient Services	99,076	82,359
2,391	2,402	Courier and Freight	17,648	17,521
-----	-----	Isolated Patient Travel and Accommodation Assistance Scheme	15,949	16,194
1,107	1,034	Legal Services	15,841	9,139
87	77	Membership/Professional Fees	7,803	7,948
-----	7	Motor Vehicle Operating Lease Expense - Minimum Lease Payments	52,233	52,280
-----	-----	Public Private Partnership - Operating Facility Payments	79,236	81,034
3	-----	Other Operating Lease Expense - Minimum Lease Payments	22,530	26,602
-----	-----	Quality Assurance/Accreditation	4,306	4,996
371	288	Security Services	10,963	11,693
		(b) Reconciliation of Total Maintenance		
3,070	3,070	Maintenance Contracts	145,576	136,503
1,397	1,877	New/Replacement Equipment under $10,000	166,338	163,795
2,941	2,148	Repairs Maintenance/Non Contract	94,855	95,102
280	21	Other	715	656
7,688	7,116	Maintenance Expense - Contracted Labour and Other (Non-Employee Related in Note 4)	407,484	396,056
-----	-----	Employee Related Expense included in Notes 3	58,019	50,710
7,688	**7,116**	Total Maintenance Expenses	**465,503**	**446,766**
		5. Depreciation and Amortisation		
2,731	2,713	Depreciation - Buildings	376,574	362,391
701	809	Depreciation - Plant and Equipment	176,788	171,975
-----	-----	Depreciation - Infrastructure Systems	22,110	20,308
-----	205	Amortisation - Leasehold Improvements	3,480	5,780
-----	-----	Amortisation - Other Leased Assets	-----	-----
-----	118	Amortisation - Intangible Assets	30,436	26,327
-----	-----	Amortisation - Other	-----	-----
3,432	**3,845**		**609,388**	**586,781**
		6. Grants and Subsidies		
13,764,892	13,030,160	Payments to Controlled Health Entities	-----	-----
327,457	312,055	Payments to Other Affiliated Health Organisations	609,458	569,352
		Grants -		
-----	-----	Community Aged Care Packages	27,508	29,412
47,445	47,733	Grants to Research Organisations	78,008	46,904
66,897	62,566	Non-Government Organisations	148,043	139,682
-----	-----	NSW Government Agency	-----	-----
-----	116,482	Cancer Institute NSW*	-----	116,482
		Grant payments to NSW Health entities		
79,585	76,787	Albury Wodonga Health	79,585	76,788
49,451	45,738	Mental Health Housing Accommodation and Support Initiative	49,451	45,738
-----	32,093	Westmead Millennium Institute Capital Payment	-----	55,137
120,455	90,322	Other Grants	179,518	154,016
14,456,182	**13,813,936**		**1,171,571**	**1,233,511**

*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 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		7. Finance Costs		
-----	-----	Column S	48,754	39,608
-----	-----	Interest on Loans	554	235
-----	-----	Other Interest Charges	769	279
-----	**-----**		**50,077**	**40,122**
		8. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
-----	-----	Sale of Prosthesis	54,545	51,773
-----	-----	Pharmacy Sales	7,809	6,852
3,296	25	Other	11,062	16,929
		(b) Rendering of Services comprise the following:-		
		Patient Fees		
-----	-----	- Inpatient Fees	658,216	628,024
-----	-----	- Nursing Home Fees	16,189	15,553
-----	-----	- Non Inpatient Fees	14,444	12,819
94,117	111,491	Department of Veterans' Affairs	353,736	372,565
-----	-----	Staff-Meals and Accommodation	3,554	3,875
-----	-----	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	300,172	280,601
-----	-----	- Annual Charge	83,681	81,998
-----	-----	Cafeteria/Kiosk	12,403	16,240
-----	-----	Car Parking	27,599	23,778
-----	-----	Child Care Fees	12,593	11,903
-----	-----	Clinical Services (excluding Clinical Drug Trials)	53,902	28,385
111	134	Commercial Activities	20,190	18,374
-----	-----	Fees for Medical Records	2,103	1,878
-----	-----	High Cost Drugs	230,155	216,823
-----	-----	Linen Service Revenues	8,482	8,660
-----	-----	Meals on Wheels	1,228	1,278
-----	-----	Motor Accident Authority Third Party	140,993	130,083
-----	-----	Program of Appliances for Disabled People Patient Co-payments	426	546
62,313	64,959	Patient Inflows from Interstate	62,313	64,940
-----	-----	Patient Transport Fees	85,565	85,492
-----	-----	Private Use of Motor Vehicles	2,722	2,635
-----	-----	Salary Packaging Fee	9,067	8,105
-----	205	Services Provided to Non NSW Health Organisations	20,495	19,107
-----	-----	Use of Ambulance Facilities	5,622	4,722
18,451	34,719	Other	87,946	93,963
178,288	**211,533**		**2,287,212**	**2,207,901**
		9. Investment Revenue		
		Interest		
-----	-----	- T Corp Hour Glass Investment Facilities Designated at Fair Value through Profit or Loss	4,437	2,684
12,145	13,505	- Bank	55,981	66,230
-----	-----	Royalties	688	313
-----	-----	Other	6,856	31
12,145	**13,505**		**67,962**	**69,258**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		10. Grants and Contributions		
-----	-----	Clinical Drug Trials	22,981	21,848
4,438,986	4,250,250	Commonwealth National Health Reform Funding	4,438,986	4,250,250
12,219	18,300	Commonwealth Government Grants	169,309	149,020
-----	-----	Industry Contributions/Donations	82,138	75,317
-----	-----	Cancer Institute Grants*	-----	58,811
39,189	23,157	NSW Government Grants	66,916	46,566
5,630	-----	Grants from NSW Health entities	-----	-----
-----	-----	Research Grants	22,954	26,313
-----	-----	University Commission Grants	91	451
21,098	(792)	Other Grants	77,725	49,593
4,517,122	**4,290,915**		**4,881,100**	**4,678,169**

*From 1 April 2013, as result of an administrative transfer, Cancer Institute NSW (CINSW) became a controlled entity of the Ministry of Health. Grants received effective 1 April 2013 from CINSW have been eliminated on consolidation.

		11. Acceptance by the Crown Entity of employee benefits		
		The following liabilities and expenses have been assumed by the Crown Entity:		
3,072	1,976	Superannuation-defined benefit	134,437	139,002
3,603	(692)	Long Service Leave	391,185	129,230
138	108	Payroll Tax	138	108
6,813	**1,392**		**525,760**	**268,340**

		12. Other Revenue		
		Other Revenue comprises the following:-		
-----	-----	Ambulance Death and Disability Employee Contributions	5,457	4,773
3	2	Commissions	3,288	2,461
-----	-----	Conference and Training Fees	9,473	8,890
3,246	3,379	Discounts	4,830	4,064
-----	-----	Insurance Refunds	1,536	870
2,291	2,071	Lease and Rental Income	29,457	25,155
-----	-----	Property not Previously Recognised	9,966	12,099
-----	-----	Sale of Merchandise, Old Wares and Books	744	730
-----	-----	Sponsorship Income	1,389	1,467
627	135	Treasury Managed Fund Hindsight Adjustment	3,178	9,103
15,988	20,157	Other	45,671	64,047
22,155	**25,744**		**114,989**	**133,659**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		13. Gain / (Loss) on Disposal		
4,168	1,170	Property, Plant and Equipment	220,939	629,469
1,717	691	Less: Accumulated Depreciation	183,099	543,275
2,451	**479**	**Written Down Value**	**37,840**	**86,194**
145	45	Less: Proceeds from Disposal	13,927	7,769
(2,306)	**(434)**	**Gain/(Loss) on Disposal of Property, Plant and Equipment**	**(23,913)**	**(78,425)**
-----	-----	Intangible Assets	189	-----
-----	**-----**	**Gain/(Loss) on Disposal of Intangible Assets**	**(189)**	**-----**
-----	-----	Assets Held for Sale	4,999	48,207
-----	-----	Less: Proceeds from Disposal	3,713	36,020
-----	**-----**	**Gain/(Loss) on Disposal of Assets Held for Sale**	**(1,286)**	**(12,187)**
(2,306)	**(434)**	**Total Gain/(Loss) on Disposal**	**(25,388)**	**(90,612)**
		14. Other Gains / (Losses)		
-----	-----	Emerging Asset Losses	-----	(16,995)
(226)	(9)	Impairment of Receivables	(73,855)	(46,727)
(226)	**(9)**		**(73,855)**	**(63,722)**

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15. Conditions and Contributions

	Purchase of Assets $000	Health Promotion, Education and Research $000	Other $000	Total $000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	48,351	106,999	38,811	194,161
Contributions recognised in previous years which were not expended in the current reporting period	175,042	511,661	124,730	811,433
Total amount of unexpended contributions as at balance date	223,393	618,660	163,541	1,005,594

Comment on restricted assets appears in Note 27
The parent entity has nil items that are captured under this disclosure.

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 program 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 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		17. Cash and Cash Equivalents		
249,771	233,534	Cash at Bank and On Hand	885,645	929,162
-----	-----	Short Term Deposits	782,848	553,805
249,771	**233,534**		**1,668,493**	**1,482,967**
		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:		
249,771	233,534	Cash and Cash Equivalents (per Statement of Financial Position)	1,668,493	1,482,967
249,771	**233,534**	Closing Cash and Cash Equivalents (per Statement of Cash Flows)	**1,668,493**	**1,482,967**

For the purposes of the statement of cash flows, cash and cash equivalents include cash at bank, cash on hand, short-term deposits and bank overdraft

Refer to Note 41 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

		18. Receivables		
		Current		
18,489	15,389	Sale of Goods and Services	357,154	303,381
41,256	9,285	Intra Health Receivables	-----	-----
7,898	6,026	Goods and Services Tax	89,750	72,768
24,197	17,903	Other Debtors	129,981	165,884
91,840	48,603	**Sub Total**	576,885	542,033
-----	-----	Less Allowance for Impairment	(114,845)	(64,862)
91,840	48,603	**Sub Total**	462,040	477,171
1,131	2,099	Prepayments	64,726	71,401
92,971	**50,702**		**526,766**	**548,572**
		(a) Movement in the Allowance for Impairment Sale of Goods and Services		
-----	-----	Balance at Commencement of Reporting Period	(47,265)	(41,240)
-----	-----	Amounts written off during the year	10,869	37,744
-----	-----	(Increase)/decrease in Allowance Recognised in Profit or Loss	(73,734)	(43,769)
-----	-----	Balance at 30 June	(110,130)	(47,265)
		(b) Movement in the Allowance for Impairment Other Debtors		
-----	-----	Balance at Commencement of Reporting Period	(17,597)	(22,009)
226	-----	Amounts written off during the year	13,003	6,284
(226)	-----	(Increase)/decrease in Allowance Recognised in Profit or Loss	(121)	(1,872)
-----	-----	Balance at 30 June	(4,715)	(17,597)
-----	**-----**		**(114,845)**	**(64,862)**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		18. Receivables (Continued)		
		Non-Current		
-----	-----	Sale of Goods and Services	706	558
-----	-----	Other Debtors	1,679	35
-----	-----	**Sub Total**	2,385	593
-----	-----	Less Allowance for Impairment	(549)	(1,086)
-----	-----	**Sub Total**	1,836	(493)
-----	-----	Prepayments	6,832	7,767
-----	**-----**		**8,668**	**7,274**
		(a) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
-----	-----	Balance at Commencement of Reporting Period	(460)	(938)
-----	-----	Amounts written off during the year	29	938
-----	-----	(Increase)/decrease in Allowance Recognised in Profit or Loss	-----	(460)
-----	-----	Balance at 30 June	(431)	(460)
		(b) Movement in the Allowance for Impairment		
		Other Debtors		
-----	-----	Balance at Commencement of Reporting Period	(626)	-----
-----	-----	Amounts written off during the year	626	-----
-----	-----	(Increase)/decrease in Allowance Recognised in Profit or Loss	(118)	(626)
-----	-----	Balance at 30 June	(118)	(626)
-----	**-----**		**(549)**	**(1,086)**
		The current and non-current sale of goods and services balances above include the following patient fee receivables:		
-----	-----	Patient Fees - Compensable	17,865	14,281
-----	-----	Patient Fees - Ineligible	40,151	34,416
-----	-----	Patient Fees - Inpatient & Other	98,980	97,345
-----	**-----**		**156,996**	**146,042**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		19. Inventories - Current - Held for Distribution		
24,925	28,980	Drugs	63,063	62,262
3,873	3,942	Medical and Surgical Supplies	68,073	50,797
-----	-----	Food and Hotel Supplies	134	6,405
-----	-----	Other	7,217	22,631
28,798	**32,922**		**138,487**	**142,095**
		20. Financial Assets at Fair Value		
		Current		
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities	39,401	70,928
-----	-----	Other	-----	7,964
-----	**-----**		**39,401**	**78,892**
		Non Current		
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities	39,747	42,002
-----	**-----**		**39,747**	**42,002**

Refer to note 41 for further information regarding fair value measurement, credit risk, liquidity risk and market risk arising from financial instruments.

		21. Other Financial Assets		
		Current		
223	1,348	Other Loans and Deposits	223	1,349
12,650	1,139	Advances Receivable - Intra Health	-----	-----
12,873	**2,487**		**223**	**1,349**
		Non-Current		
38,081	29,952	Advances Receivable - Intra Health	-----	-----
38,081	**29,952**		**-----**	**-----**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		22. Property, Plant and Equipment		
		Land and Buildings - Fair Value		
203,856	206,988	Gross Carrying Amount	18,635,621	17,515,018
83,523	82,209	Less: Accumulated Depreciation and Impairment	7,385,443	6,899,878
120,333	**124,779**	Net Carrying Amount	**11,250,178**	**10,615,140**
		Plant and Equipment - Fair Value		
6,715	6,243	Gross Carrying Amount	2,005,715	2,027,208
4,477	4,089	Less: Accumulated Depreciation and Impairment	1,157,125	1,146,266
2,238	**2,154**	Net Carrying Amount	**848,590**	**880,942**
		Infrastructure Systems - Fair Value		
-----	-----	Gross Carrying Amount	869,003	849,359
-----	-----	Less: Accumulated Depreciation and Impairment	429,100	399,857
-----	**-----**	Net Carrying Amount	**439,903**	**449,502**
		Leasehold Improvements - Fair Value		
12,380	12,380	Gross Carrying Amount	55,398	41,523
12,380	12,380	Less: Accumulated Depreciation and Impairment	26,868	24,219
-----	**-----**	Net Carrying Amount	**28,530**	**17,304**
122,571	**126,933**	**Total Property, Plant and Equipment At Net Carrying Amount**	**12,567,201**	**11,962,888**

PARENT

22. Property, Plant and Equipment - Reconciliation

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting period is set out below:

	Land	Buildings	Plant and Equipment	Leasehold Improvements	Total
	$000	$000	$000	$000	$000
2014					
Net Carrying Amount at Start of Year	57,817	66,962	2,154	-----	**126,933**
Additions	-----	568	1,004	-----	**1,572**
Disposals	(1,600)	(683)	(168)	-----	**(2,451)**
Administrative Restructures - Transfers In/(Out	-----	-----	(51)	-----	**(51)**
Depreciation Expense	-----	(2,731)	(701)	-----	**(3,432)**
Net Carrying Amount at End of Year	**56,217**	**64,116**	**2,238**	**-----**	**122,571**

	Land	Buildings	Plant and Equipment	Leasehold Improvements	Total
	$000	$000	$000	$000	$000
2013					
Net Carrying Amount at Start of Year	66,900	61,207	4,070	205	**132,382**
Additions	-----	524	213	-----	**737**
Reclassifications to Intangibles	-----	-----	(841)	-----	**(841)**
Disposals	-----	-----	(479)	-----	**(479)**
Revaluation Decrements Recognised in Reserv	(9,083)	7,944	-----	-----	**(1,139)**
Depreciation Expense	-----	(2,713)	(809)	(205)	**(3,727)**
Net Carrying Amount at End of Year	**57,817**	**66,962**	**2,154**	**-----**	**126,933**

(i) Land and Buildings were valued in the 2012/13 financial year by Land Property Information (LPI) in accordance with note 2(j) Land Property Information (LPI) is not an employee of the Ministry.
Further details regarding the fair value measurement of property, plant and equipment are disclosed in Note 26.

CONSOLIDATION

22. Property, Plant and Equipment - Reconciliation

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting period is set out below:

	Land	Buildings	Plant and Equipment	Infrastructure Systems	Leasehold Improvements	Total
	$000	$000	$000	$000	$000	$000
2014						
Net Carrying Amount at Start of Year	1,743,378	8,871,762	880,942	449,502	17,304	11,962,888
Additions	7,260	910,168	170,362	498	7,054	1,095,342
Reclassifications to Intangibles	-----	-----	(595)	-----	-----	(595)
Recognition of Assets Held for Sale	(1,280)	(82)	-----	-----	-----	(1,362)
Disposals	(5,100)	(12,987)	(19,727)	(26)	-----	(37,840)
Administrative Restructures - Transfers In/(Out)	-----	-----	2,243	-----	-----	2,243
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	24,264	89,494	-----	11,719	-----	125,477
Depreciation Expense	-----	(376,574)	(176,788)	(22,110)	(3,480)	(578,952)
Reclassifications	(808)	683	(7,847)	320	7,652	-----
Net Carrying Amount at End of Year	**1,767,714**	**9,482,464**	**848,590**	**439,903**	**28,530**	**12,567,201**

	Land	Buildings	Plant and Equipment	Infrastructure Systems	Leasehold Improvements	Total
	$000	$000	$000	$000	$000	$000
2013						
Net Carrying Amount at Start of Year	1,663,949	7,599,830	935,578	363,095	16,747	10,579,199
Additions	31,655	1,131,105	330,983	424	4,473	1,498,640
Reclassifications to Intangibles	-----	-----	(841)	-----	-----	(841)
Recognition of Assets Held for Sale	(826)	-----	-----	-----	-----	(826)
Disposals	(847)	(62,093)	(23,218)	(16)	(20)	(86,194)
Administrative Restructures - Transfers In/(Out)	-----	-----	7,011	-----	56	7,067
Decrements Recognised in Reserves	49,447	472,681	989	3,180	-----	526,297
Depreciation Expense	-----	(358,558)	(177,755)	(20,308)	(3,833)	(560,454)
Reclassifications	-----	88,797	(191,805)	103,127	(119)	-----
Net Carrying Amount at End of Year	**1,743,378**	**8,871,762**	**880,942**	**449,502**	**17,304**	**11,962,888**

(i) Valuations for each of the health entities are performed regularly within a three year cycle. Revaluation details are included in the individual entities' financial statements.

(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).

Further details regarding the fair value measurement of property, plant and equipment are disclosed in Note 2(y).

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		23. Intangible Assets		
		Intangibles		
200	200	Cost (Gross Carrying Amount)	653,058	547,296
200	200	Less Accumulated Amortisation and Impairment	190,039	158,194
-----	-----	**Net Carrying Amount**	**463,019**	**389,102**
-----	-----	**Total Intangible Assets at Net Carrying Amount**	**463,019**	**389,102**

Intangible Reconciliation

Parent

	Intangibles $000
2014	
Net Carrying Amount at Start of Year	-----
Additions (From Internal Development or Acquired Separately)	-----
Net Carrying Amount at End of Year	-----

	Intangibles $000
2013	
Net Carrying Amount at Start of Reporting Period	177
Additions (From Internal Development or Acquired Separately)	162
Reclassification From Plant & Equipment	841
Amortisation (Recognised in Depreciation and Amortisation)	(118)
Admin Transfers	(1,062)
Net Carrying Amount at End of Year	-----

Consolidation

	Intangibles $000
2014	
Net Carrying Amount at Start of Year	389,102
Additions (From Internal Development or Acquired Separately)	103,947
Reclassifications from Plant & Equipment	595
Disposals	(189)
Amortisation (Recognised in Depreciation and Amortisation)	(30,436)
Net Carrying Amount at End of Year	**463,019**

	Intangibles $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**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		24. Other Assets		
		Non-Current		
-----	-----	Emerging Rights to Assets (refer Note 2(ad))	41,626	37,416
-----	**-----**		**41,626**	**37,416**
		25. Non-Current Assets (or Disposal Groups) Held for Sale		
		Assets Held for Sale		
-----	-----	Land and Buildings	15,620	19,257
-----	-----	Infrastructure Systems	33	33
-----	**-----**		**15,653**	**19,290**

PARENT & CONSOLIDATION

26. Fair Value Measurement of Non-Financial Assets

(a) Fair Value Hierarchy

Property, Plant and Equipment (Note 22)*

2014	Level 1 $000	Level 2 $000	Level 3 $000	Total $000
PARENT				
- Land and Buildings	-----	55,871	64,462	120,333
	-----	**55,871**	**64,462**	**120,333**
CONSOLIDATION				
- Land and Buildings	-----	2,123,891	9,126,287	11,250,178
- Infrastructure Systems	-----	-----	439,903	439,903
Non-Current Assets (or Disposal Groups) Held for Sale (Note 25)	-----	15,653	-----	15,653
	-----	**2,139,544**	**9,566,190**	**11,705,734**

There were no transfers between level 1 and 2 during the period ended 30 June 2013.

*For non-specialised assets with short useful lives, AASB 13 allows recognition at depreciated historical cost as an acceptable surrogate for fair value as differences are considered immaterial. Thus the values for Plant and Equipment are not required to be reported under the fair value hierarchy.

(b) Valuation Techniques, Inputs and Processes

For land, buildings and infrastructure the Ministry and its controlled health entities obtain external valuations by independent valuers every three years. The valuer used by each health entity is a independent person

revaluation and a determination as to whether any adjustments need to be made. These adjustments are made by way of application of indices, refer note 22 reconcilation.

better use than their current use. Highest and best use takes account of use that is physically possible, legally permissible and financially feasible.

The following non-current assets categorised in a) above have been measured as either level 2 or level 3 based on the following valuation techniques and inputs:

For land, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly. The majority of the restricted land has been classified as level 3 with the exception of work in progress and newly completed assets as discussed below as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations.

All commercial and non-restricted land is included in Level 2 as these land valuations have a high level of observable inputs although these lands are not identical.

For buildings and infrastructure, many assets are of a specialised nature or use, and thus the most appropriate valuation method is current replacement cost. These assets are included as Level 3 as these assets have a high level of unobservable inputs. However, residential and comcercial properties are valued on a market approach and included in level 2.

Work in Progress and Newly Completed Buildings is categorised as level 2, as the initial measurement is recognised at cost and is represented accordingly until subject to revaluation. This is considered appropriate as, once assets are brought into use, there is no longer a identical correlation with the "shelf product".

Non-Current Assets Held for Sale is a non-recurring item that is measured at fair value less cost to sell, which is less than its carrying amount. These assets are categorised as level 2.

Level 3 disclosures:

For buildings and infrastructure the current replacement cost of each asset is calculated to assess fair value. The current replacement cost of the individual building and infrastructure assets is assessed by referencing to building costs in external publications such as the Rawlinson's Australian Construction Handbook and with allowances made for the regional locations. The useful economic life of the assets is initially assessed at 40 years. The remaining economic life is assessed based upon physical depreciation and obsolescence. The district provides details to the valuer, of any known structural faults and future planning which may involve the demolition or removal of an asset. Any new assets constructed over the past four years have

Construction costs used to establish gross replacement cost are not expected to have significant variations, unless new construction is impacted by building/construction variations. The Ministry is not aware of any sensitivity to changes in unobservable inputs that may significantly impact on fair value.

PARENT & CONSOLIDATION

26. Fair Value Measurement of Non-Financial Assets

(c) Reconciliation of Recurring Level 3 Fair Value Measurements

	Land and Buildings $000	Infrastructure $000	Level 3 Recurring Total $000
PARENT			
Fair value as at 1 July 2013	68,855	-----	68,855
Additions	568	-----	568
Disposals	(2,283)	-----	(2,283)
Depreciation	(2,678)	-----	(2,678)
Fair value as at 30 June 2014	**64,462**	**-----**	**64,462**
CONSOLIDATION			
Fair value as at 1 July 2013	9,207,935	449,502	9,657,437
Additions	148,254	498	148,752
Revaluation increments/ decrements recognised in other comprehensive income – included in line item 'Net increase / (decrease) in property, plant and equipment asset revaluation surplus'	94,571	11,719	106,290
Transfers from Level 2	11,431	-----	11,431
Disposals	(4,718)	(26)	(4,744)
Depreciation	(328,256)	(22,110)	(350,366)
Other	(2,930)	320	(2,610)
Fair value as at 30 June 2014	**9,126,287**	**439,903**	**9,566,190**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		27. 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	408,056	386,561
-----	-----	Perpetually Invested Funds	10,153	9,760
-----	-----	Research Grants	168,183	173,917
-----	-----	Private Practice Funds	335,155	314,344
-----	-----	Other	84,047	85,200
-----	**-----**		**1,005,594**	**969,782**

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		28. Payables		
		Current		
1,585	1,340	Accrued Salaries, Wages and On-Costs	259,056	230,612
56,094	169	Taxation and Payroll Deductions	120,013	116,844
145,275	137,189	Trade Operating Creditors	621,628	585,343
-----	-----	Interest	40	31
		Other Creditors		
-----	-----	- Capital Works	113,818	104,863
113,708	148,735	- Intra Health Liability	-----	-----
9,601	26,533	- Other	270,800	233,021
326,263	**313,966**		**1,385,355**	**1,270,714**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 41.

		29. Borrowings		
		Current		
-----	-----	Other Loans and Deposits	1,444	2,571
-----	-----	Finance Leases [see note 2(q)]	2,191	1,970
		Public Private Partnership		
-----	-----	- Long Bay Forensic Hospital	1,324	1,277
-----	-----	- Calvary Mater Newcastle Hospital	9,326	8,217
-----	**-----**		**14,285**	**14,035**
		Non-Current		
-----	-----	Other Loans and Deposits	5,587	6,647
-----	-----	Finance Leases [see note 2(q)]	2,644	4,835
		Public Private Partnership		
-----	-----	- Long Bay Forensic Hospital	78,451	79,775
-----	-----	- Calvary Mater Newcastle Hospital	115,173	124,499
-----	-----	- Orange Hospital and Associated Health Services	162,091	162,091
-----	-----	- Royal North Shore Hospital Redevelopment	699,105	669,842
-----	**-----**		**1,063,051**	**1,047,689**

No assets have been pledged as security/collateral for liabilities and there are no restrictions on any title to property.Other loans still to be extinguished represent monies to be repaid to the Treasury.

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 41.

PARENT 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		30. Provisions		
		Current		
5,634	5,129	Annual Leave - Short Term Benefit	925,690	811,492
2,322	2,482	Annual Leave - Long Term Benefit	534,187	589,945
-----	-----	Long Service Leave - Short Term Benefit	-----	479
-----	-----	Long Service Leave - Long Term Benefit	-----	16,359
-----	-----	Death and Disability (Ambulance Officers)	6,633	10,212
-----	-----	Sick Leave	411	407
3,175	1,611	Long Service Leave Consequential On-Costs	198,971	152,700
-----	-----	Other	376	236
11,131	**9,222**	**Total Current Provisions**	**1,666,268**	**1,581,830**
		Non-Current		
-----	-----	Long Service Leave - Conditional	-----	3,022
-----	-----	Death and Disability (Ambulance Officers)	3,956	2,407
167	304	Long Service Leave Consequential On-Costs	10,472	7,364
-----	-----	Other	3,788	2,832
167	**304**	**Total Non-Current Provisions**	**18,216**	**15,625**
		Aggregate Employee Benefits and Related On-Costs		
11,131	9,222	Provisions - Current	1,665,892	1,581,594
167	304	Provisions - Non-Current	14,428	12,793
57,679	1,509	Accrued Salaries, Wages and On-Costs (Note 28)	379,069	347,456
68,977	**11,035**		**2,059,389**	**1,941,843**
		31. Other Liabilities		
		Current		
2,606	2,427	Income in Advance	39,507	38,370
-----	-----	Other	464	30
2,606	**2,427**		**39,971**	**38,400**
		Non-Current		
55,831	58,258	Income in Advance	94,592	99,466
-----	-----	Other	1,759	3,556
55,831	**58,258**		**96,351**	**103,022**

PARENT 2014 $000	PARENT 2013 $000	32. Commitments for Expenditure	CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		(a) **Capital Commitments**		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:		
-----	-----	Not later than one year	721,586	572,034
-----	-----	Later than one year and not later than five years	190,978	475,854
-----	-----	Later than five years	233	-----
-----	-----	**Total Capital Expenditure Commitments (Including GST)**	912,797	1,047,888
		(b) **Operating Lease Commitments**		
		Future non-cancellable operating lease rentals not provided for and payable:		
7,195	-----	Not later than one year	164,258	148,235
32,757	-----	Later than one year and not later than five years	322,818	255,909
-----	-----	Later than five years	155,985	152,768
39,952	-----	**Total Operating Lease Commitments (Including GST)**	643,061	556,912
		The operating lease commitments above are for property, motor vehicles, information technology, equipment including personal computers, medical equipment and other equipment.		
		(c) **Input Tax recoverable related to Commitments for expenditure**		
		The total of 'Commitments for Expenditure' above, i.e. $1,667M million as at 30 June 2014 includes input tax credits of $151.6M that are expected to be recoverable from the Australian Taxation Office (2013 $154.4M).		
		(d) **Finance Lease Commitments**		
		Minimum lease payment commitments in relation to finance leases are payable as follows:		
-----	-----	Not later than one year	121,018	64,315
-----	-----	Later than one year and not later than five years	490,462	478,987
-----	-----	Later than five years	2,354,787	2,399,073
-----	-----	**Minimum Lease Payments**	2,966,267	2,942,375
-----	-----	Less: Future Finance Charges	1,895,962	1,889,869
-----	-----	**Present Value of Minimum Lease Payments**	1,070,305	1,052,506
		The present value of finance lease commitments is as follows:		
-----	-----	Not later than one year	12,841	11,464
-----	-----	Later than one year and not later than five years	56,013	57,653
-----	-----	Later than five years	1,001,451	983,389
-----	-----	**Present Value of Minimum Lease Payments**	1,070,305	1,052,506
		Classified as:		
-----	-----	(a) Current (Note 29)	12,841	11,464
-----	-----	(b) Non-Current (Note 29)	1,057,464	1,041,042
-----	-----		1,070,305	1,052,506

CONSOLIDATION

33. Trust Funds

The Ministry holds trust fund moneys of $65.3 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	
	2014 $000	2013 $000	2014 $000	2013 $000	2014 $000	2013 $000	2014 $000	2013 $000
Cash Balance at the beginning of the financial year	5,298	5,246	11,709	12,898	73,430	74,190	90,437	92,334
Receipts	6,742	8,912	43,914	37,413	535,592	375,363	586,248	421,688
Expenditure	(6,962)	(8,860)	(46,145)	(38,602)	(558,285)	(376,123)	(611,392)	(423,585)
Cash Balance at the end of the financial year	5,078	5,298	9,478	11,709	50,737	73,430	65,293	90,437

The Parent entity does not administer any trust funds on behalf of others.

PARENT AND CONSOLIDATION

34. 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 2007/08 fund year and an interim adjustment for the 2009/10 fund year were not calculated until 2013/14.

As a result, the 2008/09 final and 2010/11 adjustment pertaining to the hospitals and community services now forming part of the Ministry will be paid in 2014/15. It is not possible for the Ministry to reliably quantify the benefit to be received or amount payable.

b) 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.

c) 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 2014 $000	PARENT 2013 $000		CONSOLIDATION 2014 $000	CONSOLIDATION 2013 $000
		35. Reconciliation of Cash Flows from Operating Activities to Net Result		
36,177	82,223	Net Cash Flows from Operating Activities	1,300,740	1,046,017
(3,432)	(3,845)	Depreciation and Amortisation	(609,388)	(586,781)
(226)	(9)	Allowance for Impairment	(73,855)	(46,727)
2,249	2,427	(Increase)/ Decrease Income in Advance	3,737	-----
(1,772)	5,069	(Increase)/ Decrease in Provisions	(87,030)	(32,432)
32,062	(67,952)	Increase / (Decrease) in Prepayments and Other Assets	367,901	120,654
(5,986)	(93,729)	(Increase)/ Decrease in Creditors	(432,074)	(129,878)
-----	-----	Rights to Emerging Asset	-----	(16,995)
(2,307)	(434)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	(25,388)	(90,612)
-----	-----	Assets Donated or Brought to Account	12,892	12,099
56,765	**(76,250)**	**Net Result**	**457,535**	**275,345**
		36. Non-Cash Financing and Investing Activities		
-----	-----	Assets Donated or Brought to Account	12,892	12,099
-----	-----	Property, Plant and Equipment Acquired by Finance Lease*	29,263	620,277
-----	**-----**		**42,155**	**632,376**

*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. Further $30M recognised in the 2013-14 financial year.

37. 2013/14 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
- Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Patient & Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Health Education, Transport, Home Help & Patient Activities

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 the Ministry's controlled health entities by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the respective health entity.

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

39. Budget Review - Consolidation

The 2013-14 budget represents the initial budget as allocated by Government at the time of the 2013-14 State Budget, presented to Parliament on 18 June 2013.

NET RESULT	**$M**
The actual Net Result was $18.5M greater than the Statement of Comprehensive Income budget result for the 2013-14 year.	
A reconciliation of the movements between actual and budgeted net result follows:	
Employee expenses over budget by $111.3M - includes variation for the end of year LSL actuarial provision held by the Crown which is some $168M more than the initial budget. A major factor in calculating the LSL actuarial results is the movement in the 10 year Commonwealth Bond rate determined on 30 June and advised to agencies in early July 2014.	(111)
Other operating expenses under budget by $113M - reflects lower cost increases for a range of operational & clincal supplies including net impact of cross border arragements	113
Grants and subsidies over budget by $103.8M - primarily atrributable to increases in grants to external organisations, for research and data evaluation projects ($41M), grants to Affiliated Health Organisations for services ($24M) and Non Government Organisations ($34M).	(104)
Recurrent Allocation under budget by $61.4M due to a decrease in capital to offset proposed reductions in private health insurance rebates for single rooms estimated at $80M which did not eventuate. Other minor allocations and adjustments were made through the year.	(61)
Variations in the Crown Acceptance of Employee Benefits revenue budget including the Long Service Leave factors and other crown acceptances.	162
A net increase in own source revenues predominately impacted by maintaining private health insurance rebates for single rooms of ($80M), other revenue ($53M), and reduced investment revenue ($10M) due to conversion of investments to cash.	98
Gain and Loss on Disposal of Assets, predominately as a result of the need to de-recognise buildings on the Prince of Wales campus transferred to Lifehouse and other losses (including bad debts written off and other impairments).	(89)
Other	10
Variation from budgeted Net Result	**18**

ASSETS AND LIABILITIES	**$M**
Net assets exceed budget by $164M. The major factors are:	
Cash and cash equivalents are favourable to budget by $267.9M as a result of the conversion of Financial Assets at Fair Value to cash and cash equivalents, an increase in net operating revenue, and an increase in payables.	268
Reduction in Financial Assets at Fair value due to conversion to more liquid form, ie cash.	(78)
An increase in property, plant and equipment primarily through asset revaluations and acquisitions.	209
Payables exceeded budget by $156.1M, primarily due to an increase in services performed where invoices have not yet been received and processed.	(156)
Movement in revaluation reserve arising from full revaluations and use of indices.	(106)
Other	27
Increase above Budgeted Net Assets	**164**

STATEMENT OF CASH FLOWS	**$M**
The actual Net Cash Flows from Operating Activities varied from the budget by $222M. This includes the net impact of payment of employee costs ($24M), grants ($103M), receipts for the sale of goods and services ($268M), reimbursements from the Crown Entity ($172M) and other miscellaneous movements.	222
The Cash Flow budget applied to Investing Activities varied by $63M due to NSW Health carrying less financial assets and more cash, and increases in the acquisition of property, plant and equipment.	(63)
The Cash Flow from Finance Activities varied to budget primarily as a result of increased borrowings for the Royal North Shore Hospital Acute Services Building PPP.	9

40. Increase/(Decrease) in Net Assets from Equity Transfers

Parent

Equity transfers effected in the 2013/14 year were:

A value of $51K Plant & Equipment was transferred to Health System Support Group.

Equity transfers effected in the 2012/13 year were:

An amount of $1.062M was transfered to Health Education and Training Institute as part of a tranfer of a service function.

Assets and Liabilities transferred are as follows:	2014 $000	2013 $000
Assets		
Plant & Equipment	51	-----
Intangibles	-----	1,062
Increase/(Decrease) in Net Assets From Equity Transfers	**51**	**1,062**

Consolidation

Equity transfers effected in the 2013/14 year were:

An increase in net assets of $2.24M relates to the transfer of plant and equipment from NSW Police to NSW Pathology for forensic equipment related to a transfer of functions.

Equity transfers effected in the 2012/13 year were:

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.

Assets and Liabilities transferred are as follows:	2014 $000	2013 $000
Assets		
Cash & Cash Equivalents	-----	53,093
Receivables	-----	2,292
Plant & Equipment	2,243	6,342
Liabilities		
Payables	-----	(2,104)
Provisions	-----	16,089
Increase/(Decrease) in Net Assets From Equity Transfers	**2,243**	**75,712**

41. 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 Secretary of the Ministry of Health 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 andcontrols and monitor risks. Compliance with policies is reviewed by the Risk Management & Audit Committee and the internal auditors on a continuous basis.

(a) Financial Instrument Categories

PARENT

Financial Assets Class:	**Category**	**Carrying Amount**	**Carrying Amount**
		2014 $000	**2013 $000**
Cash and Cash Equivalents (note 17)	N/A	249,771	233,534
Receivables (note 18)	Loans and receivables (at amortised cost)	83,942	42,577
Other Financial Assets (note 21)	Loans and receivables (at amortised cost)	50,954	32,439
Total Financial Assets		384,667	308,550
Financial Liabilities			
Payables (note 28)	Financial liabilities measured at amortised cost	270,169	313,797
Total Financial Liabilities		270,169	313,797

Notes
1 Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7)
2 Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7)

CONSOLIDATION Class: Financial Assets	Category	Carrying Amount 2014 $000	Carrying Amount 2013 $000
Cash and Cash Equivalents (note 17)	N/A	1,668,493	1,482,967
Receivables (note 18)*	Loans and receivables (at amortised cost)	374,126	403,910
Financial Assets at Fair Value (note 20)	At fair value through profit or loss (designated as such upon initial recognition)	79,148	120,894
Other Financial Assets (note 21)	Loans and receivables (at amortised cost)	223	1,349
Total Financial Assets		2,121,990	2,009,120
Financial Liabilities			
Borrowings (note 29)	Financial liabilities measured at amortised cost	1,077,336	1,061,724
Payables (note 28)**		1,265,342	1,153,870
Other (note 31)		2,223	3,586
Total Financial Liabilities		2,344,901	2,219,180

Notes

*Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7)

**Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7)

(b) Credit Risk

Credit risk arises when there is the possibility that the counterparty will default 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 within the NSW Treasury banking system. Interest is earned on daily bank balances between rates of approximately 1.3% and 5.2% in 2013/14 compared to 2.9% and 3.4% in the previous year. The TCorp Hour-Glass cash facility is discussed in paragraph (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Ministry of Health Accounting Manual for Public Health Organisations 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 and controlled entities are not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2014: $291.746 million; 2013: $353.501 million) and not more than 3 months past due (2014: $48.687 million; 2013: $33.302 million) are not considered impaired and together these represent 70% of the total trade debtors. In addition Patient Fees Compensables are frequently not settled within 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the Ministry's debtors are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments.

Financial assets that are past due or impaired could be either 'Sales of Goods and Services' or 'Other Debtors' in the 'Receivables' category of the Statement of Financial Position. Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

PARENT

2014	Total [1,2]	Past due but not impaired [1,2]	Considered impaired [1,2]
	$000	$000	$000
<3 months overdue	262	262	-----
3 months - 6 months overdue	708	708	-----
> 6 months overdue	21	21	-----
2013			
<3 months overdue	1,411	1,411	-----
3 months - 6 months overdue	-----	-----	-----
> 6 months overdue	1,950	1,950	-----

CONSOLIDATION

2014	Total [1,2]	Past due but not impaired [1,2]	Considered impaired [1,2]
	$000	$000	$000
<3 months overdue	54,664	48,687	5,977
3 months - 6 months overdue	34,291	17,549	16,742
> 6 months overdue	108,818	16,144	92,674
2013			
<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	6,116	34,902

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.

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 2.10 - 4.34% (2013: 2.55 - 9.78%), while over the year the weighted average interest rate was between 1.30 - 4.95% (2013: 3.60 - 13.28%). 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 whenthey 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 in accordance with NSW Treasury Circular 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, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

Maturity Analysis and interest rate exposure of financial liabilities

PARENT

		Interest Rate Exposure				Maturity Dates		
	Weighted Average Effective Int. Rate	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr
2014	**%**	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Payables:								
- Accrued Salaries Wages, On-Costs and Payroll Deductions		1,585	-----	-----	1,585	1,585	-----	-----
- Creditors		268,584	-----	-----	268,584	268,584	-----	-----
		270,169	-----	-----	270,169	270,169	-----	-----
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	-----	-----

CONSOLIDATION

		Interest Rate Exposure				Maturity Dates		
	Weighted Average Effective Int. Rate	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr
2014	**%**	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Payables:								
- Accrued Salaries Wages, On-Costs and Payroll Deductions		259,056	-----	-----	259,056	259,056	-----	-----
- Creditors		1,006,286	-----	-----	1,006,286	1,006,286	-----	-----
Borrowings:								
- Loans and Deposits	9.55%	2,968,463	2,968,463	-----	-----	120,271	493,405	2,354,787
- Finance Leases	6.72%	4,835	4,835	-----	-----	2,191	2,644	-----
- Other	4.63%	2,223	2,223	-----	-----	464	1,759	-----
		4,240,863	2,975,521	-----	1,265,342	1,388,268	497,808	2,354,787
2013								
Payables:								
- Accrued Salaries Wages, On-Costs and Payroll Deductions		230,612	-----	-----	230,612	230,612	-----	-----
- Creditors		923,258	-----	-----	923,258	923,258	-----	-----
Borrowings:								
- Loans and Deposits	9.55%	3,035,221	3,035,221	-----	-----	64,395	492,256	2,478,570
- Finance Leases	6.72%	9,459	9,459	-----	-----	2,993	6,466	-----
- Other	4.63%	3,586	3,586	-----	-----	30	3,556	-----
		4,202,136	3,048,266	-----	1,153,870	1,221,288	502,278	2,478,570

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 2013. 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. (based on official RBA interest rate volatility over the last five years). 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**
2014					
Financial Assets					
Cash and Cash Equivalents	249,771	(2,498)	(2,498)	2,498	2,498
Receivables	83,942	-----	-----	-----	-----
Other Financial Assets	50,954	(510)	(510)	510	510
Financial Liabilities					
Payables	270,169	-----	-----	-----	-----
2013					
Financial Assets					
Cash and Cash Equivalents	233,534	(2,335)	(2,335)	2,335	2,335
Receivables	42,577	-----	-----	-----	-----
Other Financial Assets	32,439	(324)	(324)	324	324
Financial Liabilities					
Payables	313,797	-----	-----	-----	-----

CONSOLIDATED	Carrying Amount $'000	-1% Profit	-1% Equity	+1% Profit	+1% Equity
2014					
Financial Assets					
Cash and Cash Equivalents	1,668,493	(16,685)	(16,685)	16,685	16,685
Receivables	374,126	-----	-----	-----	-----
Financial Assets at Fair Value	270,169	(2,702)	(2,702)	2,702	2,702
Other Financial Assets	223	(2)	(2)	2	2
Financial Liabilities					
Payables	1,265,342	-----	-----	-----	-----
Borrowings	1,077,336	10,773	10,773	(10,773)	(10,773)
Other	2,223	22	22	(22)	(22)
2013					
Financial Assets					
Cash and Cash Equivalents	1,482,967	(14,830)	(14,830)	14,830	14,830
Receivables	403,910	-----	-----	-----	-----
Financial Assets at Fair Value	120,894	(1,209)	(1,209)	1,209	1,209
Other Financial Assets	1,349	(13)	(13)	13	13
Financial Liabilities					
Payables	1,153,870	-----	-----	-----	-----
Borrowings	1,061,724	10,617	10,617	(10,617)	(10,617)
Other	3,586	36	36	(36)	(36)

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	2014 $'000	2013 $'000
Cash facility	Cash and money market instruments	Up to 1.5 years	15,076	16,861
Strategic cash facility	Cash and money market instruments	1.5 years to 3 years	2,248	41,500
Medium term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	3 years to 7 years	15,243	6,546
Long-term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	7 years and over	46,581	48,023

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	2014 $'000	2013 $'000
Hour-Glass Investment - Cash facility	+/- 1%	151	169
Hour-Glass Investment - Strategic cash facility	+/- 1 to 5%	22	394
Hour-Glass Investment - Medium-term growth facility	+/- 6 to 24%	900	21
Hour-Glass Investment - Long-term growth facility	+/- 15 to 22%	5,962	9,412

(e) Fair Value Measurement

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour-Glass facilities, which are measured at fair value.

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.

Fair Value recognised in the Statement of Financial Position

The Ministry uses the below hierarchy for disclosing the fair value of financial instruments by valuation technique:

	Level 1 $'000	Level 2 $'000	Level 3 $'000	2014 Total $'000
TCorp Hour-Glass Invt.Facility	-----	79,148	-----	**79,148**
	Level 1 $'000	**Level 2 $'000**	**Level 3 $'000**	**2013 Total $'000**
TCorp Hour-Glass Invt.Facility	-----	112,930	-----	**112,930**

(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 2014.

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.

42. 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 change

New Acts

Nil

Amending Acts

- Mental Health (Forensic Provisions) Amendment Act 2013
- Drugs and Poisons Legislation Amendment (New Psychoactive and Other Substances) Act 2013

Repealed Acts

Nil

Orders

- Health Services Amendment (Lottie Stewart Hospital) Order 2013
- Health Services Amendment (Royal Rehabilitation Centre Sydney) Order 2014
- Public Health Amendment (HIV Infection) Order 2014
- Public Health Amendment (Middle East Respiratory Syndrome Coronavirus) Order 2013

Subordinate legislation

Principal Regulations made

- Mental Health Regulation 2013
- Health Services Regulation 2013

Significant Amending Regulations made

- Health Administration Amendment (Reportable Incidents) Regulation 2014
- Health Practitioner Regulation (New South Wales) Amendment (Medical Council of NSW) Regulation 2013
- Health Practitioner Regulation (New South Wales) Amendment (Pharmacy Council) Regulation 2013
- Health Services Amendment (Smoke-free Area) Regulation 2013
- Human Tissue Amendment (Blood Donor Certificate) Regulation 2014
- Mental Health Amendment (Fees) Regulation 2013
- Poisons and Therapeutic Goods Amendment (Continued Dispensing) Regulation 2013
- Poisons and Therapeutic Goods Amendment (Fees) Regulation 2013
- Poisons and Therapeutic Goods Amendment Regulation 2014
- Poisons and Therapeutic Goods Amendment (Supply by Pharmacists) Regulations No 2 2013
- Private Health Facilities Amendment (Fees) Regulation 2013
- Private Health Facilities Amendment (Reportable Incidents) Regulation 2014
- Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Regulation 2013
- Smoke-free Environment Amendment (Penalty Notice Offence) Regulation 2013
- Smoke-free Environment Amendment Regulation 2013

Repealed Regulations

- Mental Health Regulation 2007
- Health Services Regulation 2008

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 disability are fully valued members of the community.
- People with disability are entitled to equitable access to services provided to the general community.
- In the provision of services to people with disability the focus remains on the whole of life needs of the individual and their capacity to participate fully in the community.
- Participation of people with disability in decision making processes leads to better informed policy and outcomes for people with disability.
- The development of cultural competence is elemental to effectively support the diversity of people with disability.
- The unique needs of people of Aboriginal background with disability are recognised, respected and addressed appropriately.
- The legal rights of people with disability are recognised and protected.
- People with disability have equal right to employment and respect.

Achievements in 2013-14 include:

The NSW Ministry of Health continues to meet implementation and reporting obligations and to explore opportunities for continuous improvement under ongoing reforms in the disability sector, including:

- the *National Disability Strategy NSW Implementation Plan 2012-2014*
- reporting to the NSW Ombudsman regarding reviewable deaths of people with disability and the *National Disability Insurance Scheme*.

NSW Health provided input into the recently passed *Disability Inclusion Act* and has commenced disability action planning activities in line with the *Act* including:

- installation of hearing loops in NSW Ministry of Health meeting rooms occurring under current refurbishments
- services for people with intellectual disability have been implemented and are currently being evaluated.

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 to 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, fact sheets, brochures and pamphlets. Fact sheets are also available in other languages from the NSW Multicultural Health Communication website. The most accessible way for the public to access this information is via the NSW Health website.

The NSW Ministry of Health also uploads a variety of information to its website. This includes information bulletins that provide advice to the NSW public health sector; 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 compliance requirements for the NSW public health system and guidelines that provide advice or guidance to the system.

Number of access applications received – Clause 7(b)

During 2013-14, the NSW Ministry of Health received 69 formal access applications under the *Government Information (Public Access) Act 2009* (GIPA Act). Two applications were withdrawn and 35 applications were transferred to other agencies. A total of 32 applications made on the NSW Ministry of Health were completed during the reporting year. Additionally 17 applications carried over from the previous year were completed. There were two applications received which were undecided as at 30 June 2014 and these have been carried forward to the next reporting period.

During the reporting period, two applications were invalid as they did not comply with the formal requirements of Section 41 of the GIPA Act. One application subsequently became a valid application.

Number of refused applications for Schedule 1 information – Clause 7(c)

Of the 32 formal access applications decided during the reporting period, the NSW Ministry of Health made six decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure). However only one application resulted in full refusal to provide the requested information which included a small amount of information covered by legal professional privilege and other information which was the business or personal information of third parties.

Five other applications involved a decision to refuse access to a small amount of information protected by statutory privilege under the Health Administration Act 1982 (two applications) or by legal professional privilege (three applications) with all other information requested being released or noted as already publicly available.

Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A-H pages 134-136.

Table A – Number of applications by type of applicant and outcome*, NSW Ministry of Health 2013-14

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Media	3	4	1	0	1	0	0	0
Members of Parliament	1	3	1	0	0	1	0	0
Private sector business		0	0	0	0	0	0	0
Not for profit organisations or community groups	5	0	0	0	1	0	0	0
Members of the public (application by legal representative)	1	2	0	2	0	0	0	2
Members of the public (other)	3	1	0	1	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 applicant and outcome, NSW Ministry of Health 2013-14

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Personal information applications*	1	0	0	2	0	0	0	1
Access applications (other than personal information applications)	12	9	2	1	2	1	0	0
Access applications that are partly personal information applications and partly other	0	1	0	0	0	0	0	1

*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 2013-14

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	2
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	2
Invalid applications that subsequently became valid applications	1

Table D – Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule A to Act, NSW Ministry of Health 2013-14

	Number of times consideration used*
Overriding secrecy laws	2
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	4
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	1

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E – Other public interest considerations against disclosure: Matters listed in table to Section 14 of Act, NSW Ministry of Health 2013-14

	Number of occasions when application not successful
Responsible and effective government	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	9
Business interests of agencies and other persons	3
Environment, culture, economy and general matters	1
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	1
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	1

Table F – Timelines, NSW Ministry of Health 2013-14

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	15
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)	16
Total	32

Table G – Number of applications reviewed under Part 5 of the Act (By type of review and outcome), NSW Ministry of Health 2013-14

	Decision varied	Decision upheld	Total
Internal review			0
Review by Information Commissioner*		**	1
Internal review following recommendation under section 93 of Act			0
Review by ADT		1	1
Total			2

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

** The result of the Information Commissioner's review is not available as at 30 September 2014 when this data was compiled.

Table H – Applications for review under Part 5 of the Act (By type of applicant), NSW Ministry of Health 2013-14

	Number of applications for review
Applications by access applicants	1
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	1

Multicultural Policies and Services Program

The *Multicultural Policies and Services Program* is a whole of government responsibility overseen by the Community Relations Commission. It focuses on ensuring government agencies implement the principles of multiculturalism through their strategic plans and therefore deliver inclusive and equitable services to the public. In 2013-14, the Commission's reporting requirements centred on three themes: key performance indicators and the results of evaluations; pathways between government agencies for people from culturally and linguistically diverse backgrounds; and services for humanitarian entrants. NSW Health has chosen these themes as a basis for Program reporting in this year's Annual Report. Fifty one health services/branches were invited to contribute to NSW Health's Multicultural Policies and Services Program reporting for 2013-14.

NSW Health achievements 2013-14

Health Service	Project/Initiative	Achievement 2013-14
Local Health Districts		
Hunter New England Local Health District	Audit of Health Care Interpreter Service Utilisation	According to the audit of Health Care Interpreter Service Utilisation from December 2013 to June/July 2014 there was a 20 per cent increase in interpreter utilisation in Maitland, 10 per cent in John Hunter and 9 per cent in Belmont hospitals. The audit assessed data and compliance around patients who required, requested and received interpreters though a patient information tracking system. Interpreter usage compliance has also been measured in the emergency departments of the six major hospitals week by week over the past six years; John Hunter, Belmont, Taree, Tamworth, Armidale and Maitland have all seen increased compliance rates from 2012-13 to 2013-14.
Mid North Coast Local Health District and Northern NSW Local Health District	Women's Health Information Education Sessions	The purpose of the education sessions were to inform women from refugee backgrounds about the female anatomy, the reproductive system, contraception, pregnancy stages, childbirth, menopause, general health issues such as diet, exercise, immunisation and where to seek assistance. The sessions also included a tour of the Coffs Harbour hospital, Women's Health Centre and Women's Resource Centre. This project was organised in partnership with Coffs Harbour TAFE, the local Women's Health Centre and Health interpreters. Participants benefited from increased awareness of general female health issues and how to navigate the NSW health system.
Murrumbidgee Local Health District	BreastScreen participation rates for culturally and linguistically diverse women	The BreastScreen Service has the ability to monitor the participation of women from culturally and linguistically diverse backgrounds and where participation rates are below 70 per cent, implement specific strategies to improve screening participation rates. In 2013, the BreastScreen participation rate for culturally and linguistically diverse women in Murrumbidgee Local Health District was 35.19 per cent. To increase participation rates, culturally and linguistically diverse populations were invited to participate in a women's day information session held at the local library. Information brochures in various languages were distributed to participants and the opportunity to discuss breast screen issues with a BreastScreen Nurse Counsellor was made available. Interpreters were also present. Approximately 100 people attended.

Health Service	Project/Initiative	Achievement 2013-14
Murrumbidgee Local Health District	Refugee Health Assessment Service	A Medicare Local Refugee Health Nurse is based in Wagga Wagga and funded via Murrumbidgee Local Health District. This service operates in collaboration between the District and Murrumbidgee Medicare Local. A clinic, held weekly, is staffed by the Refugee Health Nurse and supported by local general practitioners who have a special interest in refugee health. The clinic provides initial health assessments, pathology, vaccinations, screening and treatments for newly arrived refugees. Appropriate care pathways are then established for the patients in general practice. Ongoing care is provided by the general practitioner of the patient's' choice.
Nepean Blue Mountains Local Health District	Refugee Oral Health Clinic	In response to a recent rise in the number of refugee families settling in the District and following the development of a local Refugee Health Plan, the Nepean Centre for Oral Health has worked with the District's Multicultural Health Service to develop a designated Refugee Oral Health Clinic. The Clinic provides a comprehensive course of oral healthcare in the early months of refugee settlement. A small working party, comprising staff from Oral Health and Multicultural Health, developed protocols, an appropriate referral pathway and implemented the NSW Refugee Health Service's translation tool for appointments. The centre commenced fortnightly clinics in June 2014, and has provided services to one person from Bhutan, four from Nepal, five from Iran, and four from Syria. This initiative received a Certificate of Recognition from the NSW Refugee Health Service during Refugee Week 2014.
Northern Sydney Local Health District	Oral Health Promotion	In 2013-14, the Oral Health Service in the District implemented a program in partnership with the Department of Education and Training (Chatswood and Marsden Intensive English High Schools) to improve the oral health outcomes of students and facilitate access to oral health services. The program has been developed in response to the poor oral health often experienced by newly arrived young migrants and the need for information on oral health and oral health services. During 2013-14, three education sessions were provided to a total of 340 students and 130 dental assessments were conducted. Follow up dental care was provided at either Royal North Shore Dental or Top Ryde Dental Clinic with the assistance of healthcare interpreters.
South Eastern Sydney Local Health District	Older People of Refugee Background Training Module	The *Older People of Refugee Background Training Module* aims to enhance the capacity of health staff to deliver trauma informed care to people who have experienced torture and trauma in their youth. Development of the module involved a steering committee of interested clinicians including aged care providers, psychologists and facility-based Diversity Health Coordinators. A trial presentation of the module was conducted with clinicians from across the District. Participant input contributed to the development of the final module. The module was launched at the War Memorial Hospital and has been successfully used in six hospitals with allied health and nursing staff.
Southern NSW Local Health District	Improving Access	The purpose of the project was to improve access to information and services for culturally and linguistically diverse people. Teachers of English to Students of Other Languages students at Queanbeyan TAFE were taken on a tour by a bilingual counsellor through Queanbeyan Hospital and Community Health. They were provided with language specific information and relevant contact and referral information. The initiative has resulted in many appointments being made for trauma counselling, dental services, Pap smears and women's health services and has assisted child and family health nurses to engage more effectively with families from culturally and linguistically diverse backgrounds.
Sydney Local Health District	Health Education Programs	In 2013-14 Bilingual/Bicultural Health Education Officers delivered a total of 695 group health education programs to 11,530 culturally and linguistically diverse participants. These included: • physical activity classes for a range of culturally and linguistically diverse groups – 98 per cent of participants reported health improvement • a Stepping On Falls Prevention program was delivered in partnership with the Sydney Local Health District Aged Care and Rehabilitation Service – 100 per cent of participants reported improvement in their strength and balance • information and health education sessions were delivered on: diabetes management; obesity and cancer prevention; promotion of BreastScreen services; screening for hepatitis B; and tobacco control. Participant evaluations indicated an 80 per cent improvement in knowledge.
Western NSW Local Health District	Blueprint for Equity in Western NSW Local Health District	The Blueprint aims to quantify the health needs of communities within Western NSW Local Health District by drawing on and assessing variables known to impact on health including: age, remoteness, low English fluency and socio-economic disadvantage. The project has informed the equitable distribution and service provision for allied health services across Western NSW Local Health District. Achievements include: • informing the alignment of staff relative to community need • development of new or refined models of care (telehealth, hub and spoke models) • partnering with other agencies to supply services where gaps are identified • investigation of workforce redesign opportunities.
Pillars		
Agency for Clinical Innovation	Emergency Department Factsheets	In 2013, the Agency's Emergency Care Institute translated 20 patient factsheets which provide patients with discharge advice from emergency departments, into six community languages – Arabic, Chinese, Hindi, Korean, Greek, Italian and Vietnamese. The factsheets help link patients to appropriate health services according to patient need.
Cancer Institute NSW	Go for Better Health project	Through its sponsorship program, the Cancer Institute NSW provided $9155 to the Elizabeth Igbinoba Breast Cancer Foundation for the Go for Better Health project. The project aims to increase awareness of cancer, cancer prevention strategies, the importance of early detection and the availability of screening services among recently arrived African women living in Western Sydney. It was delivered in partnership with African community organisations.

Health Service	Project/Initiative	Achievement 2013-14
Cancer Institute NSW	Reporting for Better Cancer Outcomes	The Cancer Institute's *Reporting for Better Cancer Outcomes* program is a performance-based funding strategy to improve cancer control. For the first time in 2013, the Program included the biennial breast screening participation rate for culturally and linguistically diverse women as a performance indicator.
Health Networks		
Justice Health & Forensic Mental Health Network	Forensic Hospital Multicultural Service	In 2013-14, the Forensic Hospital ran 45 literacy and numeracy workshops for culturally and linguistically diverse patients including a T*eaching English to Speakers of Other Languages* workshop.
Justice Health & Forensic Mental Health Network	Trash the Ash – A Prison Guide to Quitting Smoking	As part of a comprehensive *Tackling Tobacco* program aimed at reducing very high rates of smoking and second hand smoke exposure in correctional institutions, a patient information booklet was developed, *Trash the Ash*. The resource provides useful tips on quitting and where to get further help including links to the NSW Quitline. To support smoking cessation amongst people in custody from culturally and linguistically diverse backgrounds, the resource is currently being translated (in consultation with Multicultural Health Communication Services) into the five most common languages other than English spoken by the NSW custodial population: Chinese traditional/ simplified; Vietnamese; Spanish; and Arabic. The process of translation includes focus testing to ensure culturally appropriate language and terminology.
St Vincent's Health Network	Compliance with use of interpreters	A consent audit was conducted in December 2013 looking at whether patients with a language other than English who required an interpreter received an interpreter for consent. The audit included 110 medical records. Results of the audit were promoted to the Patient Safety and Quality Committee and plans were put in place to address the level of use of professional interpreters when obtaining patient consent.
The Sydney Children's Hospitals Network	Understanding the Barriers for Children from Culturally and Linguistically Diverse Backgrounds	The aim of this project was to explore early childhood development and access to services that detect developmental problems early (developmental surveillance) and provide early intervention in culturally and linguistically diverse communities. The project was a qualitative study which used in-depth interviews conducted with 13 parents from culturally and linguistically diverse backgrounds and 27 health and early childhood professionals in Sydney. The study revealed that early childhood development knowledge, community attitudes, social isolation, English language proficiency and ethnicity impacted on access to early childhood development services. Factors that impeded or facilitated access were: financial and staff resources; extended family and social support; the availability of information and interpreters; competing needs; complex service pathways; and community engagement. The information from this study will inform service development around early childhood development promotion and developmental surveillance systems so that they are accessible and culturally responsive.
Statewide		
Multicultural Health Communications Service	Organ and Tissue Donation for Multicultural Communities	In 2013-14, there were 620 surveys carried out to better understand the low levels of registration for organ donation in multicultural communities. Surveys examined knowledge of the organ donation process and the perceived barriers to becoming a donor. The Multicultural Health Communications Service in conjunction with Transplant Australia and the Organ and Tissue Donation Service undertook a twelve month campaign to increase awareness of organ donation among multicultural communities. Part of the campaign included research about the awareness of organ donation in the Vietnamese, Chinese and Arabic communities. Audio visual stories from people who had received an organ transplant (Vietnamese, Chinese and Arabic) were developed. SBS broadcasted the story on the 6:30 news.
Multicultural Health Communications Service	Measles Awareness Campaign – Filipino community	Multicultural Health Communications Service undertook a print, radio, online, digital and social media campaign for the prevention of measles in the Filipino community. Communication pathways were developed between the local Filipino community, local health services, government departments, the Filipino Consulate and the Filipino media. The Service's strong working partnership with the Filipino media and community organisations resulted in streamlined communications, increased community engagement and improved measles awareness.
Multicultural HIV and Hepatitis Service	Asian Gay Men's Community Development Project	The Asian Gay Men's Community Development Project was designed to increase HIV awareness and decrease stigma within the Asian community. It comprised a range of targeted strategies including: community education workshops; ethnic print and broadcast media campaigns; participation in community events; and film screenings. This was carried out in partnership with ACON, Sydney Local Health District, South Eastern Sydney Local Health District, University of NSW's Kirby Institute, the Multicultural HIV and Hepatitis Service and the HIV/AIDS and Related Programs Health Promotion teams. An analysis of recent NSW HIV notification data has revealed increased notification rates among culturally and linguistically diverse gay men, particularly from Asian backgrounds.
Multicultural Problem Gambling Service for NSW	Stakeholder survey	Stakeholder surveys were circulated to 250 mainstream human service providers commonly in contact with problem gamblers to determine the relative awareness of the Multicultural Problem Gambling Service and to inform improvements in service provision. These service providers included: NSW Police Multicultural Liaison Officers; Parole Officers in Corrective Services; Centrelink social workers; mainstream problem gambling and financial counselling service providers; Ethnic Community Services; Migrant Resource Centres; Community Welfare Organisations; high school counsellors; and multicultural education coordinators at TAFE colleges.

Health Service	Project/Initiative	Achievement 2013-14
NSW Education Program on Female Genital Mutilation	Clinical Protocols for circumcised women on pregnancy and birthing care	The Pregnancy and Birthing Care for Women affected by Female Genital Mutilation/Cutting Clinical Guidelines were jointly developed by the NSW Education Program on Female Genital Mutilation and the NSW Ministry of Health. These statewide guidelines will be distributed and recommended for adoption by all public hospitals in NSW. They focus on the safety and welfare of the unborn child and mother and the provision of 'best practice' healthcare for pregnant women affected by female genital mutilation.
NSW Refugee Health Service	Refugee Health Nurse Program	In 2013-14, 2498 people of refugee background (or over 90 per cent of NSW refugee arrivals for the year) were seen by NSW Refugee Health Service. The Service runs a coordinated program of nurse-led health assessments for newly arrived refugees settling across metropolitan Sydney. The program provides: an initial point of contact with the health system; screening for common health conditions; referral to general practitioners; and other health services as required. Refugee Health Nurses deliver the program across a number of community-based health sites and provide a limited home visiting service.
Transcultural Mental Health Centre	Making Transcultural Mental Health a Priority	The Transcultural Mental Health Centre worked with the mental health Commission of NSW to coordinate the Leaders Forum on mental health and culturally and linguistically diverse communities. At the Forum, 58 leaders informed the Commission of the mental health service needs of culturally and linguistically diverse communities in NSW. The Forum was also used to inform the development of the draft Strategic Plan for Mental Health in NSW which is currently before Parliament. Following this consultation, the Transcultural Mental Health Centre was commended for its 20 years of service and commitment to the field.
Women's Health at Work Program	Stepping Out – Women and Work	This is a pilot project developed to provide culturally and linguistically diverse women who are looking for work for the first time since their arrival in Australia with information on government and non–government services that are relevant to their needs. Nine bilingual workers from Vietnamese, Chinese, Arabic, Indian and Kurdish backgrounds have been trained to facilitate groups from their communities. Participants explored the many ways to obtain work in NSW and were educated in the areas of work health and safety, time management skills, the principles of budgeting, preparing job applications and preparing for an interview. The project is a partnership between Women's Health at Work Program and the NSW Ombudsman, Fair Work Australia, TAFE, government and non-government women's health services.
Ministry Branches		
Oral Health Strategy	Healthy Mouth: Something To Smile About DVD	The *Healthy Mouth: Something to Smile About* DVD is an oral health promotion resource targeting refugee communities. The DVD provides information on maintaining good oral health and on accessing the NSW public dental service. The effectiveness of the DVD was evaluated and results showed that it was easy to understand, linguistically accurate and useful. Statistically significant improvements were seen in participants' knowledge of keeping teeth healthy and in understanding how to access public dental services. The evaluation suggests that a multilingual oral health DVD is effective in communicating oral health messages to newly arrived refugees. In 2013, the DVD was awarded a NSW Multicultural Health Communication Service Award and a South Western Sydney Local Health District Quality Award for *Keeping People Healthy*.

Multicultural Health Plan Implementation Group and working groups on priority areas

In October 2013, a Multicultural Health Plan Implementation Group was established and held its first meeting to lead planning and progress under the *Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-16*. The Implementation Group includes a representative from each local health district and two statewide multicultural health services. The *Prioritising, Planning and Collaborating for 2014 and beyond* statewide forum, held in November 2013, provided clear direction for the Implementation Group on four key priority areas in the State Plan to be targeted which were:

- improve access to and use of interpreters
- improve data collection and related systems for culturally and linguistically diverse clients/patients
- improve training and education for health staff to support cultural competency
- deliver communication campaigns and strategies to support key messages statewide.

Accordingly, the Implementation Group has formed four working groups in 2014 to investigate barriers to improvements in culturally and linguistically diverse healthcare, evidence of best practice and opportunities for improvement in these priority areas. With this intelligence, working groups will then focus on developing practical solutions that will be presented at a future statewide forum to discuss how best to approach the rollout of improvements in 2014-15.

NSW Health planned initiatives 2014-15

Health Service	Project/Initiative	Planned Initiatives
Local Health Districts		
Central Coast Local Health District	Multicultural Health Plan 2014-2017 Rollout	Through the *Central Coast Local Health District Multicultural Health Plan 2014-2017*, the District plans to achieve progress against target measures including: • increase percentage of OOS of interpreter usage • increase percentage of staff undertaking cultural awareness and competency training • development of measurable outcomes for specific programs (e.g. Better Health Self-Management and Partnering with Carers initiatives) • development of a register of partnerships, service level agreements and memorandums of understanding.
Hunter New England Local Health District	Talking Tactics	In 2015, the *Talking Tactics* program will be rolled out in African communities in Newcastle. It is a community awareness and education program relating to the potential harm and dangers of alcohol abuse and its impact on the user, their families and their communities. The program was developed by Drug and Alcohol Educators in Wollongong in consultation with African communities.
Illawarra Shoalhaven Local Health District	GP Guidelines for newly arrived refugees in the Illawarra	The Guidelines will provide general practitioners with guidance and support in the health screening and management of newly arrived refugees. Refugees will benefit from a comprehensive health assessment on arrival to ensure individual health needs are identified and health issues managed. The Guidelines are being developed in partnership with the District's Multicultural Health Service, Sydney Children's Hospital and the NSW Refugee Health Service.
Mid North Coast and Northern NSW Local Health Districts	Refugees in Coffs Harbour and the Rural Healthcare System	This research project will evaluate if humanitarian refugees 5-10 years after arrival: • have health problems which have manifested since arrival • have difficulties navigating the health system (public and private) • have financial difficulties which prohibit them from accessing medical attention. The objective of the study is to identify issues the refugee community is having when accessing mainstream healthcare and what can be done in their initial settlement phase to improve subsequent health outcomes.
South Eastern Sydney Local Health District	Collaborative Partnership with Primary and Chronic Care Organisations	The Chronic Diseases Unit and Multicultural Health in the District have a commitment to work with Medicare Locals, general practitioners and clinicians within the Regional Partnership Framework, to provide a collaborative and integrated approach to improving chronic care services for people from culturally and linguistically diverse backgrounds. In 2014-15, under the Framework a joint strategy will be undertaken to: • increase the reach of culturally appropriate diabetes education programs • improve pathways to Pulmonary Rehabilitation for Greek and Chinese communities • review self-management strategies for chronic illnesses.
South Eastern Sydney Local Health District	Refugee Camp in my Suburb	During Refugee Health Week the *Refugee Camp in my Suburb* exhibition will be set up for one to two days at each major hospital in the District. *Refugee Camp in my Suburb* is a simulation of a refugee camp and aims to create awareness of the vulnerabilities faced by refugees and displaced people who have been forced to flee their homes. This interactive experience will also feature the documentary *Mary meets Mohammad*.
South Western Sydney Local Health District	Filling the Gap	*Filling the Gap* aims to reduce tooth decay in 0-12 year olds by increasing knowledge and practice of correct oral hygiene procedures in migrant and refugee families. The program focuses on assisting parents and carers to encourage children to establish good dental and nutritional habits from an early age. Pre and post session evaluation surveys will be carried out to assess increased awareness and/or any change in behaviour/attitude.
Western Sydney Local Health District	Mainly Non-English Speaking Background Women and Intimate Partner Violence during the Perinatal Period Research Project	The *Mainly Non-English Speaking Background Women and Intimate Partner Violence During the Perinatal Period Research Project* is a partnership project between University of NSW and Blacktown Hospital Maternity Services. Pregnancy is a particular period of vulnerability for all women and there is evidence that the risk of intimate partner violence increases during pregnancy. This study will be the first clinic-based epidemiological study worldwide to identify the risk and protective factors for intimate partner violence among refugee and mainly non-English speaking background women during pregnancy and the post-partum period. The project will also examine associations between intimate partner violence, mental health and the woman's capacity to adapt to the resettlement environment.
Western Sydney Local Health District	Western Sydney Local Health District Maternity Liaison Officer's Led Antenatal Group Education Models Evaluation Project	Pregnancy group education models led by Maternity Liaison Officers provide culturally and linguistically appropriate information, education and support to women of culturally and linguistically diverse communities. The evaluation of the project is based on measuring the impact of antenatal group education on the experience and birth outcomes for culturally and linguistically diverse women. The evaluation will assess improvements in safety, birth outcomes, women's experience and satisfaction levels. It will also examine midwifery staff cultural competency, women's length of stay and medical intervention case rates. A similar evaluation plan will be developed and implemented to measure the effectiveness of the Multicultural Labour and Parenting Classes.

Health Service	Project/Initiative	Planned Initiatives
Pillars		
Clinical Excellence Commission	Health Literacy Online Resource	A statewide health literacy online resource is to be developed. The resource will support health services by promoting strategies and tools for early engagement with culturally and linguistically diverse patient populations and address health service access issues.
NSW Kids and Families	Female Genital Mutilation/ Cutting: Talking with Families – an Educational Resource	Previously, NSW Kids and Families worked with the NSW Education Program on female genital mutilation to develop Clinical Guidelines on Pregnancy and Birthing Care for Women affected by Female Genital Mutilation/Cutting. A specialist group of clinicians and educators is guiding the development of an education resource to accompany the Guidelines. The resource will take the form of an illustrated flipchart designed to support clinicians in their antenatal conversations with women affected by female genital mutilation and their families. It is anticipated the flipchart will be available for distribution by the end of 2014.
Health Networks		
St Vincent's Health Network	Data Fields in New Patient Admission System	Working to develop a new patient admission system at St Vincent's Hospital. This system will build in mandatory fields for country of birth, language spoken and interpreter needed. It will also have flag alerts for patients needing interpreters.
Sydney Children's Hospitals Network	Early Childhood Development and Surveillance: Everyone's Business	Rolling out a 'train the trainer' pilot model to improve early identification and early referral of developmental problems. The model involves training non-health child and family service providers working with children under five from culturally and linguistically backgrounds. It aims to better integrate care between child and family health nursing, community child health and child and family service providers in the Botany Bay local government area non-government sector.
Statewide Services		
Multicultural HIV and Hepatitis Service	NSW Hepatitis B Community Alliance	Chronic hepatitis B is a significant health issue affecting the culturally and linguistically diverse communities and in particular those from refugee backgrounds. In 2013, the Multicultural HIV and Hepatitis Service called on the leadership of the communities most affected to come together and form the NSW Hepatitis B Community Alliance. Most of the communities affected are currently represented on the Alliance, which aims to strengthen culturally and linguistically diverse communities' capacity to address hepatitis B issues. The Alliance will work to raise awareness, inform the community, encourage community members to get tested and to seek regular monitoring for those infected. The Alliance will achieve this by working in partnership with the media, community organisations, health services and community members in a way that is culturally appropriate and relevant to each of the communities affected.
Ministry Branches		
Health Protection	Immunisation	Plan to improve vaccination coverage of recent immigrants and children from culturally and linguistically diverse backgrounds through the provision of free catch up vaccination for students enrolled in Intensive English Centres and the development of primary school immunisation enrolment information for parents which will be translated into 23 community languages.
Health System Planning and Investment	NSW Rural Health Plan	The NSW Rural Health Plan is scheduled for release in late 2014. The Plan will strengthen the capacity of NSW rural health services to provide connected and seamless care across the healthcare continuum as close to regional, rural and remote NSW communities as possible. Key initiatives in the Plan include: • undertaking health literacy activities to help culturally and linguistically diverse communities use health services • strengthening training and development to increase the capacity of the health workforce to respond to the health needs of culturally and linguistically diverse groups.

NSW Carers (Recognition) Act 2010

A carer provides ongoing, unpaid support to a family member, neighbour or friend who needs help because of disability, terminal illness, chronic illness, mental illness or ageing.

The *NSW Carers (Recognition) Act 2010* was introduced to formally recognise the significant economic and social contribution that carers make in NSW.

Supporting carers is the responsibility of all levels of government and the community as a whole. 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 13 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.

The *Act* and the *Charter* are available on the NSW Health website with a range of other resources for NSW Health employees and carers.

In 2013-14, implementation of the *Act* continued across NSW Health including managers, administrators and staff working in support services and service delivery.

Key action is being undertaken to ensure that NSW Health employees understand who is a carer and the principles of the *Charter*. NSW Health agencies including the Cancer Institute NSW, Justice Health & Forensic Mental Health Network, NSW Ambulance and Health Infrastructure now include carer specific information in their staff orientation, induction and training materials.

Information in relation to carers, the *Act* and the *Charter* has been promoted across NSW Health including the Agency for Clinical Innovation and Health Infrastructure newsletters; presentations to Strategic Relations and Communications, Health Protection NSW and the Bureau of Health Information; and updated carer specific information on local health district and pillar websites.

The eLearning Program has been developed to increase awareness and understanding by NSW Health staff of the needs of carers, as clients and colleagues. Since its launch in May 2013 over 500 NSW Health employees have completed the Health Education and Training Institute Online Learning Centre carer eLearning program, *Creating a Carer Culture in NSW Health*. In 2013-14, over 265 employees completed the modules. Nursing, medical, allied health and management staff as well as hotel services, corporate services, hospital support and technical support staff across the local health districts and other agencies completed the carer modules.

Privacy Management Plan

Compliance summary

The NSW Ministry of Health provides ongoing privacy information and support to the NSW public health system. Specific projects this year have included:

- publication of online privacy training materials in partnership with the Health Education and Training Institute
- creation of the Patient Privacy webpage via NSW Health website providing information and resources to members of the public and staff regarding privacy management in NSW Health
- participation in the development of a privacy guide to the implementation of Patient Journey Boards
- delivery of two special privacy training sessions open to all Ministry staff with guest speakers from *NSW Privacy and Information Commission* to promote the themes of Privacy Awareness Week. Both sessions were well attended by a range of staff from across the Ministry
- drafting of a revised privacy policy for NSW Health involving extensive consultation with all NSW Health organisations.

The Ministry's Privacy Officer has attended or presented to various groups or committees in 2013-14, including:

- Privacy Training for Public Health Trainees, NSW Ministry of Health
- Health Chaplaincy Liaison Group, NSW Ministry of Health
- Privacy Training, Southern NSW Local Health District, Queanbeyan Hospital
- Human Research Ethics Committee Executive Officer & Research Governance Officer Roundtable Meeting
- Many Mobs: Building Strength and Connections – 2014 Statewide Aboriginal Health Conference
- Out of Home Care Coordinator Meeting, NSW Ministry of Health.

The NSW Health Privacy Contact Officers network group met in November 2013. This group provides excellent feedback about local privacy issues for the Ministry and professional development opportunities for relevant staff in relation to:

- development of privacy policy for NSW Health
- sharing of a privacy training modules and other compliance resources
- clarification of the impact of changes to federal privacy laws on NSW Health
- discussion of specific privacy and consent issues, such as disclosure of patient information to Ex-Service Organisations, Accredited Chaplains and pastoral care workers
- review of applications for internal review and discussion of suggested compliance actions resulting from breaches of privacy.

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 2013-14, the NSW Ministry of Health received one application for Internal Review.

1. An internal review application was received in April 2014 alleging that the NSW Ministry of Health had breached several of the Health Privacy Principles relating to the collection, security, accuracy, access, use and disclosure of the applicant's personal health information. The review considered the relevant principles in the *Health Records and Information Privacy Act 2002* and no breach was identified.

Public Interest Disclosures

This information is provided in compliance with statutory reporting requirements for NSW Health organisations pursuant to s31 of the *Public Interest Disclosures Act 1994*. NSW Health has a Public Interest Disclosures Policy, PD2011_066 *Public Interest Disclosures*. This policy covers management of Public Interest Disclosures across all NSW Health organisations.

During the 2013-14 reporting period, 77 public officials made Public Interest Disclosures to NSW Health organisations (21 in the course of their day to day functions, and 56 falling into the category of all other Public Interest Disclosures). In total, NSW Health organisations have received 81 Public Interest Disclosures over the reporting period (19 made by officers in the course of their day to day responsibilities, 3 made in accordance with a statutory obligation and the remaining 52 falling into the category 'all other Public Interest Disclosures'), with 42 Public Interest Disclosures finalised during the 2013-14 period.

The majority of Public Interest Disclosures related to reports of corruption (74), with a small number of maladministration Public Interest Disclosures (5) and two Public Interest Disclosures relating to government information contravention. This represents an increase in Public Interest Disclosures from the 2012-13 reporting period which is partly attributable to legislative amendments which have broadened the Public Interest Disclosures criteria to clarify the inclusion of reports of wrongdoing made by a staff member in the course of their day-to-day responsibilities, provided the report meets the Public Interest Disclosure criteria. Increased Public Interest Disclosure awareness across Health may also be a factor in the increase in Public Interest Disclosures.

Public Interest Disclosure co-ordinators from across NSW Health met with representatives from the NSW Ombudsman Public Interest Disclosure Unit at the NSW Ministry of Health in April 2014 for the annual NSW Health Public Interest Disclosure Forum to discuss issues in Public Interest Disclosure management across NSW Health.

During 2013-14, Public Interest Disclosure co-ordinators for NSW Health organisations have continued to implement tailored staff awareness strategies to suit their organisational needs. Awareness strategies utilised by NSW Health organisations include training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning and training provided to new employees as part of the induction procedure. Information about Public Interest Disclosures is provided on organisation intranet sites and some organisations have provided information via newsletters, posters and surveys to increase awareness about Public Interest Disclosures in their organisations.

Senior executive service

NSW Ministry of Health – Number of CES/SES positions at each level:

Band	Ministry of Health	
	Female	Male
Band 4	1	
Band 3	2	3
Band 2	11	7
Band 1	36	25
TOTALS	50	35
	85	

NSW Ministry of Health – Average remuneration for CES/SES positions

Band	Average Remuneration
	Ministry of Health
	$
Band 4	531,100
Band 3	434,570
Band 2	272,388
Band 1	180,552

Note: Of NSW Ministry of Health expenditure in 2014, 22.56% was related to senior executives. The above data reflects executives in their respective bands (including acting arrangements).

Environmental sustainability

NSW Health has a strong commitment to ensuring that our operations are sustainable. The NSW Health *Environmental Sustainability Strategy 2012-15* sets out the NSW Health planned actions and targets for greenhouse gas reductions, waste reduction and water management.

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

The table below shows the rolling three year energy cost and consumption for NSW Health (State 777 contracts):

Rolling Three Year Energy Cost and Consumption for NSW Health

Year	Count of Contract Account ID	Total kWh	Energy Cost $	Total Electricity Bill $
2011-12	427	714,655,201	$38,212,458	$98,241,883
2012-13	422	799,863,755	$37,019,132	$119,451,769
2013-14	429	739,837,254	$39,758,680	$125,744,994

Key achievements 2013-14

- Four applications were approved under the Sustainable Government Investment Program and $3.2 million was invested in energy efficiency projects. Projects included replacement of two chillers at Port Macquarie Hospital; and installation of new high efficiency air cooled chillers and variable speed drives on chilled water pumps at Coffs Harbour Hospital.
- NSW Health and Office of Environment and Heritage's partnership continued with 66 additional sites currently developing a range of energy savings projects.
- In June 2013, the Auditor General's Office undertook a Performance Audit of Building Energy Use in NSW Public Hospitals. The report noted that Health had reduced its energy consumption by 2 per cent despite increases in hospital activity. As a result of its recommendations, NSW Health:
  - has brought all small sites onto the whole of Government contract
  - is developing an Energy Management Strategy that is seeking to better work with the energy management sector including more appropriate bundling of projects and implementation of new technologies, particularly around sub metering
  - in consultation with Treasury is looking at ways to improve the availability of finance for energy management projects
  - has developed a hospital energy and water benchmarking tool in partnership with the Office of Environment and Heritage. This tool allows energy consumption to be benchmarked against service delivery across similar facilities. It is being tested across a range of hospitals and rollout is expected by September 2014
  - is implementing annual reporting by local health districts on progress against their energy implementation plans.

Waste reduction and purchasing policy

NSW Health has shown commitment to recycling, reusing and providing education in the area of waste reduction and procurement. A stationery review was undertaken within the NSW Ministry of Health with the view to reduce the number of items purchased and to incorporate sustainable items in the products contracted. The total number of products has been reduced by over 50 per cent and the cost over a 12 month period has been reduced by 28 per cent. A sustainable products purchase average of 26 per cent was achieved. This initiative is now being implemented by several local health districts.

HEALTH STATISTICS

Health workforce

From June 2010 to June 2014, the percentage of 'clinical staff' (i.e. medical, nursing, allied health professionals, other professionals and para-professionals, scientific and technical, oral health practitioners & ambulance clinicians), as a proportion of total staff increased by 0.9% from 72.8% to 73.7% with an additional 11,143 staff (9,049 clinical staff) working in the public health system.

Corporate services figures for the public health system (excluding NSW Ministry of Health, pillars and Health System Support Group) has increased by 288 full-time equivalent or 7% of the corporate service workforce. Taking into account the increase in total workforce, the corporate services ratio has increased to 4.18% compared to 3.96% in 2012-13. The largest increase is in HealthShare NSW (134 full-time equivalent) which transitioned a number of contractors in payroll to full time positions. Corporate Services figures including the NSW Ministry of Health and pillars have increased to 5.25% compared to 4.76% in 2012-13.

Number of full time equivalent staff employed in the NSW public health system

	June 2010	June 2011	June 2012	June 2013	June 2014
Medical	8517	8933	9614	10,297	10,687
Nursing	39,347	40,300	42,195	43,492	44,046
Allied health	8084	8672	9019	9297	9410
Other professional and para professionals	3042	3054	3097	3152	3114
Scientific and technical clinical support staff	5618	5738	5820	5965	5996
Oral health practitioners and therapists	1106	1083	1170	1233	1259
Ambulance clinicians	3663	3804	3913	3916	3915
Sub-total clinical staff	**69,377**	**71,584**	**74,829**	**77,353**	**78,426**
Corporate services	3678	3793	3960	4157	4445
IT project implementation staff	143	181	247	153	123
Hospital support workers	12,411	12,645	13,129	13,633	13,860
Hotel services	8210	8326	8293	8266	8230
Maintenance and trades	1073	1032	1011	974	964
Other	357	364	410	406	342
Sub-total other staff	**25,870**	**26,340**	**27,049**	**27,589**	**27,964**
Total	**95,247**	**97,924**	**101,879**	**104,942**	**106,390**

Source: Health Information Exchange and Health Service local data. Notes: 1. Full-time equivalent (FTE) calculated as the average for the month of June, paid productive and paid unproductive hours. 2. Includes 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 by Third Schedule affiliated health organisations, non-government organisations and other service providers funded by NSW Health are not reported in the NSW Health's Annual Report. 4. There was a significant transfer of Public Health System staff to LifeHouse Cancer Centre in 2013/14. 5. Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. 6. There was an increase in corporate services employees in HealthShare NSW due to a combination of providing additional services as requested, extra temporary resources to maintain customer support and the conversion of contractors to employees. 7. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 8. 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

Medical, nursing, allied health, other health professionals, scientific and technical officers, oral health practitioners and ambulance clinicians as a proportion of all staff %	June 2010	June 2011	June 2012	June 2013	June 2014
	72.80%	73.10%	73.40%	73.70%	73.70%

Source: Health Information Exchange and Health Service local data. Note: The data for clinical staff does not include all of the categories of staff engaged in frontline support such as ward clerks, clinical support officers, wards persons, surgical dressers.

Number of full time equivalent staff employed in other NSW Health organisations

Medical, nursing, allied health, other health professionals, scientific and technical officers, oral health practitioners and ambulance clinicians as a proportion of all staff %	June 2012	June 2013	June 2014
NSW Health organisations supporting the public health system	712[1]	916[2]	1232[3]
Health Professional Councils Authority	88	75	82
Mental Health Review Tribunal	34	34	29

Notes: **1** June 2012 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure and NSW Ministry of Health. **2** June 2013 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation – Health Infrastructure and Health System Support and NSW Ministry of Health. **3** June 2014 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation – Health Infrastructure and Health System Support and NSW Ministry of Health and Cancer Institute NSW. Source: Health Information Exchange and Health Service local data.

Registered health professionals in NSW

Profession	No. of registrants as at 30 June 2014[1]
Aboriginal and Torres Strait Islander Health Practitioner [2]	36
Chinese medicine practitioner [2]	1737
Chiropractor	1619
Dental practitioner	6361
Medical practitioner	31,269
Medical radiation practitioner [2]	4812
Midwife	699
Nurse	89,946
Nurse and midwife [3]	9795
Occupational therapist [2]	4592
Optometrist	1632
Osteopath	529
Pharmacist	8769
Physiotherapist	7578
Podiatrist	1076
Psychologist	10,575

Source: Australian Health Practitioner Regulation Agency, June 2014. Notes: **1** Data is based on registered practitioners as at 30 June 2014. **2** Regulation of four new professions, Aboriginal and Torres Strait Islander, Chinese medicine, medical radiation and occupational Therapy practitioners, commenced on 1 July 2012. **3** Practitioners who hold dual registration as both a nurse and a midwife.

Workplace health and safety

In accordance with the Work Health Safety Act (NSW) 2011 and the Work Health and Safety Regulation (NSW) 2011, the NSW Ministry of Health maintains its commitment to the health, safety and welfare of workers and visitors to its workplace.

Strategies to improve work health and safety include the development and implementation of *Work Health Safety: Better Practice Procedures* and *Injury Management & Return to Work* policy frameworks; ongoing commitment to the NSW Ministry of Health Work Health Safety Mission Statement; and ongoing promotion of healthy lifestyle campaigns to staff and managers on general health and wellbeing strategies.

Workers compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Ministry of Health provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2013-14, five new workers compensation claims from a total of 54 reportable injury/illness incidents were lodged. This is an average of one claim for every 10.8 reported injury/illness incidents. The number of new claims accepted decreased by five from the previous year (in 2012-13 there were 10 claims accepted).

Slip, trip and fall related injuries accounted for three of the five claims (compared to two of the 10 in 2012-13). The remainder of claims were body stress related injuries (compared to eight of the 10 in 2012-13). The abolition of Journey claims contributed to the overall reduction in claims.

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 NSW Ministry of Health and the insurer to monitor claim activity, return to work strategies, industry performance and compensation costs
- ongoing commitment to promoting risk management and injury prevention strategies including conducting workplace assessments, ergonomic information available on the intranet, investigating and resolving identified hazards in a timely manner.

NSW Ministry of Health – categories of workers compensation claims, 2009-10 to 2013-14

Injury/Illness	2009-10	2010-11	2011-12	2012-13	2013-14
Body stress	4	2	3	8	2
Slip/trip/fall	3	4	7	2	3
Psychological	3	5	3	2	0
Object-hit	0	1	0	0	0
Vehicle	5	4	2	0	0
Other	0	3	2	1	0
TOTAL	**15**	**19**	**17**	**13**	**5**

NSW Ministry of Health – number of new claims, 2009-10 to 2013-14

Year	2009-10	2010-11	2011-12	2012-13	2013-14
Claims	15	19	17	13	5

NSW Ministry of Health – categories of workplace injuries, 2009-10 to 2013-14

Injury/Illness	2009-10	2010-11	2011-12	2012-13	2013-14
Body stress	10	18	12	11	5
Slip/trip/fall	22	35	41	20	18
Psychological	0	2	3	3	2
Object-hit	5	5	3	8	6
Vehicle	6	17	7	0	1
Other	15	18	24	24	22
Hazard	0	2	9	1	0
TOTAL	**58**	**97**	**99**	**67**	**54**

Workforce diversity at the NSW Ministry of Health

The NSW Ministry of Health has a strong commitment to workforce diversity and recruits and employs staff on the basis of merit. The Ministry has a number of key plans to promote and support workforce diversity including the *Disability Action Plan*, the *NSW Aboriginal Health Plan 2013-2023* and the *NSW Health Aboriginal Workforce Strategic Framework 2011-2015*.

Workforce Diversity Management Plan 2014-15

Representation of all workforce diversity groups in Ministry employment has increased in the last 12 months. The following initiative is proposed for the *Workforce Diversity Management Plan 2014-15* and in line with *NSW Health Aboriginal Health Plan 2013-2023*:

- ensure opportunities for Aboriginal people to work in the Ministry
- implement a cultural competency framework that integrates with existing performance and planning processes.

A. NSW Ministry of Health – trends in the representation of workforce diversity groups

		Percentage of Total Staff %			
WD Group	**Benchmark or target**	**2011**	**2012**	**2013**	**2014**
Women	50.00	61.00	61.00	64.00	67.60
Aboriginal people and Torres Strait Islanders	2.60	1.00	1.17	1.24	1.43
People whose first language was not English	19.00	10.32	13.21	11.14	24.89
People with disability	N/A	2.61	2.46	1.38	2.28

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

		Percentage of Total Staff %			
WD Group	**Benchmark or target**	**2011**	**2012**	**2013**	**2014**
Women	100	93	94	97	97
Aboriginal people and Torres Strait Islanders	100	100	94	100	N/A*
People whose first language was not English	100	92	98	86	92
People with disability	100	97	100	91	N/A*

Source: Public Service Commission. Note: Staff numbers are as at 30 June 2014 and exclude casual staff. A distribution index of 100 indicates that the centre of the distribution of the workforce diversity (WD) group across salary levels is equivalent to that of other staff. Values less than 100 mean that the WD 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 WD group is less concentrated at lower salary levels. *Note: The Distribution Index is not calculated where workforce diversity group or non-workforce diversity group members are less than 20.

Overseas visits by NSW Ministry of Health staff

The schedule of overseas visits is for NSW Ministry of Health employees 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.

Margo Barr – Manager, Health Behaviour Surveillance, Epidemiology and Biostatistics, Population and Public Health. *8th Global Conference of the World Alliance for Risk Factor Surveillance 2013*. (Part sponsorship – National Institute for Applied Statistics Research, University of Wollongong). Beijing, China.

Mary Foley – Secretary. *Ministerial Study Trip to the United States*. International healthcare and medical research study trip accompanying the Hon Jillian Skinner MP, Minister for Health and Minister for Medical Research. New York and San Francisco, United States of America.

Rohan Hammett – Deputy Secretary, Strategy and Resources. *2013 World Executive Forum – Healthcare Systems* and undertake meetings with New York City Health & Hospital Corporation and senior health officials. Montreal, Canada and New York, United States of America.

Bruce Imhoff – Senior Systems Administrator, Public Health Intelligence, Centre for Epidemiology and Evidence, Population and Public Health. *Consilience Software Users Group Meeting*. Austin Texas, United States of America.

Leona McGrath – Acting Manager, Aboriginal Nursing & Midwifery Strategy, Nursing and Midwifery Office, Governance, Workforce and Corporate. *30th Triennial Congress International Confederation of Midwives 2014*. Prague, Czech Republic.

David Muscatello – Principal Epidemiologist and Manager, Rapid Surveillance Systems, Centre for Epidemiology and Evidence, Population and Public Health. *International Society for Disease Surveillance Conference*. (Part sponsorship – School of Public Health and Community Medicine, University of New South Wales). New Orleans, United States of America.

Victoria Pye – Biostatistical Officer Trainee, Centre for Epidemiology and Evidence, Population and Public Health. *Health Services Research Association 2013 Conference*. (Sponsorship – Centre for Health Research, University of Western Sydney). Wellington, New Zealand.

Ken Whelan – Deputy Secretary, System Purchasing and Performance. *What Works? KPMG Global Health Conference* and site visits. London, United Kingdom.

Jan White – Principal Advisor, Midwifery Nursing and Midwifery Office, Governance, Workforce and Corporate. *30th Triennial Congress International Confederation of Midwives 2014*. Prague, Czech Republic.

Geraldine Wilson – Acting Deputy Director, Centre for Aboriginal Health, Population and Public Health. *Australian and New Zealand School of Government Executive Master of Public Administration Residential School*. Wellington, New Zealand.

Key workforce policies released in 2013-14

Key Human Resource and Industrial Relations policies released during the year include:

Work Health and Safety: Other Workers Engagement (GL2013_011)

The purpose of this document is to assist managers and supervisors in NSW Health to fulfil their legal obligations when engaging 'other workers' for example contractors, sub-contractors, volunteers, consultants, labour hire and student placements.

Employment Checks: Criminal Record Checks and Working with Children Checks (PD2013_028)

This document outlines the mandatory requirements for National Criminal Record Checks and Working with Children Checks for persons engaged or employed, or seeking to be employed or engaged, in NSW Health, either in a paid or unpaid capacity or as a student on clinical placement.

Visiting Medical Officers: Remuneration Rates (PD2013_030)

This document prescribes the remuneration rates for Visiting Medical Officers engaged under the Health Services Act 1997 effective 1 July 2013.

Hospital Car Parking Fees Policy: Campuses which are subject to car parking development (PD2013_031)

The purpose of this policy is to set out the hospital car parking fees, including for staff, to be applied to hospital campuses subject to car parking development for NSW Health staff and members of the public.

Managing for Performance (PD2013_034)

This document identifies the key features to be reflected in all NSW Health performance management systems, and builds on the essential elements outlined in the NSW Public Sector Performance Development Framework.

Service Check Register for NSW Health (PD2013_036)

This policy details the mandatory requirements around the creation, maintenance and deletion of records on the NSW Health Service Check Register when dealing with misconduct matters involving NSW Health staff members. It also outlines the mandatory requirement for all preferred applicants for positions across NSW Health to be checked against the Service Check Register as part of the recruitment process.

Staff Specialist Rights of Private Practice Arrangements: Medical Indemnity (PD2013_040)

The purpose of this policy is to provide clarification about the availability of Treasury Managed Fund indemnity to staff specialists, having regard for the differing levels of rights of private practice arrangements that have been elected.

Recruitment of Overseas Health Professionals – Panel of Overseas Recruitment Agencies (PD2013_041)

This policy provides guidance on the recruitment and selection of overseas trained health professionals using selected commercial recruitment agencies forming part of the Panel of Overseas Recruitment Agencies.

Restructuring Policy and Procedures (PD2013_042)

This document sets out the mandatory steps that apply when implementing a restructure in the NSW Ministry of Health.

VMOs in Rural Doctors Settlement Package Hospitals – Indexation of Fees from 1 August 2013 (PD2013_052)

This policy sets out the schedule of Rural Doctors' Settlement Package fees effective from 1 August 2013.

Appointment of Visiting Practitioners in the NSW Public Health System (PD2014_001)

The purpose of this policy is to assist public health organisations when appointing visiting practitioners. It sets out the appropriate standards to be applied, and the procedural and regulatory requirements.

Payment to Medical Officers Undertaking a Clinical Appraisal Remotely (PD2014_002)

The purpose of this policy is to set out the requirements and procedures which accompany variations made to the Public Hospital Medical Officers Award concerning medical officers who undertake a clinical appraisal remotely.

Non-Standard Remuneration or Conditions of Employment (PD2014_006)

This policy reiterates that public health organisations are not permitted to provide staff employed in the NSW Health Service with over-award ('non-standard') remuneration or conditions of employment (including by way of the settlement of claims or litigation), without written approval from the Secretary or authorised delegate.

Model Service Contracts: VMOs and HMOs (PD2014_008)

This policy provides model service contracts to be used by public health organisations when engaging Visiting Medical Officers and Honorary Medical Officers.

Staff Specialist Employment Arrangements Across More than One Public Health Organisation (PD2014_014)

This policy has been developed to provide for consistent arrangements where staff specialists are required to work across local health districts.

Award changes and industrial relations claims

All industrial negotiations in 2013-14 were conducted under the provisions of the NSW Public Sector Wages Policy 2011. The ultimate outcomes of these negotiations were increases of 2.5 per cent per annum for salaries and salary-related allowances (including increases to superannuation contributions arising from application of Commonwealth legislation) for NSW Health Service employees.

For the reporting period, industrial negotiations occurred within the context of judicial proceedings as to whether or not the 2.5 per cent per annum increase allowable under the Industrial Relations (Public Sector Conditions of Employment) Regulation 2011 (the Regulation) was to be discounted by the 0.25 per cent increase in superannuation contributions under Commonwealth legislation effective from 1 July 2013, and the proper application of s146C of the Industrial Relations Act 1996.

In May 2014, the Court of Appeal found that compliance with the policy contained in the Regulation involved an inquiry as to whether any increase awarded by the Industrial Relations Commission, taken together with any other increases in employee-related costs, had the effect of increasing employee-related costs by more than 2.5 per cent per annum for the award period. As it could be established that the superannuation payment to be made for the benefit of employees led to an increase compared to the period immediately prior to the award, it was necessary for it to be taken into account in calculating the 2.5 per cent per annum limit. Although the Union parties filed an Application for Special Leave to Appeal in the High Court of Australia in June, that Application was subsequently discontinued in August 2014.

In September 2012, the Health Services Union lodged a claim in the Industrial Relations Commission concerning the applicability of the 'remote recall' provisions of the Medical Officers' Award for duties undertaken by medical officers while they are on call. In March 2013, the Industrial Court made a declaration that medical officers who provide a clinical appraisal over a telephone or by email rather than via a computer were entitled to an hour's overtime. The decision was appealed by the NSW Ministry of Health. The matter was settled by consent in January 2014 on the basis of a policy directive from the Ministry setting out the circumstances and procedures that must apply for a medical officer to be able to claim an allowance for providing a clinical appraisal remotely. Policy Directive PD2014_002 refers.

In March 2014, the Health Services Union filed an application in the Industrial Relations Commission to insert a new classification of Critical Care Paramedic (Aeromedical) into the Ambulance Operational Officers Award. This would apply to around 55 current paramedic staff who work on helicopters and would increase salaries by up to 42 per cent. The Union's application was part heard in the Industrial Relations Commission on 14 and 15 October. The matter has been adjourned till February 2015 for further hearing. The provisions of the Industrial Relations Act and Regulation requiring achieved employee related cost savings to fund pay increases over 2.5 per cent will be an important factor in the outcome of the matter.

Public hospital activity levels

Selected data for the year ended June 2014 Part 1[1, 2, 10]

Local health districts and specialty networks	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	437	88.6	28.6	68,983	154.5	189
The Sydney Children's Hospitals Network	50,704	50.2	46.9	153,151	3.0	420
St Vincent's Health Network	43,432	48.7	50.9	181,494	3.3	497
Sydney Local Health District	154,490	47.6	46.7	606,078	3.6	1660
South Western Sydney Local Health District	213,450	41.0	45.5	752,517	3.1	2062
South Eastern Sydney Local Health District	170,385	43.4	44.7	640,053	3.3	1754
Illawarra Shoalhaven Local Health District	92,803	37.0	43.0	381,360	3.4	1045
Western Sydney Local Health District	174,573	41.2	46.6	610,235	3.0	1672
Nepean Blue Mountains Local Health District	83,813	38.2	36.4	287,100	3.0	787
Northern Sydney Local Health District	136,796	33.5	37.7	612,549	3.6	1678
Central Coast Local Health District	80,549	42.9	41.5	307,290	3.3	842
Hunter New England Local Health District	217,890	43.4	42.0	784,298	3.2	2149
Northern NSW Local Health District	104,330	42.2	49.8	318,331	2.8	872
Mid North Coast Local Health District	70,394	43.9	47.3	240,652	3.1	659
Southern NSW Local Health District	50,989	43.3	52.2	157,555	2.5	432
Murrumbidgee Local Health District	70,946	36.9	46.7	229,198	2.5	628
Western NSW Local Health District	79,550	40.5	40.7	290,653	2.9	796
Far West Local Health District	7927	50.1	47.9	29,153	2.7	80
2013-14 Total NSW	**1,803,458**	**41.8**	**44.4**	**6,650,650**	**3.2**	**18,221**
2012-13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
Percentage change (%)[9]	**3.8**	**0.3**	**0.7**	**1.5**	**-2.7**	**1.5**
2011-12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
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

Selected data for the year ended June 2014 Part 2[1, 2, 10]

Local health districts and specialty networks	Occupancy Rate[5] June 14	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	66,607	66,482	4,634,453	n/a
The Sydney Children's Hospitals Network	95.6	149,596	125,814	826,514	92,431
St Vincent's Health Network	96.1	135,679	113,611	520,629	46,436
Sydney Local Health District	89.5	545,159	473,095	1,984,861	159,880
South Western Sydney Local Health District	97.8	653,286	556,877	2,063,779	249,770
South Eastern Sydney Local Health District	94.5	511,981	445,389	3,055,583	209,044
Illawarra Shoalhaven Local Health District	93.3	293,342	253,464	1,164,251	144,687
Western Sydney Local Health District	90.7	510,926	430,278	1,810,994	165,762
Nepean Blue Mountains Local Health District	90.6	248,232	217,784	746,685	114,670
Northern Sydney Local Health District	89.5	464,467	414,649	1,472,258	192,564
Central Coast Local Health District	94.8	253,944	220,733	932,704	116,812
Hunter New England Local Health District	79.2	672,413	580,938	2,734,934	392,738
Northern NSW Local Health District	91.7	284,228	232,339	741,406	185,944
Mid North Coast Local Health District	93.3	209,629	176,560	455,290	106,976
Southern NSW Local Health District	72.1	119,721	93,174	582,639	101,548
Murrumbidgee Local Health District	71.3	172,679	139,623	870,635	134,504
Western NSW Local Health District	76.4	220,588	188,278	1,198,376	215,313
Far West Local Health District	55.1	21,014	17,219	124,424	27,223
2013-14 Total NSW	**89.0**	**5,533,491**	**4,746,307**	**25,920,415**	**2,656,302**
2012-13 Total	87.8	5,484,364	4,735,991	27,918,278	2,580,878
Percentage change (%)[9]	**1.1**	**0.9**	**0.2**	**-7.2**	**2.9**
2011-12 Total	88.6	5,475,789	4,757,507	27,145,876	2,537,681
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

Notes: **1** Health Information Exchange (HIE) data was used. The number of separations include care type changes. **2** Activity includes services contracted to private sector. Data reported is as of 31/8/2014. **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** Due to changes in reporting and recording NAPS data, figures are not directly comparable to previous years. Source: EDWARD as of 9/10/14. **8** Source: HIE, Webnap and webDOHRS as at 31/08/2014. 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 2012-13. **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 beds, NSW 2013-14.

Local health districts and specialty networks	Hospital Beds			
	Funded Beds[1] at 30 June 2014		Average Available Beds[2] In 2013-14	
	Acute	Non-Acute	Acute	Non-Acute
Justice Health & Forensic Mental Health Network	152	79	152	79
The Sydney Children's Hospitals Network	16		13	
St Vincent's Health Network[3]	48		52	
Sydney Local Health District[4]	170	71	165	64
South Western Sydney Local Health District	154	34	154	34
South Eastern Sydney Local Health District[5]	136	50	131	38
Illawarra Shoalhaven Local Health District [6]	93	40	93	21
Western Sydney Local Health District[7,8]	167	212	163	188
Nepean Blue Mountains Local Health District[9]	65	0	56	0
Northern Sydney Local Health District[10]	161	196	153	192
Central Coast Local Health District	84	0	84	0
Hunter New England Local Health District	201	170	201	170
Northern NSW Local Health District	73	0	73	0
Mid North Coast Local Health District	52	20	52	20
Southern NSW Local Health District[11]	38	70	34	59
Murrumbidgee Local Health District[12,13]	54	36	50	19
Western NSW Local Health District	78	195	78	129
Far West Local Health District	6	10	6	9
2013-14 Total NSW	**1748**	**1183**	**1709**	**1021**
2012-13 Total	1701	1107	1674	974
2011-12 Total	1689	1083	1649	952
2010-11 Total	1664	1098	1616	960
2009-10 Total	1618	1018	1573	902

Notes: **1** "Funded beds" are those funded by NSW Ministry of Health (MoH). **2** "Average available beds" is the daily (nightly) count of the number of occupied and unoccupied beds averaged over the reporting period (2013-14).This data is extracted from the Bed Reporting System by Health System Information and Performance Reporting Branch in the MoH. Average available beds may be less than funded beds due to temporary bed closures for maintenance or staffing reasons, or during the commissioning of new units. Higher numbers of available beds than funded are sometimes reported, due to the use of "surge" beds in high demand periods or data errors in LHD bed reporting systems. **2** Components may not add to total in some local health districts due to rounding error. **3** St Joseph's Hospital, Auburn has four beds funded outside the Mental Health program resulting in higher number of average available beds. **4** The non-acute C&A beds (Thomas Walker Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds. **5, 6, 7, 12** New non-acute mental health beds opened in: St George Hospital (16 beds), Shoalhaven Hospital (20 beds), Blacktown Hospital (20 beds) and Wagga Wagga Hospital (20 beds). The new beds in these facilities are sub-acute beds funded under the Commonwealth (COAG) Sub-acute Program and are included in the non-acute totals. **8** The non-acute C&A beds (Red Bank House at Westmead Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds. **9, 10, 11, 13** Additional acute beds opened in: Nepean Hospital (11 beds), Hornsby Ku-ring-gai Hospital (10 beds), Goulburn Base Hospital (12 beds) and Wagga Wagga Base Hospital (10 beds). A new 10 bed mental health C&A unit opened in Hornsby Ku-ring-gai Hospital. Note: As most new beds were opened at the end of the reporting year (March – June 2014), local health districts are expecting availability and occupancy of these beds to increase across 2014-15.

Average available beds and treatment spaces[1], June 2014[2] and estimated bed/ treatment space equivalence being purchased to 2014-15

Local health districts and specialty networks	Hospital Beds				Estimated bed/treatment space equivalents purchased from Local Health Districts/ Networks in 2014-15 [A,B]	
	Beds Available for Admission from Emergency Department [3]	Other Hospital Beds [4]	Other Beds [5]	Treatment Spaces [6]	Additional Acute Admitted patient activity (costweighted separations) purchased in 2014-15	Total Acute bed equivalents of additional activity
The Sydney Children's Hospitals Network	328	101	16	31	1,503	11
St Vincent's Health Network	314	176	0	33	1,092	10
Sydney Local Health District	1,237	456	21	257	4,254	39
South Western Sydney Local Health District	1,388	475	149	366	6,945	72
South Eastern Sydney Local Health District	1,182	520	137	261	4,327	42
Illawarra Shoalhaven Local Health District	723	294	55	169	2,549	27
Western Sydney Local Health District	962	578	154	326	5,036	46
Nepean Blue Mountains Local Health District [7]	586	268	33	190	2,319	21
Northern Sydney Local Health District	1,076	589	144	288	4,815	46
Central Coast Local Health District	682	134	50	138	2,240	25
Hunter New England Local Health District	1,726	810	400	551	6,328	61
Northern NSW Local Health District	624	192	74	198	2,333	22
Mid North Coast Local Health District	459	154	21	147	3,054	29
Southern NSW Local Health District	374	138	94	149	2,190	22
Murrumbidgee Local Health District	685	178	522	219	1,340	12
Western NSW Local Health District	682	337	466	326	1,694	16
Far West Local Health District	97	39	24	36	178	2
Justice Health & Forensic Mental Health Network	190	155	0	1	na	na
2013-14 Total NSW [8, 9, 10, 11, 12, 13]	**13,314**	**5,594**	**2,360**	**3,686**	**52,197**	**503**
2012-13 Total	13,444	5,409	2,335	3,670		
2011-12 Total	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		

Notes: **1** Source is 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 emergency departments may occur in the '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 emergency department 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). Data for all previous years has been excluded for this facility to enable more accurate comparisons. **9** Beds temporarily unavailable due to essential maintenance and refurbishment (CCLHD-7; HNELHD-8; ISLHD-7; MLHD-10; NSLHD-28; SCHN-7; SWSLHD-13;WNSWLHD-3). **10** Beds temporarily unavailable – used for surge beds during busier months (CCLHD-4; MLHD-12 treatment spaces; NNSW-15; NSLHD-29; WSLHD-40 beds,4 treatment spaces). **11** Data adjusted following local review and correction of a data quality issue identified (WNSWLHD-5). **12** Beds now available as other hospital beds or other beds, including residential aged care beds (HNELHD-14;SESLHD-12; WNSWLHD-26). **13** New models of care increasing out of hospital services (CCLHD-3;SCHN-5; SNSWLHD-10).

Notes: The following assumptions have been used to estimate the impact of additional purchased activity:

A Overall: Overnight bed occupancy rate of 85%; Same Daybed 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 local health district: % 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

Local health districts and specialty health networks 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 2014-15, the NSW Ministry of Health has purchased increased levels of activity from all local health districts.

In addition to funding new infrastructure in 2014-15, local health districts and specialty health networks 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 2014-15 from each local health district and specialty health network 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 provides an overview of mental health activities for 2013-14 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 2013-14 data. Yearly aggregated bed numbers and hospital activity are presented as 5 year time series (2009-10 to 2013-14).

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 (for example primary care, rehabilitation and aged care). Therefore the numbers reported here may differ from those in national reports (for example Report on Government Services, Mental Health Services in Australia, National Mental Health Report).

A table of 'funded and average available beds' in 2013-14 by local health district is shown on page 154.

Total Beds and Activity

There were 2931 funded mental health beds in NSW on 30 June 2014, an increase of 123 (4.4 per cent) beds from 30 June 2013 (2808).

Funded capacity	2009-10	2010-11	2011-12	2012-13	2013-14
Funded beds at 30 June	2,636	2,762	2,772	2,808	2,931
Increase since 30 June 2010	–	126	136	172	295

Source: NSW Mental Health Bed Survey, InforMH.

Average availability (full year)	2009-10	2010-11	2011-12	2012-13	2013-14
Average available beds	2,475	2,576	2,601	2,648	2,730
Increase since 30 June 2010		101	126	173	255
Average availability (%) of funded beds		93%	94%	94%	93%

Source: NSW Bed Reporting System, Health Service Information and Performance Reporting Branch, NSW Ministry of Health.

Average occupancy (full year)	2009-10	2010-11	2011-12	2012-13	2013-14
Average occupied beds	2,163	2,198	2,224	2,274	2,268
Increase since 30 June 2010		35	61	111	105
Average occupancy (%) of available beds		85%	86%	86%	83%

Source: NSW Health Information Exchange.

On average funded bed numbers increased by 2.8 per cent over the years between 2009-10 and 2013-14.

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 issues; (iii) the effect of non-acute Child and Adolescent Mental Health Services 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 2013-14 was stable at 93 per cent, (94 per cent in 2012-13).

Average occupancy is calculated by dividing the total average occupied beds by the total average available beds (expressed as a percentage). A number of new beds opened at the end of the 2013-14 financial year contributing to the decline in average occupancy from 86 per cent in 2012-13 to 83 percent in 2013-14. It is anticipated that the occupancy rates of these new beds will increase across 2014-15.

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	2009-10	2010-11	2011-12	2012-13	2013-14
Acute overnight separations	29,016	29,829	30,208	31,555	32,722
Increase since 30 June 2010		813	1,192	2,539	3,706
Increase (%) since 30 June 2010		3%	4%	9%	13%

Source: NSW Health Information Exchange

Over the past 5 years there has been an increase each year in mental health acute bed numbers and overnight acute separations. On average between 2009-10 and 2013-14, funded acute beds increased by 1.8 per cent and acute overnight separations by 3.2 per cent.

Funded acute beds increased from 1701 in 2012-13 to 1748 in 2013-14. New acute beds were opened in Nepean Blue Mountains Local Health District (11 additional beds for adults in Nepean Hospital), Northern Sydney Local Health District (10 additional beds for adults and a 12 bed mental health unit for children and adolescents in Hornsby Ku-ring-gai Hospital), Southern NSW Local Health District (12 additional beds for adults in Goulburn Base Hospital) and Murrumbidgee Local Health District (10 additional beds for adults in Wagga Wagga Base Hospital).

The increase in acute beds in 2013-14 was slightly offset by the transfer of eight acute beds for adults out of the Mental Health program in Western NSW Local Health District (Orange Health Service) into the Drug and Alcohol Program as involuntary drug and alcohol treatment beds. Overall in 2013-14, there were 47 (2.8 per cent) additional acute new beds across public mental health facilities in NSW compared with 2012-13.

Mental health non-acute inpatient care occupied bed-days

Non-acute inpatient care	2009-10	2010-11	2011-12	2012-13	2013-14[1]
Non-acute overnight OBDs	278,112	279,034	284,689	285,993	281,077
Increase since 30 June 2010		922	6,577	7,881	2,965
Increase (%) since 30 June 2010		0%	2%	3%	1%

Source: NSW Health Information Exchange. Note: **1** The non-acute bed day data has been influenced by HIE data quality issues at selected local health districts.

Funded non-acute beds increased from 1107 in 2012-13 to 1183 in 2013-14, an increase of almost 7 per cent or 76 additional beds. The additional beds were opened in new mental health units in South Eastern Sydney Local Health District (16 beds for older persons in St George Hospital), Illawarra Shoalhaven Local Health District (20 beds for adults at Shoalhaven Hospital), Western Sydney Local Health District (20 beds for adults at Blacktown Hospital), and Murrumbidgee Local Health District (20 beds for adults in Wagga Wagga Hospital).

All newly opened beds are sub-acute beds that are funded under the Commonwealth (Council of Australian Governments) Sub-acute Program and are included in the non-acute totals.

Ambulatory mental healthcare

Ambulatory mental healthcare 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	2009-10	2010-11	2011-12	2012-13	2013-14
Ambulatory contacts	1,962,430	2,212,711	2,326,170	2,757,412	3,272,641
Increase since 30 June 2010		250,281	363,740	794,982	1,310,211
Increase (%) since 30 June 2010		13%	19%	41%	67%

Source – NSW Health Information Exchange (HIE). Note: The number of contacts for 2012-13 in the table above has been revised from 2,326,170 to 2,757,412.

NSW mental health services report more than two million contacts each year. In 2013-14, the number of contacts increased by 18.7 per cent from 2,757,412 in 2012-13 to 3,272,641 in 2013-14 however, the 2013-14 contacts number is an underestimate of actual contacts. Problems with the functioning of a new community mental health data collection system has led to understated reporting of contacts from several local health districts for the later months of 2013-14 in the NSW Health Information Exchange.

Ambulatory contacts will be revised and updated in the 2014-15 Annual Report following resolution of data issues in the NSW Health Information Exchange.

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_035) 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 KPI 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	2009-10	2010-11	2011-12	2012-13	2013-14
General & adult care	13.8	11.3	11.1	10.1	8.9
Child & adolescent care	10.7	9.6	13.0	6.1	6.3
Forensic psychiatric care	2.3	1.9	2.0	4.0	2.4
NSW total	11.5	9.4	9.2	8.5	7.4

Source: Manual collection from local health districts, InforMH. Rate = Seclusion episodes per 1000 occupied bed days. Notes: **1** Includes acute beds for all sub programs (Adult, Older, Child and Adolescent Mental Health Services, Forensic) from facilities with or without seclusion. **2** There is only one acute unit for older people: Lachlan Older Acute unit which commenced reporting in Jan-Jun 2011. The unit is not reported separately in the table but is included in the NSW total rate. **3** Data from Justice Health & Forensic Mental Health was collected/reported since Jul-Dec 2009. JH beds are excluded from the NSW rate for 2008-09.

There has been an overall decline in the seclusion rate in NSW acute mental health units. The *Supplementary seclusion indicators* table on page 161 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 hospital 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

Local health districts and specialty networks	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 30/6/14	Overnight[5] separations in 12 mths to 30/6/14
	2013	2014	2012-13	2013-14	2012-13	2013-14		
X700 Sydney Local Health District	**241**	**241**	**228**	**229**	**205**	**193**	**555**	**3151**
Acute beds – adult	140	140	135	135	134	126	541	2588
Acute beds – older	30	30	30	30	31	29	5	244
Non-acute beds – adult	35	35	35	35	27	24	2	27
Non-acute beds – child/adolescent[6]	36	36	28	29	13	14	7	292
X710 South Western Sydney Local Health District	**188**	**188**	**183**	**188**	**169**	**173**	**105**	**3476**
Acute beds – adult	144	144	144	144	139	138	103	3258
Acute beds – child/adolescent	10	10	10	10	7	7		100
Non-acute beds – adult	34	34	29	34	23	29	2	118
X720 South Eastern Sydney Local Health District	**170**	**186**	**159**	**169**	**149**	**155**	**134**	**3095**
Acute beds – adult	124	124	113	125	109	114	123	2835
Acute beds – older[7]	12	12	12	6	10	6	2	69
Non-acute beds – adult	34	34	34	32	30	28	9	122
Non-acute beds – older[8]		16		6		6		69
X730 Illawarra Shoalhaven Local Health District	**113**	**133**	**113**	**113**	**97**	**97**	**28**	**1920**
Acute beds – adult	73	73	73	73	67	66	27	1669
Acute beds – older	14	14	14	14	11	12		133
Acute beds – child/adolescent	6	6	6	6	4	4	1	73
Non-acute beds – adult[9]	20	40	20	21	15	15		45
X740 Western Sydney Local Health District	**359**	**379**	**342**	**352**	**292**	**297**	**2281**	**3494**
Acute bed – adult	148	148	144	144	135	136	123	3041
Acute beds – older	10	10	10	10	9	9	19	84
Acute beds – child/adolescent	9	9	9	9	7	7		118
Non-acute bed – adult[10]	135	155	135	136	111	112		54
Non-acute beds – older	16	16	7	16	4	7	2	69
Non-acute beds – child/adolescent[6]	17	17	12	12	2	4	2137	125
Non-acute beds – forensic	24	24	24	24	23	22		3
X750 Nepean Blue Mountain Local Health District	**54**	**65**	**54**	**56**	**52**	**53**	**3**	**1383**
Acute beds – adult[11]	54	65	54	56	52	53	3	1383
X760 Northern Sydney Local Health District	**335**	**357**	**328**	**345**	**284**	**284**	**133**	**3326**
Acute beds – adult[12]	109	119	108	118	97	103	121	2713
Acute beds – older	30	30	30	29	27	26	8	255
Acute beds – child/adolescent[13]		12		6		4	3	78
Non-acute beds – adult	151	151	150	151	127	120	1	59
Non-acute beds – older	30	30	30	30	30	28		1
Non-acute beds – child/adolescent[6]	15	15	10	11	3	2		220
X770 Central Coast Local Health District	**84**	**84**	**84**	**84**	**64**	**66**	**241**	**1508**
Acute beds – adult	69	69	69	69	51	53	240	1409
Acute beds – older	15	15	15	15	12	13	1	99
X800 Hunter New England Local Health District	**371**	**371**	**371**	**371**	**318**	**276**	**155**	**4632**
Acute beds – adult	167	167	167	167	146	137	151	3927
Acute beds – older	22	22	22	22	22	22		144
Acute beds – child/adolescent	12	12	12	12	10	10	3	288
Non-acute beds – adult	81	81	81	81	67	46		149
Non-acute beds – older	59	59	59	59	44	46	1	120
Non-acute beds – forensic	30	30	30	30	29	16		4
X810 Northern NSW Local Health District	**73**	**73**	**73**	**73**	**65**	**68**	**8**	**1479**
Acute beds – adult	65	65	65	65	59	63	7	1377
Acute beds – child/adolescent	8	8	8	8	6	4	1	102

Local health districts and specialty networks	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 30/6/14	Overnight[5] separations in 12 mths to 30/6/14
	2013	2014	2012-13	2013-14	2012-13	2013-14		
X820 Mid North Coast Local Health District	**72**	**72**	**72**	**72**	**65**	**63**	**9**	**1248**
Acute beds – adult	52	52	52	52	50	49	9	1161
Non-acute beds – adult	20	20	20	20	15	15		87
X830 Southern NSW Local Health District	**96**	**108**	**96**	**92**	**70**	**65**	**60**	**1046**
Acute beds – adult[14]	26	38	26	34	22	25	57	729
Non-acute beds – adult	22	22	22	18	15	13	1	65
Non-acute beds – older	48	48	48	41	33	27	2	252
X840 Murrumbidgee Local Health District	**60**	**90**	**60**	**70**	**48**	**53**	**97**	**1183**
Acute beds – adult[15]	44	54	44	50	37	40	94	1094
Non-acute beds – adult[16]		20		3		2		18
Non-acute beds – older	16	16	16	16	11	11	3	71
X850 Western NSW Local Health District	**281**	**273**	**180**	**207**	**137**	**156**	**36**	**1727**
Acute beds – adult[17]	64	56	56	56	42	40	31	1092
Acute beds – older	12	12	12	12	10	11	1	109
Acute beds – child/adolescent	10	10	10	10	5	7	3	149
Non-acute beds – adult	159	159	70	93	52	68		352
Non-acute beds – older	16	16	16	16	13	13	1	19
Non-acute beds – forensic	20	20	16	20	15	18		6
X860 Far West Local Health District	**16**	**16**	**9**	**15**	**6**	**10**	**5**	**213**
Acute beds – adult	6	6	6	6	5	4	5	121
Non-acute beds – adult	10	10	3	9	1	6		92
X690 St Vincent's and Mater Health Network	**48**	**48**	**52**	**52**	**45**	**46**	**35**	**1560**
Acute beds – adult	33	33	33	33	30	30	35	1447
Acute beds – older[18]	15	15	19	19	15	16		113
X630 The Sydney Children's Hospital Network	**16**	**16**	**13**	**13**	**10**	**10**	**10**	**165**
Acute beds – child/adolescent	16	16	13	13	10	10	10	165
X170 Justice Health & Forensic Mental Health	**231**	**231**	**231**	**231**	**198**	**201**	**4**	**548**
Acute beds	152	152	152	152	119	122	4	537
Non-acute beds	79	79	79	79	79	79		11
NSW – Total	**2808**	**2931**	**2648**	**2730**	**2274**	**2268**	**3899**	**35,154**

Summary – Bed type and sub-program

Adult acute	1318	1353	1289	1327	1175	1177	1670	29,844
Older acute	160	160	164	157	147	144	36	1250
C&A acute	71	83	68	74	49	54	21	1073
Forensic acute	152	152	152	152	119	122	4	537
Adult non-acute	701	761	599	633	483	478	15	1188
Older non-acute	185	201	176	183	135	138	9	601
C&A non-acute	68	68	50	52	18	20	2144	637
Forensic non-acute	153	153	149	152	146	135		24

Notes: **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 Bed Reporting System by Health System Information and Performance Reporting Branch in the MoH. Average available beds may be less than funded beds due to temporary bed closures for maintenance or staffing reasons, or during the commissioning of new units. Higher numbers of available beds than funded are sometimes reported, due to the use of "surge" beds in high demand periods or data errors in LHD bed reporting systems. **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 local health districts (LHDs) due to rounding error. **4** "Sameday Separations" refers to those separations when the patient is admitted 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, dying, transferring to another hospital or changing type of care. **6** 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 in school terms causing their beds availability to be lower than the funded beds. **7** Negotiations are currently under way between South Eastern Sydney Local Health District and the Mental Health and Drug and Alcohol Office to transition six older acute beds to adult acute beds. Due to reporting issues the available beds between older adult acute units cannot be separated. This has led to reporting of one more available than funded bed for the adult acute units and under-reporting of older acute available beds in this report. **8** A 16 bed older person sub-acute unit opened in St George Hospital in November 2013. **9** Twenty additional adult sub-acute beds opened in Shoalhaven Hospital in June 2014. **10** A 20 bed adult sub-acute unit opened in Blacktown Hospital in June 2014. **11** Eleven additional adult acute beds opened in Nepean Blue Mountain Hospital in March 2014. **12** Eleven additional adult acute beds opened in Hornsby Ku-ring-gai Hospital in June 2014. **13** A 12 bed acute child and adolescent unit opened in Hornsby Ku-ring-gai Hospital in September 2013. **14** Twelve additional adult acute beds opened in Goulburn Base Hospital in March 2014. **15** Ten additional adult acute beds opened in Wagga Wagga Base Hospital in November 2013. **16** A 20 bed adult sub-acute unit opened at Wagga Wagga Base Hospital in March 2014. **8, 9, 10, 16** The new beds in these facilities are sub-acute beds funded under the Commonwealth (COAG) Sub-Acute Program and are included in the non-acute totals. **17** Eight adult acute beds were transferred out of Mental Health Program in Orange Health Service and converted to involuntary drug and alcohol treatment beds. **18** St Joseph's Hospital has four beds funded outside the Mental Health Program. Note: All average availability and occupancy rates of the newly opened beds, especially those that were opened at the end of 2013-14 (March to June 2014) are expected to increase across 2014-15.

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]			Hospitalisation (%)[4]		
	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
Albury	3.0	2.3	1.1	4.0	5.6	4.8	3%	2%	1%
Bankstown	25.7	10.8	7.9	1.7	1.4	2.2	16%	8%	8%
Bega	10.0	1.6	2.0	2.1	1.7	2.0	6%	2%	2%
Blacktown	15.3	17.1	12.0	2.8	2.8	3.6	12%	11%	8%
Blue Mountains	0.4	3.0	3.4	5.1	2.5	2.3	1%	4%	4%
Broken Hill	5.5	2.4	1.5	3.3	1.8	2.0	4%	1%	1%
Campbelltown	7.7	6.8	7.2	1.6	1.5	1.7	5%	5%	5%
Coffs Harbour	16.4	8.8	12.0	7.2	5.1	5.1	14%	10%	9%
Concord	11.8	10.4	13.8	4.3	3.7	5.8	9%	9%	8%
Cumberland	16.2	15.5	15.6	16.8	29.1	18.3	13%	12%	14%
Dubbo	17.7	25.1	8.9	2.4	2.9	3.1	9%	14%	6%
Forensic Hospital	7.0	13.4	6.9	21.4	31.0	137.8	21%	25%	31%
Gosford	9.7	10.3	7.0	2.1	1.9	2.2	8%	9%	6%
Goulburn	11.9	11.3	5.8	2.8	2.3	1.7	6%	6%	5%
Hornsby	9.4	14.1	10.8	3.1	6.1	4.1	6%	7%	6%
James Fletcher (Mater)	8.0	10.5	6.7	3.0	2.7	1.6	4%	5%	3%
John Hunter	16.8	9.1	16.6	1.3	1.3	1.6	11%	6%	6%
Lismore	28.2	10.9	10.9	7.9	7.2	6.1	16%	7%	7%
Liverpool	11.4	8.2	7.5	3.1	4.2	3.9	6%	5%	5%
Macquarie	3.0	5.2	4.0	4.3	3.1	4.4	7%	7%	7%
Maitland	3.8	4.7	2.6	1.7	2.3	2.6	3%	3%	1%
Manly	2.7	2.1	2.5	2.2	2.0	1.9	2%	2%	2%
Manning	1.8	4.4	3.6	3.1	2.9	1.4	1%	3%	3%
Morisset	1.7	2.9	0.0	1.1	1.6		5%	11%	0%
Nepean	13.6	8.0	4.4	4.3	5.3	4.3	6%	6%	3%
Orange/Bloomfield	8.8	8.2	10.9	2.3	1.4	1.4	5%	5%	4%
Port Macquarie	4.5	2.3	1.4	5.5	7.1	4.4	6%	4%	2%
Prince of Wales	10.0	10.3	9.0	6.0	9.2	5.4	6%	5%	5%
Royal North Shore	7.0	4.9	4.2	3.1	3.8	2.5	4%	3%	3%
Royal Prince Alfred	6.2	5.5	2.5	2.5	2.4	2.3	5%	5%	3%
Shellharbour	6.6	7.5	8.8	5.2	10.5	12.1	5%	6%	7%
St George	1.1	1.2	0.7	3.1	5.5	1.8	1%	1%	1%
St Vincents	15.7	29.1	11.6	3.3	3.5	1.5	5%	9%	5%
Sutherland	2.4	3.4	3.7	2.6	1.9	1.5	2%	3%	3%
Sydney Children's Hospital Randwick[6]			1.7			0.7			2%
Tamworth	7.8	7.6	13.4	3.3	2.7	3.4	3%	3%	4%
The Children's Hospital Westmead	22.1	9.9	1.4	0.6	0.5	0.4	16%	11%	3%
Tweed	12.2	8.4	9.1	6.1	4.5	5.4	9%	6%	8%
Wagga Wagga	16.0	14.5	7.9	3.2	3.4	3.5	8%	7%	6%
Westmead	3.2	2.4	1.4	2.4	2.4	1.6	2%	2%	1%
Wollongong	2.5	1.5	2.4	2.1	1.1	2.0	2%	2%	2%
Wyong	12.4	12.2	9.5	3.3	2.7	3.2	8%	9%	9%
NSW Total[5]	**10.4**	**9.5**	**8.2**	**5.7**	**7.8**	**9.4**	**7%**	**6%**	**6%**

Notes: **1** Includes acute beds for all subprograms (Adult, Older, Child and Adolescent Mental Health Services, Forensic) ONLY from facilities which have seclusion. **2** Seclusion episodes per 1000 acute bed days. **3** Average duration (hours) per seclusion episode. **4** Percent of persons hospitalised who experienced at least one episode of seclusion. **5** NSW average rate differs from the seclusion rate over time (refer to the seclusion rate – trend over time table on page 158), as this table does not include facilities with acute beds but no seclusion. **6** This facility commenced reporting seclusion in 2013-14.

Data sources for the annual report

The funded beds data for public health facilities was compiled from the June 2014 Bed Survey. The Survey collects data on bed numbers against bed types by financial-sub-program at ward/unit level in mental health facilities in local health districts twice a year.

Data for average available beds was compiled from the Bed Reporting System maintained by the Health System Information and Performance Reporting Branch of the NSW 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 NSW Health Information Exchange in late August 2014.

Seclusion data is collected manually by local health districts and speciality networks and collated by InforMH.

Ambulatory contact data was extracted in August 2014 from the Mental Health Ambulatory tables in the NSW Health Information Exchange.

NSW HEALTH ORGANISATIONS

NSW Ministry of Health

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Secretary: Dr Mary Foley

Key achievements for 2013–14

The NSW Ministry of Health continued working toward achieving goals set out in NSW 2021 and the NSW State Health Plan including:

- Developed the *NSW State Health Plan: Towards 2021* (launched by the Minister for Health in June 2014) which draws together and builds upon existing plans, programs and policies and sets out priorities across the system for the delivery of 'the right care, in the right place, at the right time' for everyone. Also developed a reporting framework to monitor progress in achieving our objectives.
- Developed the *Rural Health Plan: Towards 2021* through the Ministerial Advisory Committee for Rural Health, which was launched by the Minister for Health on 7 November 2014 and sets out strategies to improve health and healthcare for those living in rural and remote communities.
- Rolled out the Quit for New Life program across the State to deliver smoking cessation care to mothers of Aboriginal babies during their pregnancy.
- Contributed to obesity prevention and treatment through the Healthy Children Initiative with:
  - *Live Life Well* at School reaching over 76 per cent of all primary schools in NSW
  - Munch and Move has reached 82 per cent of all centre-based child care services
  - Go4Fun® reached over 3800 children and families.
- Launched the *Get Healthy at Work* program in 2014 with 153 businesses registering for the program and a further 18 businesses participating in the developmental stages. The program has reached approximately 4300 workers.
- Made the *Get Healthy Information and Coaching Service* available to employees to improve health and health-related goals as part of the Healthy Lifestyle program.
- Continued to support Aboriginal communities across NSW to lose weight through the *Knockout Health Challenge*. In 2014, 30 communities are involved.
- Co-hosted the international AIDs conference in Melbourne.
- Commenced a partnership with NSW Sport and Recreation and the Department of Ageing Disability and Home Care in November 2013 to increase physical activity opportunities for older people through the Aquatic Recreational Institute.
- Developed and launched the *NSW Service Plan for People with Eating Disorders 2013-2018* in September 2013
- Worked with other Government agencies on the preparation of a whole of whole of government response to the Mental Health Commission's draft Strategic Plan for Mental Health, which seeks to improve care for those experiencing a mental illness.
- Convened two highly successful Symposia bringing together a total of 1500 consumers, clinicians and clinical support staff to share ideas for patient care improvement.
- Held the 15th Annual NSW Health Awards showcasing the excellent work done by team, individuals, volunteers and groups from across the State.
- Continued to deliver NSW *Hospital in the Home,* a program of defined service delivery models providing (acute and post-acute) care delivered in the home (including Residential Aged Care Facilities), clinics or other settings as a substitution for hospital admission.
- Expanded the NSW ComPacks program and over 16,000 care packages were made available.
- Provided funding through the *Non-Government Organisation Grants Program* to over 80 organisations.
- Initiated the *Grants Management Improvement Program* to improve the administration of funding to the non-government sector.
- Achieved the State National Elective Surgery Targets.
- Achieved the Council of Australian Governments agreed 71 per cent National Emergency Access Target in 2013.
- Expanded the *Whole of Hospital Program* across NSW to 44 sites, an increase of 21 sites on the previous year.
- Delivered Service Agreements with local health districts, networks and pillars for 2013-14 to clearly articulate performance obligations and accountabilities.
- Oversaw the implementation of the NSW Ambulance and Aeromedical (Rotary Wing) Retrieval Services in NSW.
- Introduced a series of new community palliative care services across NSW to offer patients, families and carers improved choice about their care at the end of life.
- Announced the *Integrated Care in NSW Strategy* in March 2014. This Strategy includes a Planning and Innovation Fund to provide seed funding for innovative integrated care initiatives at the local level to support the bigger integrated care picture over time.
- Continued to invest in the development and rollout of key tools like the Activity Based Management Portal to give clinicians and managers the information they need to deliver better patient outcomes.
- Developed the *Blueprint for eHealth in NSW* (launched by the Minister for Health in December 2013) which sets out the vision for technology led improvements in patient care; established eHealth NSW as an operation entity; established eHealth Executive Council to provide strategic advice and guidance on technology investments; appointed a Chief Executive to lead eHealth NSW and a Chief Clinical Information Officer to lead clinician engagement in planning and implementing new eHealth technologies.
- Funded research to evaluate nurse practitioner models of care to highlight innovative services to grow the nurse practitioner workforce and improve access to services in NSW.
- Held the inaugural NSW Nursing and Midwifery Excellence Awards in September 2013.
- Successfully introduced *'Take the lead'* for Nursing and Midwifery Unit Managers to provide ongoing professional development and networking opportunities.

- Offered scholarships in partnership with the Department of Education and Communities and TAFE NSW for 300 Diploma of Nursing training places to recognise the vital role Enrolled Nurses fulfil in hospitals and health services.
- Launched the *Small Acts of Kindness* film to support a caring, compassionate culture and healthcare system.
- Implemented work, health and safety awareness strategies including Safe Work Week promotion, Seasonal Influenza vaccination program, Australian Red Cross Blood donations and Workstation Clean-Up Days.
- Supported the WorkCover Authority of NSW, *Hazard A Guess*, a young workers' injury prevention campaign and the *Homecomings* campaign, emphasising the importance of workplace safety for workers, family and other members.
- Decreased reportable Injury/Illness incidents by 13, compared with the previous year.
- Reduced energy consumption by 2% as highlighted in the Auditor General's Performance Audit of Building Energy Use in NSW Public Hospitals.

Statutory health organisations

Agency for Clinical Innovation

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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 works with clinicians, consumers and managers to design and promote better healthcare for NSW. The Agency provides valuable expertise in service redesign and evaluation; specialist advice on healthcare innovation; initiatives including guidelines and models of care; implementation support; knowledge sharing and continuous capability building.

Over the past year, the Agency has strengthened partnerships with local health districts and networks, Medicare Locals and healthcare providers. The Agency for Clinical Innovation has worked with its partner agencies to streamline communications and improve understanding of shared initiatives, in particular through the Excellence and Innovation in Healthcare web portal.

The Agency for Clinical Innovation supports clinical networks, taskforces and institutes who lead the design of evidence-based initiatives that transform the experience and delivery of healthcare. A new focus for next year will be identifying better ways to engage consumers in the redesign of healthcare delivery.

A priority for the Agency continues to be supporting the NSW health system to identify, understand and develop strategies to address unwarranted variation in clinical practice.

Dr Nigel Lyons, Chief Executive

Key achievements for 2013–14

- Established the Electronic Persistent Pain Outcome Collaboration through provision of seed funding. The Collaboration will facilitate national benchmarking of patient outcomes achieved through pain clinics. The Agency has been the lead in developing a minimum dataset for the project and assisted in the establishment of software in 17 of the 19 sites across NSW.
- Continued as a partner in the NSW Knockout Health Challenge with the NSW Office of Preventive Health, the NSW Ministry of Health and NSW Rugby League. This project engages Aboriginal communities through their association with rugby league, in particular the NSW Aboriginal Rugby League Knockout using Aboriginal rugby league players as ambassadors, advocating healthy lifestyle behaviours. The Knockout Health Challenge is a community-based program run as a healthy competition between communities with the most successful communities awarded incentives to promote local health initiatives.
- Developed and implemented the Culture Health Communities Activity Challenge which is an innovative internet and pedometer-based program to increase physical activity in primary school children. Pedometer steps are used to take students on a 'virtual journey' around the world. This program was piloted in nine schools in 2014. Targeted schools are those with significant numbers of Aboriginal students which leverage community groups involved in the NSW Knockout Health Challenge.
- Finalised and disseminated Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW to define the types and amounts of foods that must be offered on the menu for people admitted to inpatient mental health facilities.
- Collaborated with NSW Ambulance and local health districts on the State Cardiac Reperfusion Strategy to improve health outcomes for all patients with an Acute Coronary Syndrome and to specifically reduce the time from symptom onset to reperfusion for patients with an ST Segment Elevation Myocardial Infarction.
- Led the development and implementation of Criteria Led Discharge – a statewide initiative to reduce the amount of time that patients spend in hospital unnecessarily. Under this initiative a senior medical clinician with a multidisciplinary team identifies eligible patients and documents a set of discharge criteria.
- *Stroke Reperfusion Program* improves early access to thrombolysis for ischaemic stroke patients. The program aims to improve pre-hospital assessment by paramedics for identification of stroke through a validated standardised assessment tool, to improve in-hospital reception, assessment and management of stroke patients to achieve early access to safe reperfusion and to improve mechanisms across the whole patient journey to deliver effective rehabilitation.

- Launched the *Minimum Standards for the Management of Hip Fracture in the Older Person* in June 2014. The Standards are designed to improve the outcomes of patients with fractured hips requiring surgery and management in NSW. The document and tools developed to assist implementation can be downloaded from the Excellence and Innovation in Healthcare Portal at www.eih.health.nsw.gov.au.
- Created a *Nurse Delegated Emergency Care Framework* to provide appropriate, timely and high-quality patient care to low-risk and low-acuity patients in emergency departments in rural and remote NSW. The Framework will enable timely provision of care in emergency department settings by credentialed registered nurses for low risk, low acuity presentations. This framework is designed for hospitals that do not have 24 hours a day, seven days a week medical officer coverage. There are seven sites in NSW that are participating in the initial roll-out phase and the first site started in March 2014.
- Worked with the Cancer Institute NSW, Surgical Services Taskforce and NSW upper gastro-intestinal surgeons on The Rare and Complex Cancer Surgery Project – providing analysis of NSW data on volume-outcome relationships in oesophageal and pancreatic curative surgical resections for the period 2005-08. The Project confirmed that higher surgical procedure volumes are associated with a reduced in-hospital and 90 day mortality, and an improved one year conditional survival rate. Following discussion of these analyses, the general consensus amongst the Agency/Cancer Institute NSW/Surgical Services Taskforce and NSW upper gastro-intestinal surgeons, was that the evidence created an imperative for change and consolidation of services. A process has been adopted to identify the NSW hospital networks where the specialist multidisciplinary management of these patients will be focused.

Bureau of Health Information

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Chief Executive:	Dr Jean-Frederic Levesque

Year in review

The Bureau of Health Information continued in its role of providing independent reports to government, the community and healthcare professionals on the performance of the NSW public health system. Our reporting focuses on accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.

In 2013–14, the Bureau expanded its series of reports and adopted a new integrated performance assessment framework to ensure that the complexity of healthcare is reflected in our reporting. In addition to publishing 11 reports, the Bureau of Health Information launched a new interactive online portal, Healthcare Observer that enables users to access accurate and comparable data about the healthcare system.

The Bureau of Health Information continued to manage the NSW Patient Survey program, developing and rolling out four new surveys during the year. This year has also seen the Bureau engage more actively with clinicians, both in the development of relevant measures and in the dissemination of our reports.

Dr Jean-Frederic Levesque, Chief Executive

Key achievements for 2013–14

- Developed a new performance framework which brings together information about the performance of the healthcare system. This framework incorporates different perspectives on performance – from the patient's point of view and from a system perspective – and looks at the aspects of accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.
- Launched a new interactive online portal – Healthcare Observer – that allows users to access accurate and comparable data about the NSW healthcare system. It provides dynamically generated content and enhances the ability of users to understand and interpret data using simple visualisations.
- Managed the NSW Patient Survey which asks different groups of people in NSW about their healthcare experiences. The Bureau of Health Information continued running the Adult Admitted Patient Survey and published the first results on Healthcare Observer. The Bureau also developed and implemented four new surveys looking at patient experiences of emergency departments, outpatient clinics and children and young peoples experience of hospital care.
- Published its fourth annual performance report, Healthcare in Focus 2013 – How does NSW measure up? The Healthcare in Focus series takes a wide ranging look at the NSW health system, comparing performance with Australia and ten other countries.
- Published four Hospital Quarterly reports which look at NSW public hospital performance in three modules: admitted patients, emergency department and elective surgery. It also provides performance profiles for up to 85 NSW hospitals and each local health district in NSW.
- Published an Insights Series report – 30-day mortality following hospitalisation, five clinical conditions, NSW, July 2009–2012 which provides an analysis of 30-day mortality following hospitalisation for five clinical conditions. The Insights Series provides in-depth analyses in selected performance areas, highlighting variation in care provided to patients with a particular disease or those with specific characteristics.
- Published two volumes of Patient Perspectives: Mental health services in NSW public facilities which drew on the self-reported experiences of 5000 people who used mental health services in February 2010 and February 2011. The Patient Perspectives series provides information about what patients are saying about their healthcare experiences.
- Published three issues of *Spotlight on Measurement*, a new series which provides in-depth analysis of methods and technical issues relevant to the Bureau's work.
- Worked collaboratively with a number of organisations including the Cancer Institute NSW, the Agency for Clinical Innovation, the Kolling Institute's Clinical and Population Perinatal Health Research Group and the IMPACT Centre of Research Excellence to collaboratively assess inequalities in access to care for vulnerable populations using the *International Health Policy Survey* of the Commonwealth Fund.

- Expanded stakeholder engagement initiatives by visiting a number of hospitals and local health districts to talk about the Bureau's work and learn from healthcare experts to find out how the Bureau's research can be used at a local level. Also presented at a number of state and international conferences and launched a seminar series – *Challenging Ideas*.
- Consulted with a broad range of experts both locally and internationally who guided and informed the Bureau of Health Information's work. This was achieved through a number of advisory committees and the peer review process, through which performance reporting or subject matter experts provide feedback on the Bureau's draft reports.

Cancer Institute NSW

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Business hours: 8:30am – 5pm, Monday to Friday
Chief Executive: Professor David Currow

Year in review

Cancer remains the single biggest cause of premature death in our community, which makes cancer control an important priority for NSW. The Cancer Institute NSW was established in 2003 to lessen the impact of cancer on individuals and the NSW health system. Driven by the objectives of the NSW Cancer Plan 2011–15, the Institute continuously works to:

- reduce the incidence of cancer
- increase the survival rate of people with cancer
- improve the quality of life for people living with cancer
- provide a source of expertise on cancer control for the Government, health service providers, medical researchers and the community.

The Institute continues to achieve a great deal each year. Smoking rates continue to decline, and breast and cervical screening rates have increased, particularly in Aboriginal and culturally and linguistically diverse communities where focused education and awareness initiatives are in place.

The Cancer Institute NSW continues to support, facilitate and collaborate with all involved in the cancer control sector to turn new breakthroughs into meaningful knowledge that can inform effective health system change. The Institute's Reporting for Better Cancer Outcomes Program, for example, allows us to bring key data together to inform quality cancer system performance, reduce variation in care across NSW and improve cancer outcomes at a local level.

Also, as we expand our Translational Cancer Research Program, we are giving NSW the best chance to make cutting-edge discoveries that will see the rapid translation of research into real outcomes for people with cancer.

The Institute will continue to strengthen its collaboration with the NSW Ministry of Health, pillars, local health districts, cancer organisations and the community to identify synergies and add value to each of our endeavours as we work to improve health outcomes across the state.

Professor David Currow, Chief Cancer Officer and CEO

Key achievements for 2013–14

- Implemented seven anti-tobacco media campaigns in 2013–14. Ensured ongoing promotion and delivery of smoking cessation services and programs, iCanQuit.com.au and Quitline, including the provision of Aboriginal Quitline services and translation services to people from non-English speaking communities.
- Implemented the new skin cancer prevention campaign, Pretty Shady. This digital campaign targeted the sun protection message at tech-savvy teenagers throughout the 2013–14 summer, and motivated thousands of 13 to 24-year-olds to join the Pretty Shady 'movement' and change their sun protection behaviour. The campaign is planned to continue in 2014–15.
- Supported a number of community-based projects that aim to break down cultural taboos associated with cancer. For example, the *Alive and Out There* project is aimed at addressing the cancer myths and misconceptions in the Arab, Greek and Macedonian communities with in-language plays. These plays have had several repeat seasons and the Macedonian play recently returned from a tour of seven cities in Macedonia. Educational videos were also developed about breast and cervical screening for women in Arabic and Mandarin-speaking communities, as well as an English version for women in low socioeconomic communities.
- Developed the Aboriginal Cancer Partnerships Grants Program to support five lead Aboriginal Community Controlled Health Services across NSW to deliver projects that enhance relationships between these organisations and cancer services, build staff capacity and improve the quality of care for Aboriginal people with cancer and their families.
- The Reporting for Better Cancer Outcomes Program has expanded to include more than 40 routinely-reported outcome measures to highlight the State's cancer health system performance at the local health district and Medicare Local level.
- Finalised merger of the NSW Cancer Registries. This means that we are now capturing both cancer cases and clinical (treatment-based) information in one system, providing greater insight into cancer system performance. This is a critical step in achieving a population-based understanding of variations in treatment that may impact on outcomes experienced by people with cancer.
- The Institute's eviQ Cancer Treatments Online website now has 40,000+ registered users from more than 148 countries, and receives approximately 800 new registrants each month. It has secured national endorsement from each state and territory (through the Council of Australian Governments) as the preferred provider of evidence-based cancer treatment protocols. The Union for International Cancer Control has also included eviQ on its Cancer Partnerships Portal.
- The eviQ Education Antineoplastic Drug Administration Course is now being used in 235 hospitals and cancer centres across Australia, including 85 in NSW. This year, eviQ Education introduced a paediatric Antineoplastic Drug Administration Course and radiation oncology modules to its suite of online and blended educational programs.
- Funded three new Translational Cancer Research Centres – Hunter Cancer Research Alliance, the Centre for Oncology Education and Research Translation and Sydney Vital. Now seven in total, these centres will continue to bring together researchers and clinicians from local health districts to collaborate on cancer programs.

Clinical Excellence Commission

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Chief Executive:	Professor Clifford Hughes AO

Year in review

The Clinical Excellence Commission is all about making the NSW healthcare system demonstrably better and safer for patients and their carers and a more rewarding workplace for staff.

The 2013-14 year has been one of further consolidation and growth. Our areas of focus have included engaging patients and consumers in care, improving clinical practice, building capacity in healthcare and using data and information to drive change. The Clinical Excellence Commission has continued to develop well established programs in key clinical areas while also responding to emerging priority areas such as venous thromboembolism, open disclosure and end of life care. These initiatives have been supplemented by policy, databases, educational tools, workshops, reports and support mechanisms led by the Commission.

The Commission acknowledged its tenth birthday in August 2014 and has a solid foundation of programs and committed staff to meet its role as leader for quality and safety improvement within the NSW public health system and as one of the pillars in NSW Health.

Ultimately, we are an organisation that is about people. We work closely with our consumers, clinical and management partners, to design, deliver and evaluate the effectiveness of our programs. The Clinical Excellence Commission acknowledges with grateful appreciation the support and input of the many clinicians, managers, staff, consumers and partner organisations that have worked alongside the Commission during 2013-14.

Professor Clifford Hughes AO, Chief Executive

Key achievements for 2013–14

- Engaged 242 participants in the Commission's *Clinical Leadership Program*. Each participant undertakes a clinical improvement project. Six of these costed projects identify total annual projected cost savings in excess of $1.7 million.
- Embedded electronic *Between the Flags* charts into the electronic medical record (eMR) and published an article on the program's implementation in the *BMJ Quality and Safety journal*.
- Continued roll out of the sepsis program. Sepsis is one of the leading causes of death in hospital patients worldwide. Sepsis can present in any patient, in any clinical setting and is a medical emergency. Since 2010, the median time from diagnosis of sepsis to the administration of the first dose of antibiotics has reduced from 290 minutes to 55 minutes.
- Undertook a pilot study to demonstrate the transferability of the UK AMBER care bundle to the NSW health system. The AMBER care bundle is a systematic approach for multi-disciplinary teams to follow when clinicians are uncertain whether a patient may recover and are concerned that they may only have a few months to live. It was developed at the Guy's and St Thomas' National Health Service Foundation Trust in the United Kingdom.
- Supported the *Collaborating Hospitals' Audit of Surgical Mortality* program which recorded 2087 deaths notified by local health districts and networks; received 1558 completed surgical case forms from surgeons; and audited 1453 notified deaths. The peer review identified potentially preventable deficiencies of care in 118 audited deaths.
- Continued Quality Systems Assessment site visits with evidence indicating that falls prevention strategies are highly evolved across most of NSW. In 86 per cent of cases, there is always, or often, a standardised approach or protocol implemented around assessment and management for patients who have a fall during their stay in hospital.
- Updated and redesigned *A general guide to blood transfusion: Information for patients and families* to provide user-friendly information for consumers. With support from NSW hospitals in identifying specific language diversity in local areas, the information is now available in 13 languages.
- Launched the *Clean in Clean out* campaign in May 2014 to improve hand hygiene among healthcare workers – the single most effective intervention to reduce the risk of healthcare associated infections. The campaign included a suite of tools designed with clinicians to improve awareness and compliance before touching the patient and after touching the patient or surrounds. The tools include posters, patient information pamphlet and clinician engagement.

Health Education and Training Institute

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Chief Executive:	Heather Gray PSM

Year in review

The Health Education and Training Institute pursues excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff. This year in review represents the Institute's second full year of operation.

During 2013-14, the Health Education and Training Institute continued to deliver on its Service Compact in collaboration with its partners, developing resources and programs to benefit the work of local health districts and specialty networks. The Institute's leadership and management portal, Springboard, was developed for release, offering new ideas and directing staff to more information on the Institute's online learning modules, research articles, a self-assessment tool and other Health Education and Training Institute programs.

Collaborating with rural local health districts and the NSW Ambulance Service, the Institute's Sister Alison Bush AO Mobile Simulation Centre took training to 1053 health professionals in small health facilities statewide from 1 January to 30 June.

The New South Wales Institute of Psychiatry began its staged two to three year transition to integrate as a portfolio within the Health Education and Training Institute.

Heather Gray PSM, Chief Executive

Key achievements for 2013–14

- By 30 June 2014 more than 90,000 NSW Health staff were able to access HETI Online, the new statewide learning management system. There had been 78 e-learning modules published with a further 29 in development. The implementation of HETI Online was the result of collaboration between the Institute, HealthShare NSW, eHealth NSW and many other stakeholders. The end of June 2014 saw almost 90,000 online course completions with over 17,000 recorded that month alone. Course completions are expected to accelerate with the introduction of statewide mandatory training.
- During the year over 100,000 historical training records were loaded onto HETI Online to ensure a seamless transition for staff who had completed mandatory courses in legacy systems.
- Creation and release of the HETI App made video and other resources accessible using Android and Apple smartphones and tablets, anywhere and at any time.
- The draft *NSW Health Team Framework* and *NSW Health Education and Training Framework* underwent statewide consultation with local health districts, pillars, networks and NSW Ministry of Health.
- The Institute's Medical Portfolio Programs Review report was published after more than 180 written submissions and interviews with approximately 800 people and an extensive review of documents and published literature. The Review aimed to ensure that the Institute's medical portfolio is 'fit for purpose'. The Institute is currently developing an initial response to its findings.
- The *NSW Health Leadership Program*, formerly the Clinicians and Executives Team Leadership Program, was piloted in six sites. The Program is a nine month hospital-based program designed to build individual, team and facility leadership capability. Attendance rates remained above 70 per cent.
- The Institute established the CORE Chat initiative which created workplace tools that assist conversations to bring about positive change and mutually acceptable solutions, in line with the NSW Health values of collaboration, openness, respect and empowerment.
- Building on the success of the 2013 Clinical Supervision Masterclass Series, Masterclass 2014 focused on delivering effective clinical supervision.
- Working with its partners, the Institute led the implementation of NSW Interdisciplinary Clinical Training Networks to improve the quality and increase the capacity of clinical placements. In the first half of 2014, activity embraced several thousand interactions with over 2300 stakeholders and more than 20 projects incorporating quality clinical placements, clinical supervision training and simulated learning.
- In June 2014, a combined Institute/Southern NSW Local Health District team won the Agency for Clinical Innovation Award at the District's quality awards for its work with the Sister Alison Bush AO Mobile Simulation Centre.

NSW Kids and Families

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North Sydney NSW 2059

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Website:	www.kidsfamilies.health.nsw.gov.au
Business hours:	8.30am – 5.00pm, Monday to Friday
Chief Executive:	Joanna Holt

Year in review

NSW Kids and Families provides leadership to the NSW health system and partners with its stakeholders to champion the health interests of children and young people whether they are at home, in the community or in hospital. This includes health services for babies, children, young people, mothers and families. NSW Kids and Families also works to reduce the health impacts of sexual, domestic and family violence as well as child abuse and neglect.

As a young organisation, NSW Kids and Families has actively collaborated with its stakeholders to build capacity and strengthen the health service system via research partnerships, production of guidelines, policy development and implementation. Another important focus over the past year has been establishing advisory and communication structures to ensure all of our teams are able to exchange information effectively with local heath districts and specialty health networks as well as other NSW Health organisations in their respective areas of work.

NSW Kids and Families has a vision for a future where the use of information, applications and technology helps drive improved health outcomes for the children and families of NSW. In the past year, an eHealth strategy for NSW Kids and Families including obstetric care has been developed in collaboration with service providers across NSW.

Joanna Holt, Chief Executive

Key achievements for 2013–14

- Carried out extensive consultation on the development of a ten year strategic health plan for children, young people and families – *Healthy, Safe and Well*, as a shared vision for NSW Health. The strategic health plan will guide NSW Health's efforts to promote health, prevent illness and provide excellent, equitable healthcare in hospital and community settings. It will also identify how we can develop a resilient health system across the State, to drive safe, high-quality care at the right time and in the right place. A NSW Kids and Families Council has been formed to drive the implementation of the final strategic health plan.
- Released the *Surgery for Children in Metropolitan Sydney Strategic Framework* with agreement by metropolitan local health districts to increase their capacity to provide surgical care to children close to home.
- Released a number of new clinical guidelines to improve quality of care for mothers, babies and children – including *Supporting Women in their Next Birth After Caesarean Section* (with a consumer brochure: *Your Next Birth After Caesarean Section*), *NSW Rural Paediatric Emergency Clinical Guidelines* and *Management of Infants and Children with Congenital Talipes Equinovarus*. Eight more new paediatric guidelines are in development.

- Released the *Youth Friendly General Practice* video and teaching resources to encourage young people to access general practitioners.
- Enhanced the capacity of rural local health districts to provide 24 hour forensic, medical and psychosocial services for victims of sexual assault.
- Developed a set of standards to guide the content, procurement and administration of intravenous fluids for children receiving care in NSW Health facilities.
- Released the *Suspected Child Abuse and Neglect Medical Protocol* to guide medical staff in conducting and recording medical assessments of children or young people who have been, or are, suspected of being physically abused or neglected.
- Completed evaluations of *Keep Them Safe* programs to inform future resourcing of these programs and improve their effectiveness in promoting child health, safety and wellbeing.
- Evaluated a caseworker pilot in five Family Referral Services in collaboration with the Department of Family and Community Services (FACS) to establish evidence for the efficacy of a Health/FACS/non-government organisation partnership in promoting child health, safety and wellbeing.
- Completed the *Talking about Birth* project to investigate opportunities to provide birthing care within the Aboriginal Maternal and Infant Health Service model of care.
- Published translated parent materials from the NSW Child Personal Health Record (in 15 languages) and the *Statewide Eyesight Preschooler Screening* program brochure (in 27 languages).

Specialty health networks

Justice Health & Forensic Mental Health Network

1300 Anzac Parade, Malabar
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

Year in review

The Justice Health & Forensic Mental Health Network 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 system, across community, inpatient and custodial settings, while also minimising the health consequences of incarceration on individuals, their families and the general community.

In 2013-14, the average adult custodial population increased compared to the previous year while the adolescent custodial population slightly decreased. With an ageing and growing adult population comes a number of health challenges to an already vulnerable community facing high incidences of chronic disease and associated co-morbidities.

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.

In collaboration with the NSW Ministry of Health and local health districts, the Network continued the development of the Forensic Mental Health Network with efforts focused on the 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 local health districts regarding forensic patients in medium secure units. A second agreement regarding forensic patients under the care of general mental health services was finalised after a six month consultation process with local health districts. This second agreement seeks to strengthen collaboration between the Justice Health & Forensic Mental Health Network and local health districts to support the safe care and management of forensic and high risk civil patients. Eleven out of 15 local health districts have signed the Service Level Agreements and discussions are continuing with the remaining four districts.

The continued high quality 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 for 2013–14

- Welcomed the appointment of Peter Dwyer, Barrister to the Board, effective 1 July 2013 to 30 June 2015.
- Performed well with budget results for the reporting year favourable and good performance against key performance indicators in our Service Agreement with the NSW Ministry of Health.
- Increased the number of adults and adolescents with mental illness diverted from court to community-based mental health services, with 2414 people diverted in 2013-14 (four per cent increase from 2012-13).
- Increased the number of patients assessed in the Network's Aboriginal Chronic Care Program, which provides systematic screening, health education, health promotion and early intervention strategies for Aboriginal patients in custody. A total of 1273 patients were assessed in 2013-14 (34 per cent increase from 2012-13).
- Continued to target reductions in tobacco consumption by enabling 1117 patients in custody to commence Nicotine Replacement Therapy across 2013-14. In addition, we increased the average number of patients accessing Nicotine Replacement Therapy each month to 472 (a 123 per cent increase since 2012-13).
- Increased the number of patients referred to the Network's *Connections Program*, with 1880 patients referred in 2013-14 and 96 per cent successfully engaged with relevant community-based services post release. The *Connections Program* provides patients with a history of drug and alcohol use with integrated health services through comprehensive

pre-release assessments and care planning, as well as post-release assistance to improve health outcomes, reduce factors associated with reoffending and support patients in their transition back into the community.
- Increased the number of young people managed by the Network's Community Integration Team to 423 in 2013-14 (a 7 per cent increase from 2012-13). The Community Integration Team supports successful reintegration into the community by coordinating integrated and ongoing care for young people with mental health and/or drug and alcohol concerns leaving custody, and linking patients with appropriate specialist and generalist community services.
- Supported 1052 young people as part of the Antenatal Care Coordination Project *Babies and Daddies Now Know*. Of these, 502 identified as Aboriginal or Torres Strait Islander.
- Implemented the electronic medical record system for adult and adolescent staff in June 2014. This program enables clinicians across the State to view clinical information on patients including medical conditions, allergies, radiology results and pathology results. This system will improve the quality and completeness of documentation, reduce duplication of data, increase clinician satisfaction and reduce clinical risk.
- Held the 2014 Recognition & Awards Program ceremony on 30 June. The Program included the presentation of Quality and Innovation Awards, Team of the Year Award, Employee of the Year Award, Chief Executive Encouragement Award and Employee Years of Service Awards.

The Sydney Children's Hospitals Network

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Westmead NSW 2145

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Facsimile: 9845 3489
Website: www.schn.health.nsw.gov.au
Business hours: 9am to 5pm, Monday to Friday
Chief Executive: Elizabeth Koff

The Sydney Children's Hospitals Network includes The Children's Hospital at Westmead, Sydney Children's Hospital at Randwick, Bear Cottage at Manly, Newborn and Paediatric Emergency Transport Service, Pregnancy and Newborn Services Network and Children's Court Clinic.

Year in review

The year has been a continuing period of change and maturation for the Network guided by the roadmap outlined in the Strategic Plan and the changing environment associated with the health reform agenda. The Network has responded to the challenge with considerable achievement across the portfolio areas of care delivery, research, education and advocacy. It is through our comprehensive approach to each of these portfolio areas that we can enhance the health and wellbeing of the children and families across the State.

The implementation of the Clinical Services Plan continues to be a strong foundation for our work. Enhanced networking and collaboration of clinical services has occurred which has facilitated improved access to services and enhanced quality of clinical practice through standardisation of care. Significant work has been undertaken in ambulatory care redesign which will ensure care is provided in line with family preferences and supported by new technologies.

Partnerships in service delivery continued to feature strongly in our work and were reflected across a range of care programs. Funding was received for the development of an eating disorder day program working with the Butterfly Foundation and the development of statewide paediatric palliative care services. The value of partnerships will continue to be realised through our formal associations with primary healthcare providers, ensuring better integration of care for chronically ill children.

Our research and its translation demonstrated significant benefit to our patients. The Kids Cancer Alliance underwent a successful external review and continued to win awards and recognition for its work in bringing together doctors and scientists to improve treatment and outcomes for children with cancer. Genomic healthcare was identified as an area of strength for future development, consolidating the capacity of our research arm to bring real research breakthroughs to improve our care of patients with genetic disorders. We continue to work in partnership with medical research institutes both within NSW and Australia-wide to achieve this goal.

A highlight of the year for patients and staff of our children's hospice, Bear Cottage, was the visit by the Duke and Duchess of Cambridge in April 2014. This visit was a chance to showcase their outstanding work caring for some of the sickest children in the State.

Special mention of the Network Board members, Executive and staff for consistently upholding the values of the organisation and working cohesively towards the Network's goal – Children First and Foremost. Thanks also to our community supporters and donors who work in partnership with us to deliver quality care and provide support services for families.

Elizabeth Koff, Chief Executive

Key achievements for 2013–14

- Reached all key milestones in the *MEMORY Strategy* which guides information management and technology improvements to create a complete clinical documentation system to record all aspects of patient records electronically. This three-year strategy included the opening of the Health Information Unit at Sydney Children's Hospital.
- Opened the Kids Care Centre within the Emergency Department of the Children's Hospital Westmead. The Centre treats triage category four and five patients with non-life threatening illnesses and injuries. Emergency waiting times have been reduced as a result of this initiative, especially during peak afternoon and evening periods.
- Achieved an Australian first with doctors at Sydney Children's Hospital successfully performing a life-saving kidney transplant on a child from a donor who did not have a matching blood type.
- Implemented an innovative program through the Newborn and Paediatric Emergency Transport Service to assist in the care of critically-ill newborns in rural areas. Packs with the basic equipment enable quick and effective resuscitation and commencement of critical care, in parallel with the activation of a Newborn and Paediatric Emergency Transport Service retrieval. This is in addition to the continued rollout of the *Vision for Life* program.
- Introduced a Clinical Nurse Specialist role at Bear Cottage, the children's hospice, to manage new referrals and link families of children with life-limiting illnesses to other appropriate services across the child health networks of NSW.

- Held a workshop as part of our focus on transitional care to showcase positive models of care. Models included those which provide a safe and reliable transition for young people as they outgrow the expertise of childrens' health providers and turn to adult health providers for ongoing management of their chronic health condition. This, coupled with the ongoing success of *Trapeze*, the Network transition support service, is improving the experiences of chronically-ill young people interacting with the health system.
- Released a publication for families that provides comprehensive information regarding the outcomes of premature birth through the work of the Pregnancy and Newborn Service Network. The booklet is provided to parents where there is a high-risk of premature birth, guiding them in conjunction with obstetric and neonatal experts.
- Acted as a key partner in the Paediatric Trials Network Australia, drawing together researchers from around the country to improve child health through the facilitation of paediatric clinical trials.
- Recognised as one of 'Ten of the Best' research projects for 2013 by the National Health and Medical Research Council for the *Urgent call for research on H1N1 influenza 09 to inform public policy* project.
- Released the tenth edition of the Australian Immunisation Handbook, the pre-eminent guidelines on immunisations in Australia through the work of the National Centre for Immunisation Research and Surveillance, based within the Network.
-

Health Administration Corporation

NSW Ambulance

State Headquarters
Balmain Road
Rozelle NSW 2039

Telephone:	9320 7601
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Website:	www.ambulance.nsw.gov.au
Business hours:	9:00am – 5:00pm, Monday to Friday
Chief Executive:	Ray Creen ASM

Year in review

This year has been a year of major change and innovation for NSW Ambulance, with our organisation looking to the future with our new patient-centred, staff-focused concept of operations. The Chief Executive met with staff around NSW in workshops and focus groups, gathering feedback on the way we operate, and identifying ideas and opportunities for shaping our future. This information was captured and developed into the basis for a new concept of operations for our organisation, which will see changes to the way we operate and are perceived in the community.

No longer just an emergency transport service, our new concept of operations will see us positioned firmly as a mobile emergency health service which ensures that the right care is delivered to the right patient, in the right way, in the right place, at the right time. This new vision will inevitably free up our resources and those of emergency departments, benefiting both our staff and patients.

Ray Creen ASM, Chief Executive

Key achievements for 2013–14

- Developed *Today is the day we make tomorrow different*, the new concept of operations for NSW Ambulance, which sees a change in how we respond to our patients. This vision means improved care for patients, a more appropriate localised approach to treatment, more consistency and a greater sense of satisfaction for staff.
- Restructure of the executive leadership team was finalised during the year. The executive leadership team is designed to streamline the way NSW Ambulance works. This also included the creation and appointment of the Deputy Chief Executive and Chief Operating Officer.
- Developed the highly successful Frequent User Management program which won an award at the NSW Health 2013 Awards and attracted global interest. Frequent User Management works collaboratively with patients and other key stakeholders to provide timely and appropriate treatment to patients in metropolitan and regional NSW who have been identified as frequent callers to NSW Ambulance.
- Introduced a new Mental Health Acute Assessment Team which transports appropriate patients directly to mental health facilities. The Team is a proof of concept project exploring an alternate service delivery model. This project teams an extended care paramedic with a mental health nurse to provide a comprehensive medical and mental health assessment, with a view to either non-transport or transport directly to a declared mental health facility.
- Launched the Non-Emergency Assessment and Referral Proof of Concept with NSW Medicare Local on the Central Coast, which sees suitably identified patients who phone Triple Zero (000) referred and/or transported directly to their general practitioner instead of a hospital emergency department.
- Appointed 62 new paramedics, including 44 for regional NSW and 18 for Aeromedical.
- Developed the successful campaign *If You Hurt a Paramedic* and the accompanying Anti-Violence Training for Paramedics. The campaign raised community awareness of the increasing violence towards paramedics, demonstrating that paramedics are more than a uniform; they are human and part of someone's family. The training was designed to increase paramedic safety and minimise the risk of assault when attending an incident.
- Developed Destination NONE (Not One; Not Ever) Manual Handling campaign and Safety Management Framework to be integrated into all areas of NSW Ambulance, from procurement of equipment to clinical skills.
- Developed the NSW Ambulance Initiated System Activation for Cardiac Reperfusion, a methodology for paramedic determination of the type of reperfusion pathway most appropriate to each patient's location and clinical circumstances.

- Separation of Non-Emergency Patient Transport (NEPT) coordination from our Triple Zero (000) control centre. Booking, scheduling and dispatch functions for non-emergency patient transport were transitioned to the HealthShare NSW Greater Metropolitan NEPT Booking Hub, which dispatches NSW Ambulance patient transport services throughout metropolitan Sydney.

Health Infrastructure

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Business hours: 9am – 5pm, Monday to Friday
Chief Executive: Sam Sangster

Year in review

In 2013-14, Health Infrastructure continued a strong track record for delivering quality infrastructure for communities across NSW. Health Infrastructure currently manages a $4.4 billion portfolio of capital works projects, with expenditure of over $800 million in projects in 2013-14. The portfolio of capital works is larger than any other state health infrastructure organisation, and this is testament to our demonstrated capacity to deliver. In 2013-14, there were more than 14 projects completed by Health Infrastructure throughout the State; from the Woy Woy Sub Acute Rehabilitation Unit and Shoalhaven Cancer Care Centre, to the Graythwaite Rehabilitation Centre and Nepean Mental Health Unit.

But Health Infrastructure is not only about construction and buildings, it is also about people.

We have fostered a collaborative and high performing workplace, cultivated at all levels within the organisation. We are committed to investing in our staff through learning and development opportunities, including mentoring and leadership programs – together with a strategic resource planning focus to ensure we have the right people for the job. We ensure engagement with our partners and government organisations is integrated into our planning and delivery process. We continue to work closely with the local health districts and key stakeholders to ensure outcomes are not delivered in isolation, but rather through the collaborative interchange of expertise and skill.

The Health Infrastructure Board continues to provide excellent governance and guidance. We acknowledge and applaud the contributions of Mr Alan McCarroll and Ms Lou-Ann Blunden, who retired from the Board during the year, and warmly welcome Ms Dianne Leeson to the Board.

Sam Sangster, Chief Executive

Key achievements for 2013–14

- Planning for over $3 billion in NSW Health major capital works projects.
- Managed and coordinated the development and maintenance of the Australian Health Facility Guidelines on behalf of New Zealand and Australian states and territories.
- Developed the Change Management network across NSW for capital works projects.
- Strengthened our communication requirements and strategic direction to support the growing portfolio of capital works projects administered by Health Infrastructure.
- Delivered more than 14 health facilities throughout NSW.
- Embedded an improved organisational risk management framework.
- Established a single online portal for organisation-wide project reporting.
- Introduced asset maintenance support to better assist local health districts.
- Developed a consumer engagement process to involve more people in planning health infrastructure projects.
- Reorganised senior management structure to strengthen organisational leadership.
- Encouraged learning and development opportunities for managers and staff including mentoring programs and nationally recognised leadership programs.

Major projects delivered in 2013–14

- Blacktown Hospital Car Park ($24 million)
- Goulburn Sub Acute Rehabilitation Unit ($10 million)
- Graythwaite Rehabilitation Centre ($41 million)
- Gulgong Multipurpose Service ($7 million)
- Hornsby Hospital Mental Health Unit ($34 million)
- Illawarra Regional Cancer Centre ($14 million)
- Lockhart Multipurpose Service ($8 million)
- Mona Vale Sub Acute Rehabilitation Unit ($10.5 million)
- Nepean Hospital Expansion ($139 million)
- Nepean Hospital Car Park ($23 million)
- New England and North West Regional Cancer Centre ($42 million)
- Port Macquarie Hospital Expansion ($104 million)
- Shoalhaven Regional Cancer Centre ($32 million)
- St George Sub Acute Mental Health Unit ($8 million)

Projects in planning

- Armidale Hospital Redevelopment
- Bankstown Hospital Redevelopment
- Blacktown Mt Druitt Hospital – Stage 2 Redevelopment
- Campbelltown Hospital Redevelopment – Stage 2
- Dubbo Hospital Stage 3 & 4
- Forensic Pathology & Coroner's Court Planning
- Goulburn Base Hospital Redevelopment
- Hornsby Hospital Redevelopment – Stage 2
- Lismore Base Hospital Redevelopment – Stage 3B
- Multipurpose Strategy Stage 5
- New Maitland Hospital
- Shellharbour Ambulatory Care Expansion Project
- Sydney Ambulance Metropolitan Infrastructure Strategy
- Westmead Hospital Health Redevelopment
- Wagga Wagga Health Service Redevelopment – Stage 3
- Wyong Hospital Redevelopment

Projects under construction

- Byron Bay Hospital
- Coffs Harbour Health Campus Car Parking
- Dubbo Hospital Redevelopment – Stages 1 & 2
- Gosford Hospital Redevelopment
- South East Regional Hospital Bega
- Hornsby Ku-ring-gai Hospital – Stage 1
- Parkes and Forbes Hospitals – Lachlan Health Service
- Peak Hill Multipurpose Service
- Missenden Mental Health Unit
- Moruya Hospital Sub Acute Rehabilitation Unit
- Northern Beaches Hospital
- Royal North Shore Hospital Clinical Services Building

- Shoalhaven Sub Acute Rehabilitation Unit
- St George Hospital Emergency Department
- St George Hospital Redevelopment
- Sutherland Hospital Redevelopment
- Sutherland Hospital Car Park Expansion
- Tamworth Hospital Redevelopment – Stage 2
- Wagga Wagga Hospital Redevelopment
- Wollongong Hospital Elective Surgery Unit
- Wollongong Hospital Car Park

HealthShare NSW

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PO Box 1770
Chatswood NSW 2057

Telephone:	8644 2000
Facsimile:	9904 6296
Website:	www.healthshare.nsw.gov.au
Business hours:	8.30am – 5.00pm, Monday to Friday.
Chief Executive:	Conrad Groenewald

Year in review

With a change in leadership, 2013-14 was a year of redefining direction for HealthShare NSW and establishing a new operating model for eHealth services. The launch of the Blueprint for eHealth in NSW in December 2013 paved the way for new governance arrangements for eHealth delivery across the public health sector and the establishment of a distinct entity, eHealth NSW on 1 July 2014.

The new direction for HealthShare and eHealth NSW is outlined in the *HealthShare NSW Strategic Plan 2014-17* and *eHealth NSW Corporate Plan 2014-17*. These plans articulate the organisation's vision of being trusted and valued partners enabling excellent healthcare in NSW and define three key focus areas of our people, our customers and our services with goals, strategies and key measures of success.

Focusing on its customers, HealthShare implemented the first ever Customer Value Proposition Survey which comprehensively surveyed all Health agencies to better understand their needs and how these can be met. Focusing on its people, HealthShare embarked on a significant culture and organisational development program. The implementation of a safety message continues to be spread across the organisation through a range of health promotion activities, reminding staff to always be mindful to think safe, work safe and live safe. Focusing on its services, HealthShare has been able to improve services to the community by reducing costs. In 2013-14 costs were reduced by $40 million through strategic procurement initiatives and by $2.2 million via the introduction of electronic payslips. EnableNSW Equipment Allocation Program costs were reduced by between 20 per cent and 50 per cent on bulk purchased disability support aids and equipment.

Conrad Groenewald, Chief Executive

Key achievements for 2013–14

- Introduced new technologies to support improved delivery of linen services; deployment of improved finance and workforce reporting via the Statewide Management Reporting System; ongoing implementation of software solutions including the learning management system, invoice scanning, a financials application, online visiting medical officer claims, electronic employment and recruitment forms as well as weekly online roster and payroll performance reporting.
- Finalised the transition of 140,000 plus NSW Health employees to a single payroll system.
- Designed, piloted and implemented a new food service delivery model, offering patients improved choices, greater interaction with food services staff and close-to-consumption ordering. In addition, the food service improvement program has continued to improve patient menus across the state while simultaneously meeting statewide nutritional standards. Information Services has increased its overall portfolio of supported applications to include Personally Controlled eHealth Record, Enterprise Imaging Repository, Endoscopy Information System and statewide authentication and messaging systems.
- Supported the smooth transition following the establishment of eHealth NSW as a distinct entity on 1 July 2014, in line with the Blueprint for eHealth in NSW which sets the foundations for a comprehensive eHealth system across NSW Health.
- Completed the biggest email migration project in Australia, with 40,000 NSW Health employees transitioned to a statewide email system and active directory.
- Deployed the largest e-business solution in the southern hemisphere to further support the consolidation of statewide financial reporting.
- Supported integrated care through the implementation of HealtheNet in Western Sydney and Nepean Blue Mountains, Sydney, South Eastern Sydney and Illawarra Shoalhaven local health districts and The Sydney Children's Hospitals Network to enable submission of electronic discharge summaries to the NSW Clinical Repository, primary care providers and Personal Controlled Electronic Health Record.
- Achieved cost savings in excess of $2.2 million through a reduction in printing costs by transitioning 97 per cent of NSW Health employees to electronic payslips.
- Delivered savings of $38.1 million to the health system through strategic procurement initiatives.
- Developed a new service delivery model for food services and completed a conceptual trial at Mona Vale Hospital which saw the time between menu ordering and food delivery reduced from 24 hours to four hours.
- Implemented the first ever enterprise-wide Customer Value Proposition Survey to better understand the needs of customers and set benchmarks for future improvements.
- Fitted all linen delivery vehicles with GPS tracking and recording, resulting in improved safety standards, better delivery schedules and overall reduction in vehicle operation times.

NSW Health Pathology

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Newcastle NSW 2300

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Facsimile:	4920 4004
Website:	www.health.nsw.gov.au/pathology
Business hours:	9am – 5pm, Monday to Friday
Chief Executive:	Tracey McCosker

Year in review

NSW Health Pathology provides expert pathology, forensic and analytical science services across the state. Created in late 2012,

NSW Health Pathology includes five networks: Pathology North, Pathology West, South Eastern Area Laboratory Service, Sydney South West Pathology Service and the Forensic and Analytical Science Service.

Pathology is the scientific study of disease, its causes and impacts on the human body. It is at the core of modern medicine and plays a role in just about every aspect of healthcare, including diagnostic testing, the management of complex and chronic conditions, public health disease outbreaks, blood transfusions, organ transplants, genetic research, critical care, cancer treatment and more.

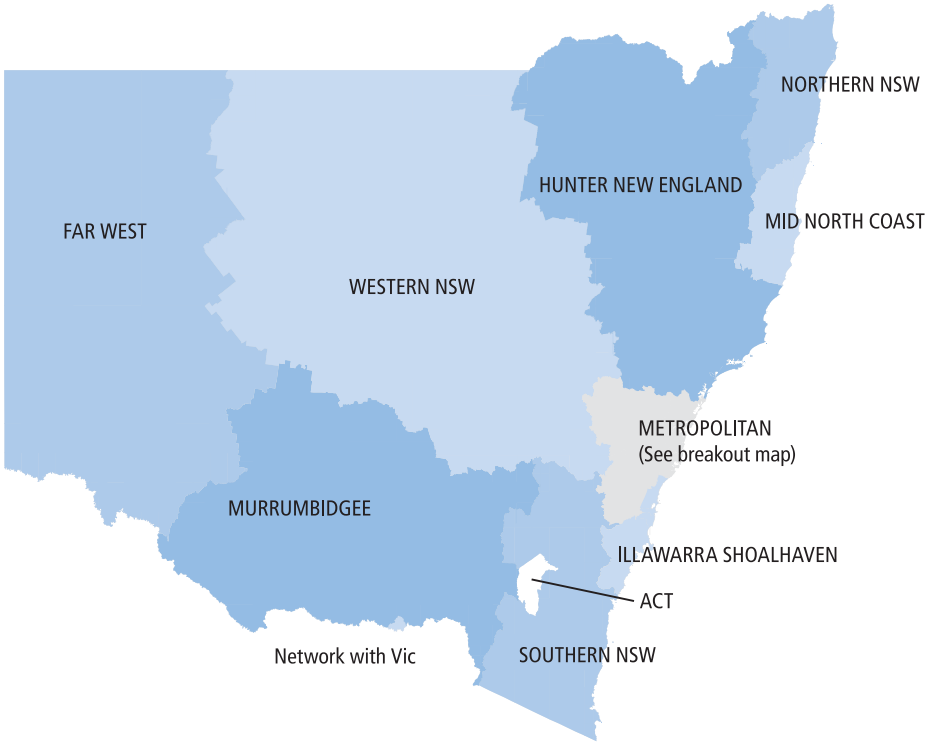
Our pathologists are medically trained clinicians who work in public hospitals and modern laboratories. They are supported by teams of scientists, technicians and support staff who ensure samples are quickly and accurately assessed and results shared with clinical teams, so they can make the best possible decisions for their patients. Our Forensic and Analytical Science Service provides independent, objective analysis to our justice system in areas such as forensic medicine, forensic biology and DNA, forensic toxicology, drug toxicology, illicit drugs and chemical criminalistics. It also provides environmental health testing to public health units and local government bodies.

Tracey McCosker, Chief Executive

Key achievements for 2013–14

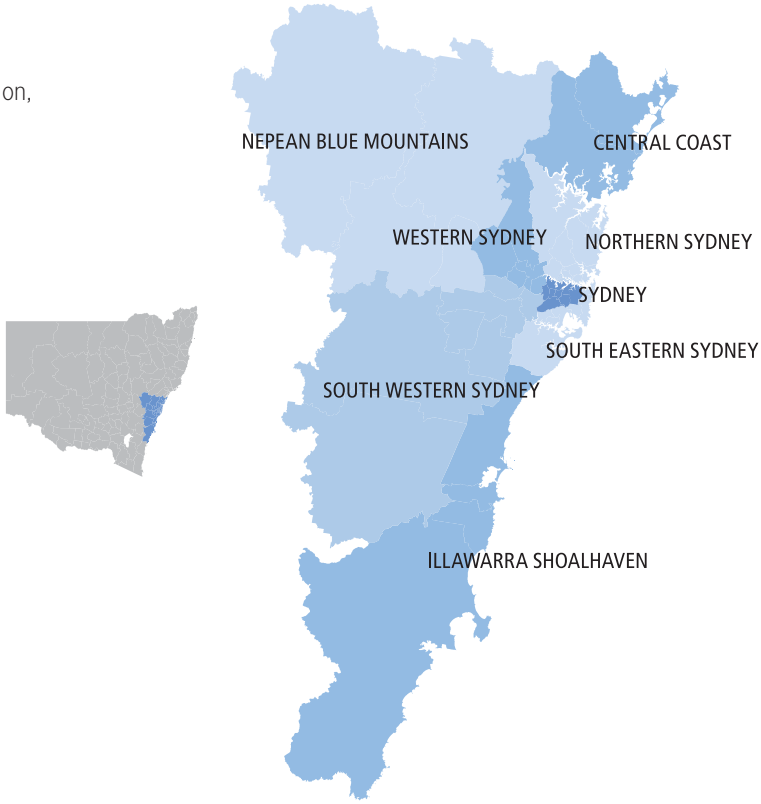
- Completed the *NSW Health Pathology Strategic Plan 2014 – 2018*, the first five-year strategic plan for the organisation. The Plan was developed with input from nearly 1300 staff across our networks.
- Continued implementation of the largest known managed Point of Care Testing program in the world. The Program is giving emergency departments without a 24 hour seven day-a-week pathology laboratory enhanced access to critical tests. Hand-held devices provide on-site analysis for tests emergency department teams rely on, are managed to the same quality standards as traditional laboratory instruments and are supported by software that enables results to be electronically transmitted to pathology information systems and patient electronic medical records.
- Completed work on the Forensic and Analytical Science Service new DNA laboratory, which is a fully automated operation that is streamlining workflows while protecting sample integrity. Driven by advances in robotic platforms, laboratory workflows are totally automated and delivering benefits including sustainable elimination of backlogs in DNA analysis, high throughput capacity, faster turn-around times and integrated sample tracking through robotic barcode scanning.
- Established eight clinical streams which will further improve the quality, safety and efficiency of public pathology services. The streams involve representatives from across our networks, including staff from regional and metropolitan areas. They will provide expert advice and undertake tasks to help achieve the strategic directions in the *NSW Health Pathology Strategic Plan 2014 – 2018*.
- Officially opened Pathology North's new laboratory at Lismore Hospital, which features a Pneumatic Tube System that enables specimens to be sent from the emergency department and operating theatre directly to the laboratory. This frees up staff time so they no longer have to traverse the corridors to deliver samples and has improved turn-around times.
- Completed the largest equipment rollout in the history of Pathology West. New chemical pathology instrumentation has delivered standardised testing methods, allows results to be transferrable across all network labs, has improved turn-around times and offers a greater range of tests.
- Completed the rollout of haematology, chemistry and coagulation equipment across the Sydney South West Pathology Service and introduced automation across that network's microbiology laboratories.
- The South Eastern Area Laboratory Service implemented next generation sequencing technology for the diagnosis of constitutional genetic disorders and a range of other genetic conditions.
- The Pathology North laboratory at John Hunter Hospital was the first in Australia to receive national accreditation for the use of its next generation sequencing technology in routine diagnostic testing for mutations in BRCA1 and BRCA2 genes associated with breast and ovarian cancer. The instrumentation is dramatically increasing the number of samples staff can test, the number of genes they can analyse and the speed at which they can process samples.
- Worked with the Office of Health and Medical Research to lead or contribute to major initiatives in the fields of biobanking, genomics and bioinformatics – each of which will shape future advances in healthcare.

Local health districts



There are two speciality health networks (The Sydney Children's Hospitals Network and Justice Health & Forensic Mental Health Network) and one speciality network (St Vincent's Health Network).

Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.



Metropolitan NSW local health districts

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

Rural and Regional NSW local health districts

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

Central Coast Local Health District

Holden Street
PO Box 361
Gosford NSW 2250

Telephone:	4320 2111
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Website:	www.cclhd.health.nsw.gov.au
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Chief Executive:	Matthew Hanrahan

Local government areas

Gosford City, Wyong Shire

Public hospitals

Gosford, Wyong, Woy Woy Hospitals, Long Jetty Healthcare Centre

Community health centres

Erina, Kincumber, Lake Haven, Long Jetty, Mangrove Mountain, Toukley, Woy Woy, Wyong, Wyong Central

Child and family health services

Aboriginal Maternal and Infant Health Service (AMIHS), Building Strong Foundations (BSF), Family Care Cottage Gosford and Wyong (Kanwal), Child and Family Health Gateway Centre, Sustaining NSW Families – Wyong Central

At community health centres: Erina, Kincumber, Lake Haven, Long Jetty, Toukley, Woy Woy, Wyong Central, Mangrove Mountain

Oral health clinics

East Gosford (Child), Gosford Hospital, The Entrance (Child), Woy Woy Hospital, Wyong Hospital

Other services

Aboriginal health, Acute Post-Acute Care, ambulatory care, BreastScreen, children and violence prevention service, chronic care, community nursing, drug and alcohol, mental health, HIV and related programs, palliative care, women's health, youth health

Demographic summary

Central Coast Local Health District is located to the north of metropolitan Sydney and provides healthcare services to an area of approximately 1680 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.

About 330,000 residents live in the region. The District is a popular retirement area and approximately six 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 healthcare than the general population.

In 2013-14, almost 20 per cent of the District's 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 31 per cent in Gosford and 36 per cent in Wyong by 2024. In the 2011 census, the Aboriginal and Torres Strait Islander population was 9020 representing 2.9 per cent of the District's population. The majority of Aboriginal people reside in Wyong local government area (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 District residents are significantly above NSW average rates. Cardiovascular disease and cancer are the most common cause of death.

Year in review

An integral part of caring for our patients is recognising the important contribution a healthy and innovative workforce makes to our community and the health services we provide. To improve the health of our workforce we implemented the Work4Wellness program involving 1364 staff health checks.

Enhancing our capacity to train clinicians, we established the Central Coast Simulation Centre, a NSW Government and Commonwealth partnership, providing state-of-the-art simulation techniques to enable clinicians to gain skills, knowledge and experience within a safe and controlled environment. The implementation of patient journey boards in wards at Gosford and Wyong Hospitals, has led to improved coordination of patient care, patient flow, time management and team communication.

During the year we progressed our commitment to Closing the Gap with the launch of the Aboriginal Health Plan, a partnership between the District, Eleanor Duncan Aboriginal Health Centre, and Central Coast NSW Medicare Local, that identifies areas such as maternal and child health and chronic disease where we can work together to make a difference to the health outcomes for our indigenous population.

In recognition of the increasing number of people from culturally and linguistically diverse backgrounds, we launched the District's Multicultural Health Plan to drive strategies to ensure equal access to health services.

Helping to support the growing demand for health services we commenced a number of capital projects including construction of a short stay unit, an urgent care centre at Wyong Hospital and a short stay unit at Gosford Hospital that are expected to relieve pressure on our emergency departments. Renal services will

be expanded following the announcement of $1.3 million for a new Satellite Dialysis and Training Unit at Long Jetty Healthcare Centre, while the announcement of $1.8 million to plan the major redevelopment of Gosford and Wyong Hospitals heralded a new era for health on the Central Coast. We look forward to progressing these plans to the construction phase next year.

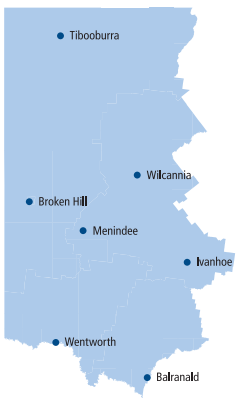
Finally, I would like to acknowledge our staff and volunteers for their dedication, commitment and enthusiasm with which they embrace caring for our community.

Matthew Hanrahan, Chief Executive

Key achievements for 2013–14

- The District was selected as one of three demonstrator sites for the NSW Government integrated care in NSW strategy to provide people with seamless care between community and acute settings.
- Achieved performance agreement targets and implemented focused managerial strategies to improve workplace safety resulting in a significant reduction in workers compensation claims.
- Created two leadership coach positions to improve leadership skills within the District in response to the YourSay staff survey.
- Launched the *Aboriginal Health Plan 2013-2017*; a partnership between the District, Eleanor Duncan Aboriginal Health Centre and Central Coast NSW Medicare Local to assist in improving the health and wellbeing of the local Aboriginal community.
- A Multicultural Health Plan was launched to ensure the increasing number of people in the region from culturally and linguistically diverse backgrounds have equal access to health services.
- Launched a four year plan to grow the District's research capacity and embed a research culture reflecting our vision of Caring for the Coast. The plan will support the translation of research into actions to improve patient care.
- Construction commenced on the $6.2 million Urgent Care Centre and Short Stay Unit at Wyong Hospital and the $5.8 million Short Stay Unit at Gosford Hospital.
- A community health survey was conducted for over 1000 Central Coast residents, aged 18 years and over between January and March 2014. The survey results enable trend monitoring and aid in service planning.

Far West Local Health District



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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 Area

Public hospitals

Balranald, Broken Hill, Ivanhoe, Menindee, Wentworth, White Cliffs, Wilcannia, Tibooburra

Community health centres

Dareton Primary Health Care Services

Child and family health services

Broken Hill, Dareton

Oral health clinics

Balranald, Broken Hill, Dareton, Ivanhoe, Menindee, Wilcannia

Demographic summary

Far West Local Health District serves a total population of 30,099 people (Australian Bureau of Statistics 2011 Census). The District 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 local health districts in NSW.

The Aboriginal population represents 10.1 per cent of the total 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. Broken Hill has the largest number of Aboriginal people within the District as a whole, whereas Central Darling Shire has the highest local government area proportion of Aboriginal people.

Of the total population, 91.1 per cent are from an English speaking background and a further 6.1 per cent did not state their language background. Only 0.4 per cent of the Far West population stated they did not speak English well or at all.

There are five local government areas within the catchment. Two are classified as 'remote' (i.e. Australian Remote Index of Australia 5.95 to < 10.5), while the remainder are classified as 'moderately accessible' (2.4 to < 5.95).

The District is also unique in that it shares a border with three states (South Australia, Victoria and Queensland) and is geographically closer to Adelaide and Melbourne than Sydney (1100 kilometres away). Dubbo is its next major referral hospital in NSW, 800 kilometres away. Both Adelaide and Melbourne referral hospitals are closer, Adelaide being 500 kilometres south-west.

Year in review

This year Far West Local Health District began to consolidate developments that had been initiated in the first two years of operation.

The District resumed direct management of services and facilities outside Broken Hill from July 2013 requiring renegotiation of the relationship with Maari Ma. A new, three-year Service Agreement was finalised in December 2013.

The District gained accreditation as a Home Hospital for interns in April 2014. From January 2015, three junior medical officers will now be able to be employed directly by the District. Coupled with recruitment of a full-time Director of Medical Services, this represents significant progress in the implementation of the District Medical Workforce Strategy.

In February, the District Strategic Plan was finalised. The District is now integrating the directions outlined in the Plan with the Far West Performance Framework.

Across the year we improved our access to data and how it is reviewed to help identify a number of areas for greater focus. As surgical activity had declined, the reasons for the decline in operating theatre use were reviewed with a view to expanding the range and volume of surgical procedures available locally. The reliance on locum and agency staff declined considerably, particularly for nursing and allied health positions. This improved the continuity of care we were able to provide to the community as well as reducing costs. The new 10-bed Sub-acute Rehabilitation Unit commenced operation in November 2013, complementing the recently opened Mental Health Recovery Centre.

These, along with other achievements across the year underscored the extent to which the District has begun to mature and to consolidate organisational developments over the preceding three years.

Staff are to be commended for their efforts over the year which allowed the District to progress while operating within its allocated budget.

Stuart Riley, Chief Executive

Key achievements for 2013–14

- Supported young people locally to gain long term employment with the District in all communities by offering, for the first time, 10 School-Based Apprenticeships and Traineeship positions for Year 10 students to gain an industry recognised qualification and paid work experience as part of their Year 11 and 12 Higher School Certificate studies.
- Completed an extensive process of consultation regarding the future of healthcare services in Wentworth local government area with community, staff and other service providers both in NSW and Victoria. A discussion paper supported these consultations and participants were invited to identify service gaps and priorities, and express their views on the location and configuration of future services.
- Commenced redevelopment of the Ivanhoe Health Service into a HealthOne. State Budget funding allowed completion of detailed planning and progress towards construction.
- Appointed a full time resident Clinical Director Psychiatry and gained accreditation to accept trainee psychiatrists contributing to a more sustainable psychiatry workforce.
- Supported consumer and carer participation improvements including appointment of a Consumer Participation Coordinator and establishment of a Consumer and Carer Advisory Group.
- Rated as the best performing local health district in relation to consumer experience in mental health care as evidenced by the Bureau of Health Information Community Mental Health Report, with 90 per cent of respondents rating their care as good to excellent, well above the NSW average of 81 per cent. Thirty four per cent rated their care as excellent, higher than the state average.
- Reviewed the Child and Adolescent Mental Health Service referral criteria, assessment and triage processes and intake protocols resulting in a reduction in a waiting list from 60 people to zero within three months.
- Expanded and improved budgeting and reporting systems.
- Completed an organisation-wide survey against the 10 National Standards in June 2014 for the Lower Western Sector inpatient facilities (Wentworth, Balranald and Wilcannia). This resulted in four AC90 recommendations. Actions are in place to meet these by September 2014 which will support the granting of accreditation.
- Reduced use of agency nursing and midwifery staff by 82 per cent and recruited 30 nursing and midwifery positions across the District. There were no vacancies in either the Mental Health or the Maternity Unit specialities which had been difficult to recruit to previously.
- Consistently achieved National Emergency Access Target and National Elective Surgery Target at Broken Hill Health Service with 87.6 per cent in June 2014 (2.5 per cent increase compared to June 2013) and 100 per cent for June 2014 in Categories 1, 2 and 3 patients respectively.
- Continued to improve in developing a positive workplace culture following implementation of a cross-organisational culture change program including the introduction of the Studer Program and a Leader Development program.

Hunter New England Local Health District

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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

Multipurpose 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 services

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 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 Emergency Services, and Chronic Disease

Demographic summary

Hunter New England Local Health District provides a range of public health services to the Hunter, New England and Lower Mid North Coast regions.

The District provides services to 873,741 people, including 34,852 Aboriginal and Torres Strait Islander people (which equates to 21 per cent of the State's Aboriginal and Torres Strait Islander population), and 169,846 residents who were born overseas. Hunter New England employs 15,395 staff including 1568 medical officers, is supported by 1600 volunteers, spans 25 local government areas and is the only local health district in NSW with a major metropolitan centre, mix of several large regional centres and many smaller rural centres and remote communities within its borders.

Year in review

The past 12 months at Hunter New England Local Health District has been a time of achievement, with a significant focus on putting the patient at the centre of everything we do.

A number of facilities have undergone redevelopment including the emergency departments at Singleton and Cessnock hospitals and the construction of a five-storey hospital building, the centrepiece of the Tamworth Health Service Redevelopment is nearing completion.

Hunter New England Local Health District announced a $3.3 million bed replacement project that will see 860 new electric beds delivered in hospitals across the District. Nine hundred additional car parks have been allocated to two of our busiest campuses, John Hunter Hospital and Calvary Mater Newcastle.

Firmly placing the patient at the very centre of all decision-making and care, as well as building better relationships with our communities and stakeholders, is the central platform of the cultural shift that has been our key focus this year.

To this end, patient care boards have been rolled out across the District. Care boards situated at every bedside help to individualise patient care and allow the patient, their carer and family an opportunity to play a role in the decision making and planning process.

The boards aim to improve communication between the patient, their carer, family and the health care team about the goals, priorities and plan of care.

The effectiveness of care boards has been bolstered by our staff adopting patient rounding. Patient rounding involves our staff taking the time to simply talk to our patients, to ensure the expectation of care is being met and making improvements where the opportunity presents.

Creating a culture where the care of a patient does not end when they go home or to other levels of care is also important. All patients leaving a Hunter New England Local Health District facility receive a phone call the day after they go home. This phone call checks in with the patient, makes sure they are okay, that they understand their medications and know what needs to happen next with their care.

As our talented and dedicated staff members continue to work toward embedding this culture into every aspect of our work, we look forward to delivering results in the years to come.

Michael DiRienzo, Chief Executive

Key achievements for 2013–14

- Rolled out patient care boards across the District.
- Established a collaboration between the District, Hunter Medicare Local and Little Company of Mary Health Care Limited (operators of Calvary Mater Newcastle and Calvary Aged and Community Care Services) and the Hunter Alliance to share the organisations' unique abilities, knowledge and specialist skills to improve healthcare for people of the region.
- Completed the Hunter Valley Clinical Services Plan which provides a strategic roadmap and direction for public health services in the Hunter Valley and a guide to how the Hunter New England Local Health District will structure and organise its services into the future.
- Released the *Aboriginal Health Service Plan 2013-2015*. With a focus on service development, delivery of the Plan will build on the work already occurring with the aim of further closing the gap in health outcomes between Aboriginal and non-Aboriginal Australians.
- Began planning for a new paediatric intensive care unit and refurbished neonatal intensive care unit.
- Opened Singleton Hospital $2.5 million emergency department redevelopment to patients, as well as Cessnock Hospital $2 million upgrade.
- Began work on the $6.5 million Muswellbrook Hospital emergency department after the $4 million provided by the NSW Government was bolstered with an additional $2.5 million donated by BHP Billiton's community investment program.
- Held an official opening for the North West Cancer Centre. The community is now benefiting from a new linear accelerator for radiation therapy, five additional places for chemotherapy treatment and on-site accommodation for patients and families from elsewhere in the region.
- Opened the new $15 million Raymond Terrace HealthOne GP Superclinic to the public. The centre offers those living in Raymond Terrace and surrounding areas a range of health services closer to home and under one roof.
- Provided a range of services through the $8 million Armidale Ambulatory Care Centre including chemotherapy, ambulatory care and outpatient clinics, specialist consulting rooms for surgeons, anaesthetists, renal physicians, obstetricians and gynaecologists and chronic disease services, including dietician services.

Illawarra Shoalhaven Local Health District

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Chief Executive:	Sue Browbank

Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public hospitals

Coledale Hospital, Bulli Hospital, Wollongong Hospital, Port Kembla Hospital, Shellharbour Hospital, Kiama Hospital, David Berry Hospital, Shoalhaven District Memorial Hospital, Milton-Ulladulla Hospital

Community health centres

Bulli Community Health Centre, Cringila Community Health Centre, Culburra Community Health Centre (outreach clinic only), Dapto Community Health Centre, Helensburgh Community Health Centre, Jervis Bay Community Health Centre, Nowra Community Health Centre, St Georges Basin Community Health Centre, Sussex Inlet Community Health Centre, Ulladulla Community Health Centre, Warilla Community Health Centre, Wollongong Community Health Centre (located at Fernhill), Wreck Bay Community Health Centre

Child and family health services

Albion Park Early Childhood Centre, Berkeley Early Childhood Centre, Child and Family Service Kids Cottage (Warilla), Child and Family Service (Port Kembla), Corrimal Early Childhood Centre, Cringila Early Childhood Centre, Culburra Early Childhood Centre, Dapto Early Childhood Centre, Fairy Meadow Early Childhood Centre, Figtree Early Childhood Centre, Flinders Early Childhood Centre, Gerringong Early Childhood Centre, Helensburgh Early Childhood Centre, Illawarra Child Development Centre, Kiama Early Childhood Centre, Mount Terry Early Childhood Centre, Northern Family Care Centre (Woonona), Nowra Early Childhood Centre, Oak Flats Early Childhood Centre, Shoalhaven Family Care Centre, Shoalhaven Heads Early Childhood Centre, Southern Family Care Centre (Berkeley), St Georges Basin Early Childhood Centre, Sussex Inlet Early Childhood Centre, Thirroul Early Childhood Centre, Ulladulla Early Childhood Centre, Warilla Early Childhood Centre, Warrawong (Anglican Church) Early Childhood Centre, Wollongong Early Childhood Centre, Woonona Early Childhood Centre

Aboriginal Maternal and Infant Health: Illawarra Aboriginal Maternal Infant Child Health Service Shellharbour Hospital, Jervis Bay Early Childhood Centre, Binji and Boori, Aboriginal Maternal Infant Child Health Service (AMICH) Shoalhaven, Wreck Bay Community Health Centre

Oral health clinics

Bulli Hospital Dental Clinic (including Child Dental Clinic) – currently closed, Kiama Hospital Dental Clinic (including Child Dental Clinic), Nowra Community Dental Clinic (including Child Dental Clinic), Port Kembla Dental Clinic (including Child Dental Clinic), Shellharbour Hospital Dental Clinic (including Child Dental Clinic), Ulladulla Community Dental Clinic (including Child Dental Clinic), Warilla Dental Clinic (including Child Dental Clinic), Wollongong Dental Clinic (including Child Dental Clinic)

Other services

Integrated Chronic Disease Management (Aboriginal Health, ACI Clinical Variation Project, Access and Referral Centre (ARC), Carer's Program, Connecting Care, diabetes services), health improvement services (health promotion, HIV / AIDS and related programs, multicultural health and refugee health), Mental Health Homelessness Project, targeted clinical services (sexual health, women's health and youth health), Violence Abuse

and Neglect (VAN) Service, Youth Health and Homelessness Strategy, ambulatory care, asthma education service, continence service, palliative care, primary health nursing, speciality wound service, stomal therapy service, BreastScreen, cancer services, drug and alcohol program, medical imaging, mental health service, multicultural health, pathology, refugee health, research/research support, rehabilitation, aged and extended care, renal services

Demographic summary

The Illawarra Shoalhaven Local Health District covers a large geographic region of approximately 5687 square kilometres, extending along the coastline from Helensburgh in the north to North Durras in the south.

The Australian Bureau of Statistics 2013 estimated resident population for the Illawarra-Shoalhaven was 387,575. The population has a projected growth rate of 0.9 per cent per annum and is projected to reach 402,800 by 2016 and 419,800 by 2021.

Some groups in our communities have greater and/or distinct healthcare needs when compared to the rest of the population, based on various factors that include:

Rurality: approximately 97,000 people, or 25 per cent of the population, are currently living in the Shoalhaven local government area.

Age: based on the premise that older people and children use health services more than others, Illawarra-Shoalhaven has a higher proportion of people aged 75 years and older (8.4 per cent), compared to the NSW average (6.8 per cent). Children aged less than five years make up 6 per cent of the population, lower than the NSW average of 6.5 per cent and the fastest growing age group between 2011 and 2021 will be persons aged 85 years and over, with a 51 per cent increase.

Relative disadvantage: the Illawarra-Shoalhaven population, on average, is more disadvantaged than the NSW population, based on the composite Socio Economic Index for Areas.

Culturally and linguistically diverse communities are well represented in the Illawarra-Shoalhaven. In 2011, an estimated 67,773 people or 17.5 per cent of the Illawarra-Shoalhaven population were born overseas (excluding country of birth not stated). As at 2013, the estimated Illawarra-Shoalhaven Aboriginal and/or Torres Strait Islander population was 13,048 (3.4 per cent of the Illawarra Shoalhaven Local Health District population). Of the Aboriginal and/or Torres Strait Islander population, 7761 (59 per cent) live in the Illawarra (Wollongong, Shellharbour and Kiama) local government areas and the remaining 5287 (41 per cent) reside in Shoalhaven.

Year in review

In 2013-14, the District's capital infrastructure was a key focus. The $34.8 million Cancer Care Centre at Shoalhaven District Memorial Hospital campus was opened together with a $14 million expansion to the Illawarra Cancer Care Centre at Wollongong Hospital. This enhancement enabled the installation of a third linear accelerator.

Construction on the $106 million Illawarra Elective Surgical Services Centre, including ambulatory care unit and emergency department expansion, reached the half-way point signalling a massive change to the Wollongong Hospital campus footprint.

The District welcomed the region's first Positron Emission Tomography (PET) scanner to the Nuclear Medicine Department. Developed with a public-private partnership, the PET service will significantly enhance the District's diagnostics capability. This machine is currently one of only two of its kind in Australia.

Work on the $30.5 million Wollongong Car Park Project commenced in the late stages of the reporting period and Illawarra Shoalhaven Local Health District's first sub-acute Adult Mental Health Unit on the Shoalhaven campus took its first patients in June. Preliminary planning commenced for a significant redevelopment and expansion of the Shellharbour Hospital campus in line with the District's Health Care Services Plan.

The District achieved a three-year accreditation status across its nine hospital sites with Wollongong achieving six commendations for healthcare delivery. Wollongong Hospital also earned accreditation as a Level Three teaching hospital for the first time, enabling the highest level of training for junior doctors.

A Disability Action Plan was launched, strengthening the District's commitment to identifying and reducing barriers for people with disabilities. The Plan sets out priorities and key inclusion strategies for action. The District has also been particularly focussed on improving communication with consumers and has made significant steps towards becoming a more health-literate organisation with the implementation of key initiatives including the Health Literacy Program and the Patient Information Portal.

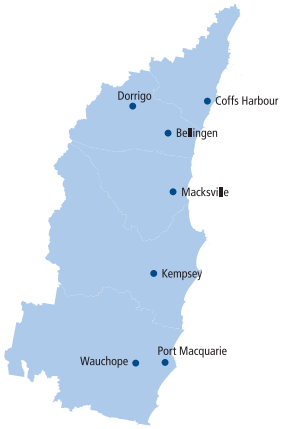
Sue Browbank, Chief Executive

Key achievements for 2013–14

- Commenced extension to the Child Development Centre at Porter Street, at a cost of $750,000.
- Completed a new 20-bed sub-acute mental health facility at the Shoalhaven District Memorial Hospital at a cost of $10.6 million.
- Finalised agreement between the District and Illawarra Shoalhaven Medicare Local for the establishment of a general practitioner Superclinic within the Shoalhaven Hospital site. Construction of the Superclinic has commenced and is expected to be completed in February 2015.
- Achieved the National Elective Surgery Target and the National Emergency Access Target trajectory for the District.
- Awarded funding from the Restart NSW Illawarra Infrastructure Fund to continue the development of Bulli Hospital into a Centre of Excellence in Aged Care in partnership with the Illawarra Retirement Trust.
- Consolidated the success of the Pre-hospital Assessment for Primary Angioplasty Program, which halved the average wait time for presentation of a patient with a myocardial infarction to the time the procedure was undertaken from 100 minutes to 50 minutes.
- Gained three year accreditation for all hospitals against the National Safety and Quality Health Care Standards under the National Accreditation Scheme.
- Achieved budget compliance for 2013-14, including achieving own revenue budget target; applied NSW State Funding Framework across the District with Activity Based Funding reporting on a monthly basis.
- Developed the District's Workforce Strategy 2012-2022 with development and implementation of a District-wide *Reward and Recognition Program*, recognising service excellence and length of service.

- Established a community palliative care multidisciplinary team providing an excellent service to our patients needing palliative care both in the in-patient unit and in the community.

Mid North Coast Local Health District



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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

Bellingen, Coffs Harbour, Dorrigo Multipurpose 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 services

There are no tertiary level facilities in Mid North Coast Local Health District, so these services are sourced from other partners. John Hunter Children's Hospital is the tertiary facility for Mid North Coast's 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

Mid North Coast Local Health District covers an area of 11,335 square kilometres which extends from the Port Macquarie Hastings local government area in the south to Coffs Harbour in the north.

The traditional custodians of the land covered by the District are the Birpai, Dunghutti, Naganyaywana and Gumbainggir Nations.

At the 2011 Census, it was estimated that in the Mid North Coast Local Health District there were approximately 200,404 persons, with five per cent of persons identified as being of Aboriginal and/or Torres Strait Islander descent. Forty thousand or 20 per cent of the total population were under the age of 16 years, with 10.3 per cent of those under 16 being of Aboriginal and/or Torres Strait Islander descent.

Mid Coast Local Health District has some of the lowest Socio-Economic Indexes for Areas scores in NSW, with Kempsey and Nambucca local government areas ranking 7 and 8 in terms of disadvantage in NSW.

The Mid North Coast has one of the fastest growing and ageing populations in NSW, with the District providing a diverse range of services to a population of around 215,000.

Year in review

This year was an exciting year for the Mid North Coast Local Health District. The District performed well to achieve budget targets while continuing to deliver excellent public health services to the communities of the Mid North Coast.

The Closing the Gap Committee is leading the way to support the initiative while keeping a focus on quality outcomes within the clinical environment. The indigenous workforce has exceeded the state Close the Gap employment target with a result of three per cent and is now working towards a regional target of five per cent.

The District is currently overseeing capital works projects in excess of $210 million which is the largest ever capital investment into health services on the Mid North Coast. The Expansion Project at Port Macquarie Base Hospital is nearing completion and Kempsey District Hospital is progressing well.

Projects at other facilities have included an upgrade to the emergency and theatre departments at Bellinger River District Hospital and the completion of both the Palliative Care Unit and Urgent Care Centre at Wauchope District Memorial Hospital.

Planning continues for a $1.5 million HealthOne Community Health Centre at Nambucca Heads. The rural dental van service has now provided a substantial number of visits and individual services to aged care residents in 33 residential aged care facilities across the District.

Mid North Coast Local Health District regularly recognises the excellent work undertaken by more than 450 volunteers who work tirelessly at our hospitals and community health centres to support our patients, clients and staff. These volunteers assist within our hospitals and emergency departments, support patients and their families and coordinate fundraising efforts.

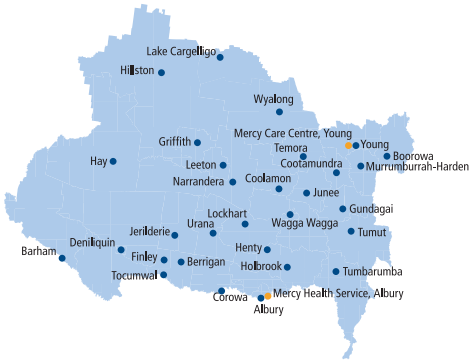
Over the next few years we will see the benefits of the significant capital works programs across the District. These projects will allow our staff an excellent opportunity to work in state-of-the-art facilities and implement efficiencies and improvements in the provision of quality healthcare and support to our communities along the Mid North Coast.

Stewart Dowrick, Chief Executive

Key achievements for 2013–14

- Made sound progress on key Tier one and two performance measures. Significant improvements of 13 per cent for category A, 6 per cent for B and 8 per cent for C recorded with regards to National Elective Surgery Target compared to the previous year. The District achieved an 8 per cent increase in the number of people treated within clinically appropriate time.
- Established the Mid North Coast Health Research Collaborative as a joint project with healthcare providers, Aboriginal Medical Services and universities. Healthcare professionals will identify practical health research questions and academics will assist through the application of robust research methods to address those questions and identify evidence-based solutions for implementation. These partnerships will benefit the healthcare system through identification of improved models of care and will contribute to the universities' research output performance indicators.
- Reduced the number of workers compensation claims recorded by 25 per cent.
- Completed the *Mental Health Clinical Services Plan 2012-2021*, the Maternity Services Review and the *Nursing and Midwifery Workforce Action Plan 2014-2016*.
- Participated in the Clinician Executive Leadership Program, Whole of Hospital and HealthPathways programs.
- Successfully transitioned the Wauchope District Memorial Hospital emergency department to the new Urgent Care Centre following an 18 month community consultation process. The new Urgent Care Centre now operates from 8am to 6pm seven days a week.
- Commenced provision of renal dialysis services for Nambucca Valley residents in partnership with a local general practitioner clinic.

Murrumbidgee Local Health District



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Chief Executive:	Jill Ludford

Local government areas

Albury, Berrigan, Bland, Boorowa, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Lachlan, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Wakool and Young

Public hospitals

Base Hospital: Wagga Wagga and Griffith

Health Services: Barham, Cootamundra, Corowa, Deniliquin, Finley, Hay, Hillston, Holbrook, Leeton, Murrumburrah-Harden, Narrandera, Temora, Tocumwal, Tumut, West Wyalong, Young

Multipurpose Services: Batlow, Berrigan, Boorowa, Coolamon, Culcairn, Henty, Gundagai, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tumbarumba and Urana

Public nursing homes

Carramar – Leeton, Norm Carroll Wing – Corowa, Harry Jarvis – Holbrook, Harden

Community health centres

Adelong, Albury, Ardlethan, Ariah Park, Barellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Mathoura, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Tarcutta, Temora, The Rock, Tocumwal, Tooleybuc, Tumbarumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, Weethalle, West Wyalong, Young

Child and family health services

Adelong, Albury, Ardlethan, Ariah Park, Barellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Temora, The Rock, Tocumwal, Tooleybuc, Tumbarumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, West Wyalong, Young

Oral health clinics

Albury, Berrigan, Cootamundra, Deniliquin, Griffith, Hay, Hillston, Junee, Leeton, Narrandera, Temora, Tumbarumba, Tumut, Wagga Wagga, West Wyalong, Young

Affiliated health organisations

Mercy Health Service Albury, Mercy Care Centre Young

Other services

South West Brain Injury Service

Demographic summary

Murrumbidgee Local Health District covers an area of 125,561 square kilometres and as of June 2012, has an estimated resident population of 287,869 and is projected to grow to reach approximately 307,000 by 2031.

People of Aboriginal background made up 3.1 per cent of the District's population compared to 2.1 per cent for all NSW. There were 10,546 people in Murrumbidgee who identified as being either Aboriginal or Torres Strait Islander. Note this includes Albury local government area.

The people of Murrumbidgee were mostly born in Australia or were from English speaking countries. Only 4.7 per cent of the population were born in a non-English speaking country and five per cent stated speaking a language other than English at home, compared to 18.6 per cent and 22.5 per cent in NSW respectively. Less than one per cent of the District's population had difficulty speaking English compared to 3.7 per cent in NSW. A total of 22,644 people in the 2011 Census for Murrumbidgee identified as being born outside Australia.

Population density for Murrumbidgee Local Health District is 2.3 residents per square kilometre.

The main health issues for the District 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. Murrumbidgee Local Health District significantly contributes to its communities by being a preferred employer across a range of clinical and non-clinical roles.

Year in review

Murrumbidgee Local Health District consulted widely with our staff, community and wider stakeholders in 2013-14 to map our future direction.

Our Strategic Plan 2013-15 was launched following extensive consultation with consumers, staff, health professionals and other stakeholders. The Plan aims to build on the strengths of our organisation and further develop the capability and sustainability of the Murrumbidgee Local Health District. The District also completed plans for renal, surgical, aged care and rehabilitation services.

This year the District treated more than 69,000 people in our hospitals and multipurpose services. This was an increase of more than 9000 patient admissions (16 per cent). In addition, the District provided over 876,000 non-admitted occasions of service for people in the community or through our patient services.

Work continued on the $282.1 million redevelopment of the Wagga Wagga Health Service with completion of a new, expanded mental health facility and construction starting on the new acute building. Stage Three Redevelopment planning is well underway. Stage Three will bring to fruition the benefits of the overall hospital redevelopment for the delivery of contemporary, well-integrated health services for the people of Wagga Wagga and the wider area. In our smaller rural communities, an $8 million redevelopment of Lockhart Multipurpose Service was completed and a sod turning ceremony was held for the new $12 million Hillston Multipurpose Service.

Murrumbidgee continues to have a strong focus on health promotion and public health and provides a comprehensive range of services in these areas.

Community engagement remains a focus with Local Health Advisory Committee workshops held with the themes of patient-based care, health promotion, illness prevention and improved community and consumer engagement. More than 1200 people responded to a community survey to evaluate the level of communication between the District and consumers, providing valuable feedback on how we can improve communication.

Efforts continue to promote Murrumbidgee as a great place to live and work to ensure we have a skilled and sustainable workforce for the future. The District has appointed a Wellbeing Manager to improve the health and wellbeing of our 5000 employees, the first position of its kind in NSW Health.

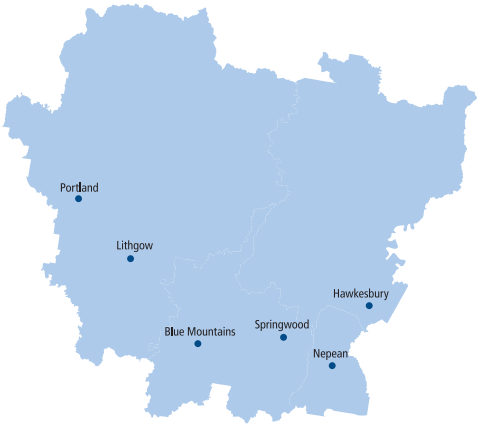
Jill Ludford, Chief Executive

Key achievements for 2013–14

- Supported the Enhancing Scope of Practice Program with 28 Registered Nurses being locally authorised to provide care to patients who present to emergency departments in small rural facilities for a number of conditions guided by clinical pathways.
- Introduced innovative models of care including midwifery led and shared care maternity models at Deniliquin and Narrandera. These models were developed through community consultation to provide continuity of care throughout pre and post natal care.
- Developed an in-house Business Intelligence Clinical Analytics system to provide a consolidated, single point of information. This brought together clinical measures including financial, workforce and activity and improved the value of monthly reporting.
- Delivered 90 Tai Chi or Gentle Exercise classes with 702 participants per week in 33 towns across 24 local government areas within the District, many being small isolated rural communities through A Physical Activity Leaders Network of 55 leaders. The Network was a previous recipient of the Chief Executive's Excellence Award and Australian Institute of Tai Chi Annual Excellence Award for its quality framework and program reach. This strategy is the District's key population level falls prevention initiative.
- Opened a new 50 bed mental health unit as the first phase of the $282.1 million redevelopment of the Wagga Wagga Health Service, a milestone for the community. This redevelopment provides an increase of 30 beds, including 10 acute beds and a new 20-bed sub-acute unit to provide rehabilitation services for mental health consumers in the region, for the first time.
- Introduced point-of-care pathology testing in 27 regional hospital emergency departments.
- Continued to improve nursing recruitment and reduce reliance on locum staff with increased numbers of new graduate Registered Nurses continuing to be employed (58 for 2014). Rotation programs with Metropolitan and Base hospitals has also opened up opportunities for newly qualify Registered Nurses to be employed in smaller facilities.
- Continued the rollout of the SEPSIS pathway in Murrumbidgee facilities, improving patient clinical outcomes. District staff were invited to share our processes and procedures with other healthcare professionals across NSW at a State conference.

- Embraced the journey towards achieving accreditation of the 10 National Standards. Ten governance groups have been meeting each month to ensure we can meet the requirements for the surveys.
- Initiated and co-led with Charles Sturt University an intervention to address food insecurity, a major social determinant of health. A consortium of seven stakeholders from health, university, local government and welfare agencies have partnered to form a local coalition, the Wagga District Food Group. The Group has a three year strategic goal to provide healthy food for people in need.

Nepean Blue Mountains Local Health District



Nepean Hospital, Derby Street
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Telephone:	4734 2000
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Business hours:	9.00am – 5.00pm, Monday to Friday
Chief Executive:	Kay Hyman

Local government areas

Blue Mountains, Hawkesbury, Lithgow, Penrith

Public hospitals

Blue Mountains District ANZAC Memorial Hospital, Hawkesbury District Health Service (as part of Catholic Healthcare), Hawkesbury Hospital (for public patients is operated under contract with Hawkesbury), Lithgow Hospital, Nepean Hospital, Portland Tabulam Health Centre, Springwood Hospital

Public nursing homes

Portland Tabulam Health Centre

Community health centres

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Oral health clinics

Nepean Blue Mountains Local Health District Oral Health

Affiliated health organisations

Tresillian Centre

Demographic summary

The estimated resident population of Nepean Blue Mountains Local Health District in the 2011 Census was 348,100, including Aboriginal and Torres Strait Islander's (3.2 per cent). The Darug, Gundungarra and Wiradjuri people are the acknowledged traditional owners of the land covered by the District. The number of people identifying as Indigenous in the Census has been increasing in recent years and was estimated to be 11,196 in 2011, although this is widely regarded as an underestimate. The largest indigenous community resides in Penrith. The indigenous population is younger than the wider Nepean Blue Mountains community with 55.6 per cent under 25 years of age and a median age of 21 years.

In the 2011 Census, two in 10 of the population reported being born overseas. The most frequently reported countries of birth were United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and United States of America. In 2010, the Nepean Blue Mountains area received 503 migrants, 79 per cent of whom settled in the Penrith local government area.

The largest proportions of pre-school aged children (less than five years) in 2011 are in the local government areas of Penrith (7.6 per cent) and Hawkesbury (6.8 per cent). The local government areas of Lithgow (12.1 per cent) and Blue Mountains (10.4 per cent) have the highest proportions of older residents aged 70 years and over.

Births and new arrivals to the area contributed to population growth in the District. There were 4902 births to residents in 2011. The highest total fertility rate occurs in Lithgow and Hawkesbury with 2.1 children per woman followed by Blue Mountains and Penrith with 2.0 children per woman.

The projected population growth for Nepean Blue Mountains is 23.8 per cent from 2011 to 2026. The proportion of the population aged 0 to 14 years is expected to remain steady (from 20.7 per cent in 2011 to 20.5 per cent in 2026), while the proportion of older residents will increase from 7.6 per cent in 2011 to 12.1 per cent in 2026.

Based on the Socio-Economic Indexes for the Area in 2011 and Index of Socio-economic Disadvantage, the District had local government areas at both ends of the spectrum. Lithgow was in the second most disadvantaged 10 per cent of NSW. At the opposite end, Blue Mountains was among the second least disadvantaged 10 per cent. Hawkesbury and Penrith were among the third least disadvantaged 10 per cent of local government areas.

Life expectancy at birth ranged from 76.7 to 78.9 years for males and 81.8 to 83.3 years for females.

Year in review

The 2013-14 year was a period of continued success for Nepean Blue Mountains Local Health District, where it celebrated many and varied achievements across a wide range of services and saw the District build stronger bonds with the community, particularly during the devastating bushfire emergency in October 2013.

The year saw many exciting developments, including the opening of the Nepean Mental Health Centre, a purpose-built

facility featuring 64 beds replacing the former Pialla acute mental health unit. Two of our Primary Care and Community Health facilities completed major refurbishments while advances were made in Telehealth technology providing ease of access to healthcare for patients in regional areas.

It has also been a year of improvement for our Oral Health Service which continues to go from strength to strength and celebrated its lowest ever child and adult wait lists.

Furthermore, a number of our staff-developed initiatives have been identified as best practice. The electronic Quality Audit Tool Exchange has been rolled out for use across NSW and our innovative toolkit for processing visiting medical officer payments has also been flagged to be implemented statewide.

Staff-led initiatives were also celebrated at the inaugural Nursing and Midwifery Research and Practice Development Conference in May, with dozens of health professionals from across the state visiting the Nepean Clinical School to learn about innovative nursing and midwifery projects developed by District staff.

The hard work of the award-winning workforce Reconciliation Committee at Blue Mountains Hospital continued throughout the year with ongoing engagement with the local Aboriginal and Torres Strait Islander community about health service delivery. Nepean Blue Mountains is fortunate to be supported by a large body of dedicated volunteer and auxiliary groups and 2013-14 saw one of the largest single donations made to date with the Lithgow Hospital Ladies Auxiliary donating $278,000 worth of endoscopy equipment to the hospital.

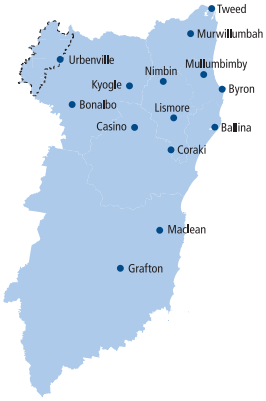
In October, the District worked with the Rural Fire Service and NSW Ambulance to coordinate the response to a bushfire emergency which devastated much of the District. The staff in the Emergency Operations Centre worked around the clock to pre-emptively evacuate 24 patients and 17 staff from Springwood Hospital to Nepean Private Hospital.

Kay Hyman, Chief Executive

Key achievements for 2013–14

- Two Primary Care and Community Health facilities, Lemongrove and Cranebrook, have undergone major improvements. The new $5 million Lemongrove Community Health Centre was opened during the year and Cranebrook Community Health Centre was extended to include a new clinic and therapy rooms and a new outdoor area.
- Increased capacity for low-risk caesarean births with Blue Mountains Hospital used as an alternate birthing location for low-risk, elective caesarean sections. This has decreased demand on Nepean Hospital operating theatres while improving efficient use of resources across the District.
- Expanded telehealth video conferencing, the latest initiative to come out of the Nepean Telehealth Technology Centre. This initiative is changing the way care is being delivered to residential aged care facilities in the local area by linking suitable aged care patients to specialists via video conferencing.
- Developed a variety of purpose-driven Aboriginal and Torres Strait Islander engagement initiatives including the continuation of the award-winning Workforce Reconciliation Committee at Blue Mountains Hospital that actively engages the local Aboriginal community in healthcare delivery and a variety of activities to mark significant events, including NAIDOC Week and Reconciliation Week.
- Exceptional performance of the Nepean Blue Mountains Local Health District Oral Health Service across all key performance indicators. The Service achieved 128 per cent of its activity target, with a marked increase of occasions of service from 158,099 in 2012-13 to 185,685 in 2013-14. At the same time the Service reduced adult and child wait lists to their lowest ever recorded level.
- Developed Top 5, a simple program for carers of dementia patients that has shown a significant, positive impact on safety, quality and length of stay in aged care wards across the District. The program identifies five key 'comfort' strategies for each patient, such as words or routines used at home, and uses these appropriately to help patients.
- Implemented a new, staff-driven clinical handover model, where shift handovers are completed at the patient's bedside. The model is significantly improving quality, safety and efficiency on the ward with patients reporting they feel more empowered and involved in their care.
- Hosted the inaugural Nursing and Midwifery Research and Practice Development Conference in May to showcase the expertise of the District's nurses and midwives.
- Received a $278,000 endoscopy equipment donation from the Lithgow Hospital Ladies Auxiliary. The donation consisted of a high-definition processor and monitor, three gastro scopes and three colonoscopes.
- Hand Hygiene Australia recognised Nepean Blue Mountains as a leader in hand hygiene and the District continues to record excellent results in the National Antimicrobial Utilisations Surveillance Program audit.

Northern NSW Local Health District



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Chief Executive:	Chris Crawford

Local government areas

Ballina Shire, Byron Shire, Clarence Valley, Kyogle Shire, Lismore City, Richmond Valley and Tweed Shire Council

Public hospitals

Ballina District, Byron District, Casino and District Memorial, Grafton Base, Lismore Base, Maclean District, Mullumbimby and 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 Campbell, Evans Head, Grafton, Iluka, Kingscliff , Kyogle Lismore (Adult), Maclean, Mullumbimby, Murwillumbah, Nimbin, Tweed Heads, Urbenville

Child and family health services

Lismore and Goonellabah Child and Family Services. Child and Family Services are provided across the District at Northern NSW Local Health District (NNSWLHD) Community Health Centres

Oral health clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin, Pottsville 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 is one of the fastest growing rural and remote regions of NSW and also has one of the oldest age profiles. In 2011, the estimated population was 288,241. Over the decade to 2021, the overall population of the District is projected to increase by 8.2 per cent and by 34 per cent for the population aged 65 years and over.

The proportion of people aged 65 years and over is increasing. In 2011, this cohort comprised 19.3 per cent of the total population and is expected to increase to 24 per cent in 2021. Within the older person population, the cohort of people aged 85 years and over is significant from a health needs perspective. The needs of the older aged group will be reflected in the burden of disease and demand for healthcare services.

A number of local government areas in Northern NSW will experience significant population growth over the decade to 2021. The areas of highest population growth include Tweed with a projected population growth of 12.3 per cent, Byron (9.5 per cent) and Lismore (7.3 per cent). The Tweed Hospital also experiences significant cross border patient flows from Southern Queensland.

Northern NSW has a higher proportion of young mothers with 6.1 per cent of women giving birth at less than 20 years of age (compared to NSW rate of 3.5 per cent) and 25.7 per cent of mothers aged less than 25 years compared to the NSW rate of 16.8 per cent.

Northern NSW has a high proportion of Aboriginal people estimated at 13,660 or around 4.7 per cent of the total population in 2012.

Year in review

The past 12 months has been fast paced and very exciting with all the building works underway. The Lismore Base Hospital Stage 3A Redevelopment managed by Health Infrastructure is our major project and it is pleasing to see the development being made on this and a number of projects across the District.

A Memorandum of Understanding was signed between Northern NSW and Southern Cross University School of Health and Human Sciences. This has strengthened the partnership between the District Nursing and Midwifery Directorate and Southern Cross University in developing opportunities for education, research capacity and curriculum and allowing clinicians to teach in school programs and support student placements. The District has strived to improve clinician and community engagement and has a number of committees that provide an opportunity to share views and knowledge on how this can be achieved. This past year we have been fortunate to have the NSW Minister for Health and Minister for Medical Research visit the District on a number of occasions, allowing opportunities to meet with clinicians and senior staff.

Fluoride being added to the water was a big issue on the north coast this past year. The Chief Health Officer and Director of Environmental Health from NSW Ministry of Health attended several meetings with local councils in Lismore, Ballina and Byron Bay. As a result of their attendances and strong advocacy for fluoride the only council to vote against fluoride in the water was Byron Bay. In April 2014, the Bureau of Health Information released the Patient Survey on Adult Admitted Patient Experiences, which revealed the majority of patients admitted to our hospitals had a very good or good experience, giving a vote of confidence in our clinicians and support staff.

I extend a huge thanks to our staff, especially the surgeons and emergency medicine specialists and their teams, who are at the frontline, for their outstanding work to treat patients in a timely way. I also acknowledge and thank all the wonderful volunteers who fundraise or those who come into our hospitals to offer comfort to patients in times of need. They provide a valuable service that enables our staff to attend to the clinical needs of patients.

Chris Crawford, Chief Executive

Key achievements for 2013–14

- Completed relocation in October 2013 of the North Coast Brain Injury and Spinal Injury Service from Lismore Base Hospital to more modern and purpose-built accommodation within the Ballina Hospital as an extension of the rehabilitation building. The accommodation cost was $175,000 and was funded by the State Government.
- Gained Board endorsement for the Bonalbo Multipurpose Service Feasibility Study Report on 4 December 2013. Health Projects International was engaged to conduct a site Master Planning Study for a proposed Multipurpose Service on the site, which also looked at integration of adjoining Caroona-Bonalbo Residential Aged Care Facility. The $45,000 study is for an estimated $10 million future Multipurpose Service.
- Gained approval by the Board in November 2013 for the Final Project Brief supporting Master Plan Option Five as the preferred option for the development of a new HealthOne Centre on the former Campbell Hospital site at Coraki. Estimated capital cost is $4 million with construction over a 12 month period.
- Supported planning for an upgrade to the Casino Hospital emergency department following allocation of preplanning funding of $200,000 by the NSW Ministry of Health and a Commonwealth allocation of $3 million towards the redevelopment. The District is awaiting tender finalisation.
- Completed Grafton Pathology and Pharmacy upgrades in June 2014 at a cost of $800,000.
- Commenced the $80.25 million Lismore Base Hospital Stage 3A Redevelopment of a Clinical Procedures Block, managed by Health Infrastructure.
- Completed Murwillumbah Hospital Emergency Department upgrade stages one and two in December 2013 at a cost of $1.25 million. This was made possible by a $1 million Rural Health Minor Works allocation and the sale of local assets providing an additional $250,000.

- Increased staff participation rates in the second Your Health Survey released in September 2013. It was pleasing to learn there was a 10 per cent improvement in the engagement index to 68 per cent.
- Completed the Tweed Hospital Dental Clinic upgrade in November 2013 after Griffith University was successful in obtaining a Commonwealth Health Workforce Australia grant for $2.42 million to add six training dental chairs to the Tweed Hospital Dental Clinic, which opened in November 2013.
- Completed the Tweed Hospital Transit /Discharge lounge in September 2013 at a cost of $350,000. This improved the waiting times for patients in the emergency department.
- Completed the Yamba Community Health Centre in June 2014 at a cost of $4.7 million.
- Achieved 71 per cent participation in the Live Life Well at School program (125 schools) and 85 per cent participation in the Munch and Move program (110 preschools and long day care centres). Of participating schools and services, over 80 per cent implemented 70 per cent of the desirable healthy eating and active living practices, well above the State key performance indicators.

Northern Sydney Local Health District

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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, Willoughby

Public hospitals

Hornsby Ku-ring-gai, Macquarie, Royal North Shore, Ryde, Manly, Mona Vale

Community health centres

Allambie Heights, Berowra, Brooklyn, Brookvale, Cox's Road, Chatswood, Cremorne, Dalwood, Dee Why, Fisher Road, Frenchs Forest, Galston, Gladesville, Hillview, Hornsby, Manly, Mona Vale, Pennant Hills, Pittwater, Queenscliff, Richard Geeves, Royal North Shore, Ryde, Top Ryde, Wahroonga, Wiseman's Ferry

Child and family health services

Avalon, Balgowlah, Berowra, Brooklyn, Carlingford, Chatswood, Cremorne, Crows Nest, Dee Why, Frenchs Forest, Galston, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Marsfield, Mona Vale, Narrabeen, Northbridge, Parenting Support Services, Dalwood, Pennant Hills, St Ives, Top Ryde, West Ryde, Wisemans Ferry

Oral health clinics

Hornsby Hospital, Top Ryde, Cox's Road (Macquarie Hospital, North Ryde), Royal North Shore Community Health Centre, Dee Why, Mona Vale Hospital

Affiliated health organisations

Greenwich, Royal Rehabilitation, Neringah

Other services

Aboriginal health, acute post-acute care, aged care and rehabilitation, ambulatory care, BreastScreen, child protection, chronic care, community home nursing, domestic violence, HIV and related programs, interpreter services, men's health, mental health drug and alcohol, multicultural health, palliative care, sexual assault, women's and children's health

Demographic summary

Northern Sydney Local Health District covers approximately 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 District for 2013-14 was 879,983 and is projected to increase to 1,005,727 by 2024. This is a 14 per cent increase, which is similar to the NSW state increase for the same period. Population density for Northern Sydney is 978 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 179,039 residents born overseas in predominantly non-English speaking countries, equating to 22 per cent of the total District's population.

Northern Sydney residents compare favourably on most socioeconomic and health status indicators to the rest of New South Wales and have, on average, greater access to both public and private health services. There are however, identifiable geographical areas and population sub-groups with higher health and social care needs and lower economic means.

The number of residents aged 70 to 84 years is projected to increase at more than double the rate of the general population (35 per cent) to 2024, while the number aged over 84 years is projected to grow at 22 per cent.

Healthcare 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

The District embarked on a period of change in 2013-14 which will ultimately see our operating model transition over time from a facility-based model to a network-led operating model.

The new operating model will support the implementation of integrated care across the District, and our clinical networks will be transformed to ensure they align with the current and future needs of our patients. The model will ensure the patient remains at the centre of all we do and that we provide safe, appropriate, timely and efficient care to patients right across the District.

The unprecedented mix of capital development and investment underway across Northern Sydney provided an ideal time for us to review the roles, functions and models of care being delivered. As always, the priority when changing the way we operate remains our patients. The views of our staff, both clinical and non-clinical, and of our community are being taken into account and we have also researched models operating successfully in other local health districts and health services in other states. To ensure the transition to the new model is a smooth one, a dedicated Change Manager has been recruited to support our staff.

By the fourth quarter of 2013-14, plans were progressing to strengthen clinical governance through our clinical networks, based on the principle that performance and financial objectives are best achieved through good, reliable care and strong clinical participation. The new, flatter more streamlined management structure empowers our divisions and networks to be accountable for the planning and delivery of services.

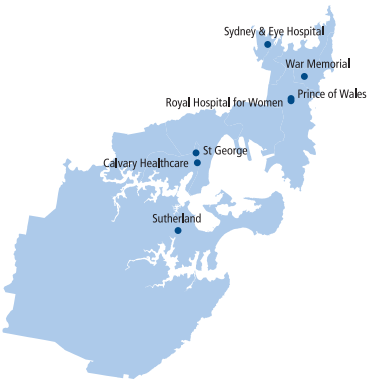
Our aim is to have our new operating model fully implemented by 2017-18 with the support of staff and the community.

Adjunct Associate Professor Vicki Taylor, Chief Executive

Key achievements for 2013–14

- Sought Requests for Proposals to build and operate the Northern Beaches Hospital, with two respondents being Ramsay Health Care Limited and Healthscope Limited. The bids are being evaluated and a recommendation will be made to the NSW Government in late 2014.
- Implemented the Community Health and Outpatients Care Cerner Electronic Medical Record project across the District.
- Opened the $12 million 26-bed inpatient Beachside Rehabilitation Unit at Mona Vale Hospital.
- Royal North Shore Hospital's Clinical Services Building is nearing completion and scheduled to take its first patients in December 2014.
- Officially opened the $41 million Graythwaite Rehabilitation Centre, a purpose built 64-bed inpatient unit at Ryde Hospital, in September 2013.
- Introduced a formalised antimicrobial stewardship program, including a locally developed computer-based approval system which is being made available for use by other local health districts.
- Achieved full accreditation for North Shore Ryde Health Service and the Mental Health Drug and Alcohol Service from the Australian Council of Healthcare Standards under the newly implemented National Safety and Quality Standards.
- Launched our first *Aboriginal Health Services Plan 2013-2016*, designed to assist health service providers and managers better meet the needs of Aboriginal patients and clients.
- Commenced building works on Hornsby Ku-ring-gai Hospital's $120 million STAR building which will provide surgery, theatres, anaesthetics and recovery services.

South Eastern Sydney Local Health District



The Sutherland Hospital and Community Health Service,
Cnr The Kingsway and Kareena Road, Caringbah
Locked Mail Bag 21
Taren Point NSW 2229

Telephone:	9540 7756
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Business hours:	9.00am – 5.00pm, Monday to Friday
Chief Executive:	Gerry Marr

Local government areas

Botany Bay, Hurstville, Kogarah, Randwick, Rockdale, Sutherland Shire, Sydney (part)*, Waverley, Woollahra, Lord Howe Island^

*Sydney Local Government Area split between Sydney Local Health District and South Eastern Sydney Local Heath District.
^Lord Howe Island part of Unincorporated NSW included with South Eastern Sydney Local Health District

Public hospitals

Gower Wilson – Multipurpose Service (Lord Howe Island), Prince of Wales Hospital and Health Services, St George Hospital and Health Services, Royal Hospital for Women, Sydney/Sydney Eye Hospital and Health Services, Sutherland 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 services

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/ AIDS and related programs – Alexandria, Darlinghurst, Surry Hills (Albion Street Centre) paediatric disability – Kogarah Sexual Health, Youth, drug & alcohol – Darlinghurst (Kirketon Road Clinic); drug & alcohol – Surry Hills (Langton Centre)

Demographic summary

The South Eastern Sydney Local Health District geographic area consists of ten local government areas which are divided into the Northern Sector (and Lord Howe Island) and the Southern Sector:

Northern sector local government areas: Sydney (part–Sydney East and Sydney Inner Statistical Local Areas), Woollahra, Waverley, Randwick, Botany Bay and Lord Howe Island.

Southern sector local government areas: Rockdale, Kogarah, Hurstville and Sutherland.

The estimated resident population of the District in 2011 was 878,500 and is projected to increase to 997,960 (13.5 per cent) by 2021. This represents a lower average annual growth rate than the NSW average from 2011-2021 (1.35 compared to 1.5 per cent in NSW). Population density has been calculated with a total for South Eastern Sydney being 1736 residents per square kilometres.

In 2011, 7367 residents were Aboriginal and/or Torres Strait Islanders, equating to 1.0 per cent of the total South Eastern Sydney population. In addition, 331,438 residents were born overseas, equating to around 40 per cent of the total District population.

Year in review

The South Eastern Sydney Local Health District has embarked on a three year journey aimed at improving the health of our population, while delivering safe and effective healthcare in a person-centred manner.

In May 2014, the Chief Executive released *A Road Map to the delivery of Excellence, 2014-2017*. Underpinned by NSW Ministry of Health mandates and the District's Board priorities, the Road Map outlines key strategies to promote healthcare excellence across our system and details the new and accelerated focus on a number of priority areas for action. Our specific objectives are organised in accordance with the Triple Aim of healthcare: improving the quality of care; improving the health of the population; and reduced cost per capita.

Over the past 12 months, South Eastern Sydney has pursued relationships with the community that empower patients to better manage their own healthcare. Integrated care is now a primary focus, evidenced by initiatives such as the implementation of a large clinical redesign project focussing on better integrated care for people with diabetes. This successful project has created a primary care-based system that allows for identification, care, education and enhancement of self-management skills for people with diabetes living in our community.

The District is committed to Closing the Gap in Aboriginal health needs. This year, we entered into a partnership arrangement with Yarr'n Aboriginal Employment Services to grow our Aboriginal workforce and to introduce strategies to better support our existing Aboriginal employees. As a demonstration of the success of the partnership, South Eastern Sydney has employed Aboriginal dental consultants in its oral health service to better meet the needs of the Aboriginal community.

Our hospital-based services are also working hard. In the past 12 months, the District had 208,977 emergency department presentations, an increase of 2.58 per cent to last financial year. There were also 155,086 separations, an increase of 4.35 per cent from the previous financial year. Despite demand increases, quality care was delivered safely with all hospitals gaining accreditation with the Australian Commission Safety and Quality National Health Service Standards.

Over the coming year, the District will build on its achievements and concentrate on the Journey to Excellence by further developing efficient systems that improve the business, in order to focus on the primary goal of patient-centred care.

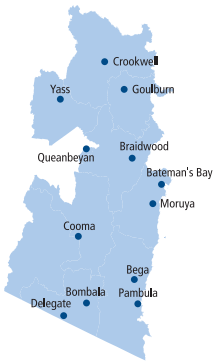
Gerry Marr, Chief Executive

Key achievements for 2013–14

- Established the Journey to Excellence, comprising the Program Management Office and Innovation and Improvement Hub, which will implement the Road Map to Excellence and oversee District-wide projects which improve patient care, increase efficiencies, inspire innovation and remove duplication and waste from the system.
- Committed $3 million for 10 new innovations in integrated care initiatives which look at new cross-sector models of care.
- Continued a major program of District capital works including: a $39 million new emergency department at St George Hospital with further funding announced in 2014-15 for an expanded Intensive Care Unit and additional clinical areas; planning for Sutherland Hospital redevelopment including an expansion of the emergency department and up to 60 additional inpatient beds; opening of the Sutherland Hospital $10 million car park and continued construction of the $79 million integrated cancer care centre at the Randwick Hospitals Campus.
- Opened the Mental Health Service Older Persons' Unit at St George Hospital, a 16-bed unit providing a highly specialised model of care for patients over 65 years. The Mental Health Intensive Care Unit at Prince of Wales Hospital also opened, providing 12 beds for the most complex mental health patients.
- Implemented the Mental Health Employment Collocation Program, a partnership between the District Mental Health Service, the consumer and the disability employment services. The Program was rolled out across three sites (Caringbah, Kogarah and Bondi Junction). Of the 81 clients in the program, 29 received employment, and 52 are actively participating in job seeking or study.

- Royal Hospital for Women's Newborn Care Centre led a statewide initiative to gain consensus on the medications used in a Neonatal Intensive Care Unit to reduce medication incidents and provide better outcomes for babies.
- Held the inaugural South Eastern Sydney Local Health District HIV Testing Week to increase knowledge and understanding of contemporary testing procedures and to promote increased testing regimes within priority populations. The first of its kind in Australia, this was a collaborative approach by the AIDS Council of NSW, The Albion Centre, Kirketon Road Centre (Clinic 180), Sydney Sexual Health Centre, Short Street Sexual Health Centre and St Vincent's Hospital – Immunology B Ambulatory Care and HIV/AIDS and Related Programs Unit.
- Established the Prince of Wales Hospital Emergency Department Review Clinic to fast track patients with low risk conditions to improve access. A total of 64 per cent of patients were seen within recommended times with 81 per cent of clinic patients discharged after seeing an Extended Practice Nurse.
- The Southcare Geriatric Flying Squad won the 2013 NSW Ministry for Health Innovation Award. The service aims to improve acute and palliative care services in aged care facilities and simultaneously reduce ambulance travel, emergency department presentations and hospital admissions.
- Developed the South Eastern Sydney Primary Health Care Partnership Framework, endorsed by the District, South Eastern Sydney Medicare Local, Eastern Sydney Medicare Local, University of NSW and other health organisations in the region. The Framework agreement represents a formal commitment by the partner organisations to work together to improve the health and wellbeing of the people of South East Sydney and describes the principles and values that will guide shared activity.

Southern NSW Local Health District



Peppertree Lodge
Queanbeyan Hospital Campus
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Queanbeyan NSW 2620

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Business hours:	8.30am – 5.00pm, Monday to Friday
Chief Executive:	Dr Max Alexander

Local government areas

Bega Valley, Bombala, Cooma, Eurobodalla, Goulburn-Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan, Yass Valley

Public hospitals

Batemans Bay, Bega, Cooma, Crookwell, Goulburn (Bourke St and Kenmore), Moruya, Pambula, Queanbeyan, Yass

Community health centres

Batemans Bay, Bega, Bombala, Braidwood, Cooma, Crookwell, Delegate, Eden, Goulburn, Gunning (please note: Gunning is managed via a management committee and provides its own community nursing services following HACC funding changes. Goulburn Community Health Centre provides outreach to Gunning of some Community Health services while Queanbeyan provides an outreach service to the community centre one day per week), Jerrabombera, Jindabyne, Moruya, Narooma, Pambula, Queanbeyan, Yass

Child and family health centres

Karabar

Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

Demographic summary

The Southern NSW Local Health District occupies 44,534 square kilometres in the south-eastern corner of NSW and is made up of ten local government areas.

The estimated resident population of the District at 30 June 2012 was 198,353, a 5.9 per cent increase since 2007. The biggest growth was seen in Queanbeyan (2500 more people), the fastest growth was in Palerang and Yass Valley (14 per cent, NSW average was 6.8 per cent). The average population density of the District is 4.5 persons per square kilometre, ranging from 0.6 persons per square kilometre in Bombala local government area to 233 per square kilometre in Queanbeyan.

Southern NSW's population is projected to grow to around 209,000 by 2016, 220,000 by 2021 and 230,000 by 2026. The ageing population has a significant impact on demand for health services and on the health workforce. While the older population continues to grow rapidly, there is negligible growth expected in the younger age groups. As a result, over the next 15 years, the ratio of older residents (65+ years) to working age people (15-64 years) is predicted to increase from 2.7 to 4.2 older people for every ten residents of working age. This change will be even more pronounced in coastal areas with older populations. The ratio of children (0-14 years) to workers will remain steady at 1:3.

In the 2011 Census, 5668 residents identified as Aboriginal and/or Torres Strait Islander, representing 2.9 per cent of the total population (a 15 per cent increase since 2006 Census). The Aboriginal population is young. Nearly half (48 per cent) of the population is aged 0-19 years, compared to 25 per cent of the non-Aboriginal population. Aboriginal people also have shorter life expectancies and only 7 per cent of the population is aged over 60 years, compared to 25 per cent of the non-Aboriginal population.

Year in review

Southern NSW Local Health District has performed well both in terms of patient care and budgetary spend.

Of our emergency department patients, 82 per cent were discharged in four hours or less, against a target of 83 per cent. Performance targets for all triage categories were met.

In addition, the District met or exceeded National Elective Surgery Targets in all three categories achieving 100 per cent for Category 1, 99 per cent for Category 2 and 99 per cent for Category 3 against targets of 100 per cent, 93 per cent and 95 per cent respectively. At the same time, overspending is being brought under control with 2013-14 showing an significant reduction in unfavourability. After the six-monthly review, the NSW Ministry of Health has changed the District performance level to level zero, the best possible rating. Effective financial controls are an essential component of the District's organisational health going forward.

This was achieved through savings in many parts of the service including reducing travel-related costs, lower workers compensation premiums, adopting new models of care, less reliance on locums and agency staff and a reduced burden of overtime and untaken leave. There have also been some voluntary redundancies.

An extensive program of capital works has been delivered throughout the year with significant new facilities and upgrades occurring at our Goulburn (operating theatre suites, mental health facilities, emergency department upgrades, a new sub-acute building and new ward storage and ensuites), Moruya (new sub-acute building) and Cooma facilities (a new renal oncology building), while design and planning is occurring at Yass and Jindabyne to deliver new HealthOne Services from 2015.

In what is being described as the biggest construction project occurring in South Eastern NSW, the new South East Regional Hospital is under construction in Bega at a cost of $187.1 million. This new facility is expected to be operational by mid-2016, after which the current Bega Hospital will close and the role of nearby Pambula Hospital will be adjusted. South East Regional Hospital will have more patient beds than the current Bega and Pambula Hospitals combined.

Significant planning is also underway for a new Goulburn Health Service and Braidwood Multipurpose Service is being undertaken in collaboration with Health Infrastructure following funding from the State Government.

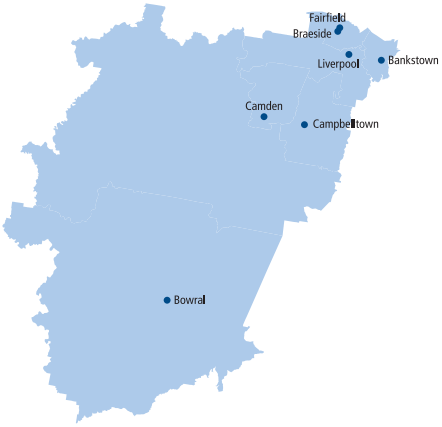
I would like to take this opportunity to thank all the dedicated staff across the District, the Board members and volunteers for their tireless work in the interests of their community.

Dr Max Alexander, Chief Executive

Key achievements for 2013–14

- Gained strong results in the NSW Adult Admitted Patient Survey. The survey showed 94 per cent of patients in our public hospitals rated their overall experience as either 'very good' or 'good' (compared to 91 per cent statewide), and 93 per cent reported they were 'always' treated with respect and dignity (compared to 85 per cent statewide). The survey also showed 93 per cent of our patients believe clinicians explained things in a way they could understand either 'all' or 'most of the time' (compared to 90 per cent statewide).
- Made substantial improvement since 2011 in staff engagement and workplace culture based on results of the 2013 YourSay survey. More than 1450 (59 per cent) employees responded to the survey compared to 998 (43 per cent) in 2011. The survey indicated that 85 per cent of staff are proud to be part of their workplace, a 21 per cent increase on the previous survey. This result is 15 per cent higher than the average for the remainder of NSW Health employees. The results also showed that 76 per cent of staff agree that they are valued in the workplace and 70 per cent of staff are happy with the District's workplace culture, increasing 27 per cent and 41 per cent respectively compared to the previous survey.
- Improved workers compensation with significant reduction in the number of open workers compensation claims and a reduction in premiums has been achieved since the establishment of the District Injury Management and Well Being Unit in March 2013. Open claims have decreased from 129 to 71 which equates to a reduction of 45 per cent. The Hindsight adjustment deficit has reduced from $1,236,120 in 2012-13 to $214,617 for 2013-14. The Deposit Premium improved from -$345,212 in 2012-13 to -$56,164 for 2013-14.
- Performed well in the first accreditation against the ten new National Standards for Safety and Quality in Healthcare and the additional five EQuIPNational standards in May 2013. The District performed exceptionally well across all 15 standards including receiving 11 rare 'Met with Merit' ratings. Only six out of a total of 367 criteria received recommendations for improvement and action was taken to address and close these recommendations. Formal notification of the accreditation status was provided by Australian Council on Healthcare Standards in September 2014.

South Western Sydney Local Health District



Liverpool Hospital Eastern Campus
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Telephone:	9828 6000
Facsimile:	9828 6001
Website:	www.swslhd.nsw.gov.au
Business hours:	8.30am – 5.00pm, Monday to Friday
Chief Executive:	Amanda Larkin

Local government areas

Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly, Wingecarribee

Public hospitals

Bankstown-Lidcombe, Bowral & District, Camden and Campbelltown, Fairfield, Liverpool

Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown (Executive Unit/Triple I), Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller – Budyari, Miller – The Hub, Moorebank, Narellan, Prairiewood (Fairfield Hospital), Rosemeadow, Wollondilly, The Corner Youth Health Service (Bankstown), Traxside Youth Health Service (Campbelltown), Fairfield Liverpool Youth Health Team

Child and family health services

Bargo, Bonnyrigg Heights, Bowral, Bringelly, Cabramatta, Camden, Campbelltown, Carramar, Chester Hill, Claymore, Edensor Park, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway Park, Hilltop, Hinchinbrook, Holsworthy, Hoxton Park, Ingleburn, Liverpool, Macquarie Fields, Macarthur Square, Miller, Mittagong, Moorebank, Moss Vale, Mt Pritchard, Narellan, Padstow, Panania, Penrose, Prairewood, Robertson, Robert Townsend, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

Oral health clinics

Bankstown (child), Bowral, Fairfield, Ingleburn, Liverpool, Narellan, Rosemeadow, Tahmoor, Yagoona

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

Other services

Aboriginal Health, Community Health, Drug Health, Mental Health, Population Health, Allied Health

Demographic summary

South Western Sydney Local Health District is one of the most ethnically diverse and populous local health districts in NSW. In 2011, there was an estimated 875,763 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 1.06 million people by 2021. In the decade 2011-2021, the population is expected to increase by almost 18,800 people each year.

South Western Sydney includes seven local government areas, including Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. It covers a land area of 6243 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. This is the most notable in Fairfield, where more than 74 per cent of the population speak a language other than English at home.

The local government areas where the highest proportions of the population identify as Aboriginal or Torres Strait Islander are Campbelltown, Wollondilly, Camden, Wingecarribee and Liverpool.

There is high natural population growth in the District, with approximately 13,000 births per year, representing more than 13 per cent of all births in NSW. The District contains areas with some of the highest fertility rates in the State, with most local government areas 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).

Across south western Sydney, there are approximately 187,000 children aged 0-14 years who account for 21.4 per cent of the District's population.

There are approximately 69,000 people over the age of 70 years (7.8 per cent of the population). In the decade to 2021, the number of people aged over 70 years is expected to increase by 55 per cent.

Year in review

Much has been achieved over the past 12 months to plan for the future delivery and development of services to meet the health needs of one of the fastest growing and most ethnically diverse populations of NSW. The District launched its 10 year strategic plan and five year corporate plan which outlined the strategic priority areas for the future delivery of healthcare services and much has already been achieved.

The $134 million redevelopment of Stage 1 of Campbelltown Hospital continues to progress well. Planning for Stage 2 has already begun and will include imaging services and further expansion of the acute hospital, including the emergency department, theatres, inpatient beds and expanded cancer services.

Planning has also commenced on the redevelopment of Bankstown-Lidcombe Hospital to include the expansion of acute service zones, ambulatory care, cancer services, mental health accommodation and operating theatres.

I am also really pleased to report that the District was nominated for six NSW Health Innovation Awards. This is an incredible achievement which demonstrates the dedication of staff to improving the health outcomes for patients and their families.

The District is committed to developing its workforce and providing excellent teaching facilities. This year the $8.4 million Clinical Skills and Simulation Centre and the $5 million Ngara Education Centre were opened on the Liverpool Campus, providing state-of-the-art simulation education experiences. A $9 million clinical school is also planned for Campbelltown Hospital in partnership with the University of Western Sydney.

Finally, the District continues to perform well financially and met its financial obligations in 2013-14 and reported a result that was favourable.

I would like to thank the staff, volunteers, community and consumer representatives who have all worked hard to make these fantastic achievements possible.

Amanda Larkin, Chief Executive

Key achievements for 2013–14

- Successfully gained accreditation for Fairfield, Campbelltown and Liverpool Hospitals. The Australian Council on Healthcare Standards EQuIP surveyors were particularly complimentary about the positive patient-focused culture and teamwork and community and consumer engagement. This was a fantastic result and a testament to the hard work and dedication of District staff.
- Made improvements on the number of patients spending less than 4 hours in emergency departments by almost nine per cent.
- Opened the Ngara Education Centre and Clinical Skills and Simulation Centre, state-of-the-art training facilities for health staff on the Liverpool Hospital Eastern Campus.
- A rate of 85 per cent of staff who have completed the online Respecting the Difference Aboriginal cultural awareness training.
- Achieved immunisation rates of 84 per cent of one year old Aboriginal and Torres Strait Islander children who were fully immunised and more than 93 per cent fully immunised at four years
- Coordinated the implementation of the Palliative Care Home Support Packages Program (PEACH) across five local health districts, enabling palliative care patients to die in the comfort of their own home.*
- Appointed Aboriginal Liaison Officers at Bowral & District, Fairfield and Bankstown-Lidcombe Hospitals with Aboriginal patients in all hospitals now having access to this service.
- Continued construction works at Campbelltown Hospital as part of the $134 million redevelopment. Additional funding was received to commence planning of Campbelltown Hospital Stage 2 and Bankstown-Lidcombe Hospital Stage 2.
- Signed an important partnership agreement with the Tharawal Aboriginal Medical Service signalling a new commitment to working together.
- Implemented a 24/7 theatre service at Bankstown-Lidcombe Hospital, enabling patients to receive timely surgical intervention and decrease surgery cancellation due to limited theatre access.
- Completed the new outpatient clinic at Bowral and District Hospital in conjunction with the University of Wollongong.
- Recognised three Camden and Campbelltown Hospital nurses who received NSW Health Nursing and Midwifery Awards for Best Midwife, Best Registered Nurse and Best Nurse Assistant.
- Improved access to hand therapy by 57 per cent and reduced surgery cancellations by 75 per cent through relocation of the District Hand Service from Liverpool to Fairfield. This move also saw a 316 per cent increase in the number of operations supervised by senior medical staff.
- Opened a new state-of-the-art Endoscopy Centre at Liverpool Hospital, providing the capacity to double the number of procedures currently performed in preparation for the growing population.
- Gained accreditation at Bankstown Hospital as a 24/7 Acute Stroke Thrombolysis Centre.

*(Erratum: incorrect program name – resolved)

Sydney Local Health District

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Facsimile:	9515 9610
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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, Leichhardt, Marrickville, Strathfield

Public hospitals

Balmain Hospital, Canterbury Hospital, Concord Centre for Mental Health, Concord Repatriation General Hospital, Royal Prince Alfred Hospital (RPA), Sydney Dental Hospital, Thomas Walker Hospital

Community health centres

Camperdown, Canterbury, Croydon, Marrickville, Redfern

Our Community Health Centres provide a range of services across our clinical networks and streams, including Community Health, Mental Health, Oral Health, Drug Health, Sexual Health and Aboriginal Health Services

Child and family health services

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

Community Oral Health Clinics are provided at Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital, RPA. Through the Aboriginal Oral Health Hub and Spoke Program, the Aboriginal Oral Health Clinic based at Sydney Dental Hospital provides services to Aboriginal people in metropolitan areas as well as outreach services to rural and remote Aboriginal communities in partnership with Aboriginal Medical Services and Aboriginal Community Controlled Health Services

Affiliated health organisations

Tresillian Family Care Centres

Other services

Aboriginal Health, Aged, Chronic Care and Rehabilitation Services, Allied Health, BreastScreen Services (RPA, Canterbury and the mobile van), Centre for Education and Workforce Development, Chris O'Brien Lifehouse at RPA, Concord Cancer Centre, Community Nursing Services, Croydon Health Centre, Drug Health, Health Care Interpreter Team, Heterosexual HIV Service, Mental Health Services, Nursing and Midwifery Services, Oral Health, Planning, Population Health, Sexual Health Outreach Clinics, Sydney Local Health District Research, Sydney Research (16 founding members including SLHD, The University of Sydney and affiliated Medical Research Institutes), Sydney South West Pathology Services (NSW Pathology), Yaralla Estate, Youth Health Outreach Clinics

Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney, covering the local government areas of City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield, covering 126 square kilometres.

The District provides healthcare to more than 580,000 residents of the inner west of Sydney, as well to as a large population of people outside of the District who require the tertiary and quaternary healthcare services, such as trauma care, intensive care and transplantation surgery. By 2021, the District's population is expected to reach 642,000. According to Census data, 9041 babies were born to Sydney mothers in 2011, representing 9.1 per cent of all babies born in NSW.

Sydney Local Health District is characterised by socioeconomic diversity with pockets of extreme advantage and disadvantage. In 2011, there were an estimated 4496 people living with homelessness in Sydney. This constituted 16 per cent of homelessness in NSW. Forty six per cent of homeless people in the District were living in boarding houses.

The traditional owners of the land on which the District stands are the Gadigal and Wangal people of the Eora Nation. At the time of the 2011 Census, there were 4875 people who identified as either Aboriginal or Torres Strait Islander living in Sydney.

Across the District, 43 per cent of residents speak a language other than English at home, almost twice the level of NSW as a whole (22 per cent). The proportion and numbers of people speaking another language ranged from 87,793 people: third highest proportion in the State (64 per cent) in Canterbury, to 7892 people (15 per cent) in Leichhardt local government area. Across the whole District, 7.7 per cent of the population was born overseas, in predominantly non-English speaking countries, describe themselves as not speaking English well or not at all. The main languages spoken were Mandarin (28,712 people), Arabic (26,665 people), Greek (24,654 people) and Cantonese (22,881 people).

At the same time 23,264 people with disability in Sydney Local Health District required assistance with daily living. An estimated 106,960 people with disability live in the District and around 45,000 people identify as being unpaid carers.

Year in review

The vision of the Sydney Local Health District is to achieve excellence in healthcare for all. Across the District more than 150,000 people attended our emergency departments, 24,000 operations were performed in our hospitals and more than 6900 babies were born at Royal Prince Alfred and Canterbury Hospitals. The District has now maintained outstanding surgical performance at level zero for 40 months and came in on budget for 2013-14.

The District finalised the transition of shared services with South Western Sydney Local Health District to Sydney. In November 2013, selected non-admitted cancer services were transitioned from RPA to the new Chris O'Brien Lifehouse on the RPA Campus, the first private, public partnership of its type for the treatment of cancer patients in NSW, building on the excellent cancer services provided by RPA.

Innovation and research continue to drive best practice for Sydney Local Health District. This year saw the development of the Innovations Group and annual Innovation and Research Symposium. The District's second annual symposium in May 2014 brought together more than 500 delegates, 30 distinguished speakers and health professionals from across the District and beyond to share their stories and provide opportunities for cross-service collaboration.

The District established its Health Equity Unit and Population Health Observatory. The STARS program was introduced to deliver effective data to our clinicians and service managers to help drive continual service improvement.

More than 15 research entities, the District and the University of Sydney come together to form Sydney Research, one of eight research hubs across the state. Sydney Research has already been successful in driving improvements in healthcare, for example, developing strategies to improve the physical wellbeing of people living with a mental illness.

This year the District embraced new media tools to improve access for our community to our health services and health information. We have launched the Sydney Local Health District Facebook and YouTube channels, established a new Community Advisory Council and continued to build on our event calendar. We are also refreshing our websites to help provide communities with better access to information about our services.

In 2014-15, the new Missenden Mental Health Unit will open and our Patient and Family Centred Care program will continue to be developed. Celebrations are planned for the centenary of early childhood services and 110 years of Sydney Dental Hospital. A new Disability Action Plan and Information Communication Technology Plan will also help shape our services in 2014-15.

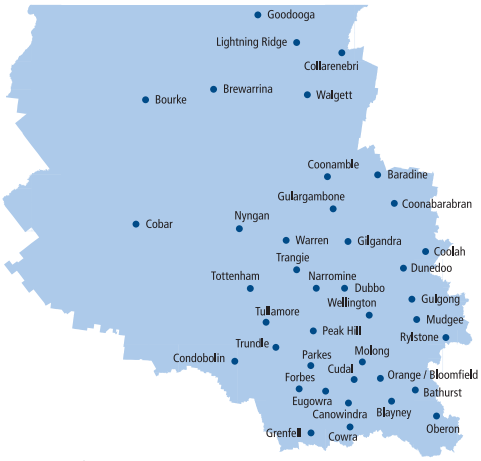
By working together, we continue to grow and improve our health services to ensure a health system we are proud of today and for generations to come.

Dr Teresa Anderson, Chief Executive

Key achievements for 2013–14

- Launched the Sydney Innovation and Research Symposium, showcasing the remarkable and ground-breaking clinical work and research being conducted in our District every day. The Symposium featured keynote addresses from the University of Sydney's Dr Michael Spence and Australian of the Year Sir Gustav Nossal. Over 500 delegates witnessed more than 30 presentations from our leading researchers and clinicians, creating opportunities for cross-service collaboration.
- Launched the STARS program, a data mining platform providing access for clinicians and managers to enable better business practices and more effective collaboration across the organisation.
- RPA emergency department made significant improvements to its model of care and patient flow processes. The introduction of the Team-Based Care model has had a considerable impact on the National Emergency Access Target performance at RPA. The average overall length of stay has reduced by 30 minutes for all emergency department patients.
- Opened two new centres of excellence for Concord Hospital. The Survivorship Centre for recovery after cancer and the new Concord Palliative Care Centre. The Palliative Care Centre is a $9 million, 20 bed unit featuring spectacular views, private gardens and courtyards and open family entertainment areas. It provides support and symptom management for patients and their families during the final stages of illness.
- Expanded Hospital in The Home to Concord and Canterbury Hospitals and communities.
- Invested in new mobile devices for all Sydney District Nursing staff to enable point-of-care electronic medical record access and supported data sharing with acute hospitals and services.
- Developed, accredited and implemented the first ever Graduate Diploma of Essential Surgical Skills a collaboration between The Centre for Education and Workforce Development and the Sydney South West Surgical Skills Network.
- Celebrated the 20 year anniversary of the Community Visitors Scheme in March 2014. The Scheme has 240 volunteers visiting 360 residents throughout Sydney and provides bi-lingual and multi-lingual volunteers to regularly visit residents with similar cultural backgrounds in aged care homes.

Western NSW Local Health District



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Chief Executive:	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, MPS, Condobolin, Cowra, Dubbo, Lachlan (incorporating Forbes and Parkes Health Services), Molong, Mudgee, Narromine, Orange Health Service Bloomfield Campus incorporating Bloomfield Mental Health Service, Peak Hill, Wellington

Multipurpose Health Services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Coolah, Coonamble, Dunedoo, Eugowra, Gilgandra, Grenfell, Gulargambone, Gulgong, Lightning Ridge, Nyngan, Oberon, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett and Warren

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, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

Other programs and service arrangements relating to child and family health include: Statewide Eyesight Preschool Screening Program, Statewide Infant Screening – Hearing Program, Aboriginal Otitis Media Program

Aboriginal Maternal and Infant Health Strategy 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 Community Dental Clinic, Condobolin Child Dental Clinic, Cowra Child Dental Clinic, Dubbo Community Dental Clinic, Forbes Child Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, and Parkes Child Dental Clinic. Visiting public Oral Health Clinics and other oral health services arrangements provided in the District occur at the following: Cobar Child Dental Clinic at Cobar Health Service, Coonabarabran Child Dental Clinic at Community Health, Cowra Hospital Dental Clinic (Adult Assessments), Dunedoo MPS Dental Clinic (Private Practitioner use), Gilgandra Multipurpose Service Dental Clinic (visiting public service and Private Practitioner use), Gulgong MPS Dental Clinic, Lightning Ridge Multipurpose Service Dental Clinic (Service provided by Royal Flying Doctor Service and Private Practitioner use), Goodooga Dental Room at Goodooga Primary Care Centre (Service provided by Royal Flying Doctor Service), Collarenebri Dental Room at Collarenebri Multipurpose Service (Service provided by Royal Flying Doctor Service), Nyngan Child Dental Clinic (provided at Nyngan Public School), Oberon Child Dental Service (provided at Oberon Shire Dental Clinic), Rylstone Dental Clinic at HealthOne Rylstone (visiting public service and private practitioner use), Tottenham Multipurpose Service Dental Clinic, Trundle Dental Clinic (fixed Dental Van) at Trundle Central School, Wanaaring Dental Clinic (Service provided by Royal Flying Doctor Service), Warren Child Dental Clinic (provided at Warren Shire Medical Centre), Wellington Health Service Dental Clinic

Services are also provided through local partnerships at the following clinics which are not operated by WNSW LHD: Bourke Aboriginal Health Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic, Coonamble Aboriginal Medical Service Dental Clinic, Brewarrina Shire Dental Clinic

Affiliated health organisations

Lourdes Hospital and Community Services – Dubbo, St Vincent's Outreach Services – 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 Western NSW Local Health District serves a population of approximately 270,775 people (2011 estimated resident population). The District covers a geographical area of 249,804 square kilometres, including 23 local government areas and has a widely dispersed population and a higher proportion of Aboriginal people (11.1 per cent) than most other local health districts. Seven of its local government areas are classified as 'remote' or 'very remote' by the Area Remote Index of Australia Plus classification. Most of the population is concentrated in large cities and towns in the Bathurst Regional, Cabonne, Orange, Dubbo, Mid Western Regional, Parks, Forbes and Cowra. A small increase (8 per cent) in the overall population is projected to 2026. 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.

Social factors such as income, socio-economic status, employment status and educational attainment are all associated with inequalities in health, lower socio-economic status being associated with increased morbidity and mortality. The Index of Relative Socio-economic Advantage /Disadvantage is one of the ABS Socio-Economic Indicators for Areas. When compared to NSW, the population of the District has lower household weekly incomes, higher percentages of people receiving income support and an overall lower socio-economic status, contributing to a rate of disease higher than the State average.

Year in review

During 2013-14, Western NSW Local Health District saw a range of improvements in access and treatment indicators. This included an above-target increase in patients treated in a community setting, and better than targeted decreases in avoidable admissions and re-admissions. Significant improvements were made in our emergency departments, with all triage category timeframes met. All National Elective Surgery Targets were either met or within acceptable tolerances. We experienced a 31 per cent decrease in complaints in the second half of the year and a 45 per cent decrease in blood stream infections.

A significant improvement to the District's financial position for 2013-14 was announced, with Western NSW almost coming in on budget.

In September 2013, the District launched its *Strategic Health Services Plan 2013-16*. Incorporating the findings of the Health Needs Assessment, the Plan provides the direction and framework for operations over the next three years and identifies five priority areas: coherent system of care; supporting high performance primary care; close the Aboriginal health

gap; improving patient experience; and living within our means. Implementation of the Plan is on track.

The significant capital investment into Western NSW Local Health District provided many highlights during the year. The $91.3 million Stage One and Two Dubbo Hospital Redevelopment, jointly funded by the NSW Government ($84.2 million) and the Commonwealth ($7.1 million) commenced. A new clinical services building is scheduled for completion in late 2015, with refurbishment works to follow. Planning is currently underway for Stages Three and Four which will expand inpatient and ambulatory care services. This planning is scheduled to be completed at the end of 2014. As part of the Lachlan Health Service project, the design development of the new $72.5 million Parkes Hospital commenced and is almost complete. Early works of the $40.9 million refurbishment of Forbes Hospital is about to commence. The Lachlan Health Service capital works project is scheduled for completion in late 2016.

Construction of the new $7 million Gulgong Multipurpose Service was completed and facility commissioning commenced, offering residential aged care, primary and community care, and emergency care services. Construction also commenced on the new $12 million Peak Hill Multipurpose Service.

In October 2013, the NSW Health Minister visited the District to view progress on all major capital works projects.

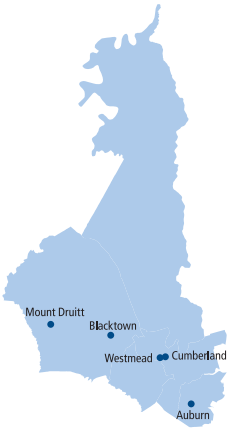
Thanks to the committed staff and volunteers of the District, Western NSW continues to provide high quality services.

Scott McLachlan, Chief Executive

Key achievements for 2013–14

- Launched *Living Well Together* internally as a new approach to how the District cares for patients, focusing on consistency, accountability and sustainability in service delivery and patient care. *Living Well Together* provides staff with the tools and techniques to deliver a planned, consistent and disciplined approach to conducting business and caring for patients, ultimately improving patient safety and outcomes.
- Selected as a demonstrator site for implementation of the NSW Health Minister's integrated care strategy which aims to provide seamless care to people in an integrated way, from care in the community to acute care in hospital.
- Won three awards at the annual NSW Health Innovation Awards, including Collaborative Leader of the Year (Dr Gabriel Shannon), NSW Staff Member of the Year (Wendy Robinson), NSW Health Minister Award for Innovation for In Safe Hands – Structure Interdisciplinary Bedside Rounds.
- Reduced the incidence of trachoma from six per cent to zero per cent in a rural community as part of a NSW Health pilot project. Trachoma is the leading cause of infectious blindness in the world which is preventable by early detection and treatment. The Trachoma Screening Project conducted in 10 rural and remote communities in NSW identified a focus for this important work.
- Commissioned and completed a review into the District's mental health drug and alcohol services. The Review Report recommended the District moves to a more contemporary way of caring for people with mental illness by decreasing acute and non-acute inpatient services for adults and non-acute inpatient services for older people and increasing community and residential services.
- Developed and endorsed an *Aboriginal Workforce Plan*, focusing on six key areas including increasing the representation of Aboriginal people employed to 9.4 per cent.
- Conducted a Rural Staffing Review to ensure staffing levels are aligned to each facility's activity, reflecting more reliable and equitable staffing arrangements.
- Held the inaugural Health Council Forum where more than 80 community representatives from 30 of the 37 Health Councils met to discuss health issues and challenges in their communities.

Western Sydney Local Health District



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Chief Executive:	Danny O'Connor

Local government areas

Auburn, Blacktown, Holroyd, Parramatta, The Hills Shire

Public hospitals

Auburn Hospital, Blacktown Hospital, Mount Druitt Hospital, Cumberland Hospital (Mental Health Services), Westmead Hospital

Community health centres

Auburn Aged Day Services, Auburn Community Health Centre, Balcombe Heights Aged Day Services, Blacktown Community Health Centre, Blacktown/Mount Druitt Sexual Assault Service, Child Protection Counselling Service, Carinya Aged and Ethnic Day Service, Copperfield Cottage Aged Day Service, Crestwood Aged Day Service, Doonside Community Health Centre, HealthOne Rouse Hill, Hevington House Dementia Day Service, High Street Youth Health Service, Hills Physical Disabilities Team, Merrylands Community Health Centre, Mount Druitt Community Health Centre, Parramatta Community Health Centre, Rosewood Cottage Aged Day Service, Tallowood Dementia Day Service, The Hills Community Health Centre, Western Area Adolescent Team, Westmead Sexual Assault Service

Auburn Community Drug Health Counselling, Blacktown Community Drug Health Counselling, Blacktown Opioid Treatment Unit (Drug Health), Centre for Addiction Medicine Cumberland, Centre for Addiction Medicine Mount Druitt, Doonside Community Drug Health Counselling, Fleet Street

Clinic, Merrylands Community Drug Health Counselling, Parramatta Community Drug Health Counselling, The Hills Community Drug Health Counselling

Child and family health services

Auburn Early Childhood Centre, Baulkham Hills Early Childhood Centre, Blackett Public School, Blacktown Early Childhood Centre, Castle Hill Early Childhood Centre, Dean Park (William Dean) Public School, Dundas Early Childhood Centre, Epping Early Childhood Centre, Ermington Early Childhood Centre, Glendenning Public School, Granville Early Childhood Centre, Greystanes Early Childhood Centre, Guildford Early Childhood Centre, Hassall Grove Public School, Holy Family Centre, Jasper Road Public School, Kellyville Public School, Lalor Park Early Childhood Centre, Lidcombe Early Childhood Centre, Marayong Early Childhood Centre, Minchinbury Public School, North Rocks Public School, Old Toongabbie Early Childhood Centre, Parramatta North Public School, Plumpton Public School, Quakers Hill East Public School, Regents Park Early Childhood Centre, Riverstone Early Childhood Centre, Ropes Crossing Community Resource Hub, Rouse Hill Public School, Seven Hills Early Childhood Centre, Sherwood Ridge Public School, Tregear Public School, Wentworthville Early Childhood Centre, Winston Hills Public School

Oral health clinics

Blacktown Dental Clinic, Mount Druitt Dental Clinic, Westmead Centre for Oral Health

Other services

Aboriginal Health Unit, Centre for Population Health, Education Centre Against Violence (ECAV), Forensic Medical Unit (for victims of domestic violence), Health Care Interpreter Service, Multicultural Health, New Street Adolescent Service, NSW Education Program on Female Genital Mutilation (FGM), Pre Trial Diversion Program, Westmead Breast Cancer Institute (BCI), Westmead BCI Treatment & Assessment Clinics, Westmead BCI Administration

BreastScreen NSW Sydney West clinics: Auburn BCI Sunflower Clinic, Blacktown BCI Sunflower Clinic, Castle Hill BCI Sunflower Clinic, Mount Druitt BCI Sunflower Clinic, Parramatta BCI Sunflower Clinic, Women's Health at Work

Demographic summary

Western Sydney Local Health District is responsible for providing and managing all public healthcare within five local government areas, incorporating 120 suburbs.

Our cutting-edge services provide a broad range of needs-specific healthcare to more than 900,000 local residents, as well as statewide specialty services interstate and internationally operating out of more than 100 sites including four hospitals, and an extensive network of community health centres.

The District provides healthcare services to one of Australia's fastest growing urban populations with a rich tapestry of culture, people, traditions and beliefs, and a growth rate nearly twice that of most of the rest of NSW. A total of 43 per cent of the District's population was born overseas.

Approximately 11,500 or 1.4 per cent of our population self-identified as being Aboriginal, with the majority (8000) living in the Blacktown local government area. A total of 45 per cent of residents speak a language other than English at home with the largest proportion from Auburn at 79.5 per cent. Arabic, Cantonese, Mandarin, Hindi, Tagalog are the most commonly spoken languages other than English.

Our population is younger than the State average with 7.6 per cent being pre-school age (0–4 years) compared to 6.6 per cent. Four of the five local government areas have higher total fertility rates than the State average.

Year in review

This year has seen tremendous growth and development of the Western Sydney Local Health District. From large-scale infrastructure enhancements to the implementation of innovative models of care, the District has continued its steady progression into one of NSW's leading local health districts.

The NSW Government allocated $6 million in planning funding for the redevelopment of the Westmead Hospital precinct. Once complete, it will be the largest integrated health, research, education and training precinct in the world and a key area of the NSW Government's policy to transform western Sydney into a global growth corridor and economic stimulus for NSW and beyond.

Building has also continued at Blacktown and Mount Druitt Hospitals, with Stage 1 of the $324 million redevelopment in full swing and many projects already completed. The newest addition to the Hospital is the Melaleuca Mental Health Unit that offers innovative models of care, based on feedback from patients and staff. Before 2031, the District will be the most populous local health district in NSW, and these pivotal infrastructure enhancements, coupled with effective models of care, will ensure we are better able to provide health services for the people of western Sydney.

This year saw greater collaboration and strengthening of key strategic partnerships, both within our local government areas and across the State. Our continued work with WentWest Medicare Local has seen the District become one of three demonstrator sites under the NSW integrated care strategy, while the opening of Westmead's Millennium Institute this year is sure to sustain and encourage the ground breaking work regularly conducted by our medical research partners.

Danny O'Connor, Chief Executive

Key achievements for 2013–14

- Reduced the overall District deficit by $4.5 million, from the previous year, despite clinical activity increasing by eight per cent. The District has also focussed on improving its financial transparency implementing improved costing systems and providing greater financial reporting and training throughout the business.
- Received the Harry Collins Award at the 2013 NSW Health Innovation Awards for the MRSA control in a NICU population program. The Program aims to reduce or eradicate healthcare-associated Methicillin Resistant Staphylococcus Aureus colonisation in Neonatal Intensive Care Unit population and ultimately hospital-wide, reducing the risk to patients of potentially serious infection.
- Built a new multistorey car park as part of the Stage 1 Expansion of Blacktown Hospital; a sub-acute mental health unit (Melaleuca); refurbished the current hospital building and continued work on the new Clinical Services Building that is expected to open in early 2016. Refurbished the Mount Druitt

Hospital main entrance; expanded the Oral Health Unit; built a new Emergency Department Urgent Care Centre and a sub-acute rehabilitation unit.
- Achieved agreed National Elective Surgery Targets through work of the District's Surgical Stream Taskforce. In 2013-14 elective surgery performance improved, with changes resulting in more certainty and improved timeliness of access to elective surgery.
- Collaborated with WentWest Western Sydney Medicare Local on the District's Diabetes Prevention and Management Initiative, focussing on whole of district care for people with diabetes to address the prevalence of this chronic disease. Western Sydney is a diabetes hot-spot with four of our five local government areas experiencing prevalence rates above the NSW and national rates.
- Participated in the Transition to Professional Practice Metropolitan Rural Exchange for Nursing and Midwifery for the first time in 2014. As part of the Exchange, two Griffith Base and Wagga Base hospital Registered Nurses' gained valuable skills and experience at Blacktown and Westmead hospitals which are readily transferrable to regional facilities.
- Partnered with the NSW Ministry of Health and NSW Ambulance on the Mental Health Acute Assessment Team pilot with a multidisciplinary team dispatched to specific mental health-related Triple Zero calls.
- Recognised as a finalist in the NSW Premier Partnership Awards for the bstreetsmart program which aims to reduce the incidence of road trauma among our youth. This award recognises outstanding partnerships between public sector teams and business, non-government, and/or academic/training organisations to deliver results against at least one goal in the NSW 2021 plan.
- Over the past year, the Research and Education Network has supported 338 research projects through ethics and governance approvals. The Research Office has streamlined ethics and governance processes, and increased information, communication and training, following the publication of the Research Governance Review Report 2013.

Affiliated organisations

St Vincent's Health Network

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Chief Executive:	Associate Professor Anthony Schembri

The St Vincent's Health Network provides public health services at three Sydney facilities, including St Vincent's Hospital and the Sacred Heart Health Service at Darlinghurst, and St Joseph's Hospital at Auburn

Year in review

This year marks several major milestones for St Vincent's including the 175 year Anniversary of the arrival of the first Sisters of Charity in Australia. The 30 year anniversary of the establishment of the St Vincent's National Heart Lung Transplant Unit and the 30 year anniversary of the opening of Australia's first HIV/AIDS ward. This year also saw the celebration of the 50 year Anniversary of the St Vincent's Pain Service, the first such service in the country.

St Vincent's Hospital Sydney and Sacred Heart Health Service underwent the Australian Council of Healthcare Standards EquIPNational periodic review in April 2014. Both facilities performed extremely well with no high priority recommendations made and both health services maintaining their accredited status. Similarly, St Joseph's Hospital underwent the organisation-wide survey for the EquIPNational standards in June. As with St Vincent's Hospital and Sacred Heart Health Service, there were no high priority recommendations identified and all core actions were satisfactorily met at St Joseph's with accreditation status maintained.

St Vincent's Health Network strives to ensure the highest levels of patient satisfaction in delivering care. It was reassuring to note that St Vincent's Hospital Sydney was rated in the top 10 of all the public and private hospitals across Australia, in Australia's largest not-for-profit health fund 2013 patient survey of hospital experiences of more than 11,000 of its members from across Australia. Of these top 10 hospitals, St Vincent's is the only public hospital in Australia to have ranked in the top 10 for patient recommendation for care with a ranking of 9.2 out of 10.

The past year has witnessed a significant improvement in the performance of the Network in improved patient access and financial operations.

In relation to timely access to care, National Elective Surgery Targets for Category 1, Category 2 and Category 3 patients, there were no patients waiting beyond their clinical wait time as at 30 June 2014. The Network also met the agreed NSW Ministry of Health trajectory for National Emergency Access Target. Achieving these targets remains a priority for the Network in the coming year.

The initiatives implemented to improve timely access to care included extending the 'fast track' protocol for non-admitted patients by up to four hours per day, as well as the extension of the emergency medical unit inclusion criteria to include patients on the chest pain pathway. The Whole of Hospital Program for National Emergency Access Target continues to see improvement throughout the Network with the individual work-streams on track.

The emergency department three day timeline study which commenced in May is already showing a number of opportunities for the Emergency Medical Unit. Other strategies underway to further improve performance include the Back of Hospital Project to create capacity for emergency department patients within the hospital and the Patient Flow Project which is currently reviewing the work practices of the bed managers to increase efficiency.

The last financial year saw St Vincent's Health Network adopt several initiatives to ensure financial sustainability and resulted in a break-even financial result for the financial year. Additional

patient revenue, savings in pharmacy and blood usage and reductions in agency/casual nursing use and overtime have been particularly successful strategies.

This year the Network established a Clinical Council which incorporates senior clinical staff (medical, nursing, allied health), professorial appointments, medical staff council representatives, executive and clinical program medical and nursing leads. The Clinical Council continues to consider a number of high priority matters including improving access performance, post-acute and inpatient rehabilitation, infection prevention and quality performance, palliative care services and hospital efficiency both financial and operational. The involvement of consumer representatives continues with peer-elected staff also contributing to the Council's deliberations.

St Vincent's Health Network is currently working with the NSW Ministry of Health to progress a new longer term agreement for ongoing service provision and funding.

A personal note of thanks to staff, Board members, volunteers and donors for their support in providing excellence in care for the community.

Associate Professor Anthony Schembri, Chief Executive

Key achievements for 2013–14

- Cleared the HIV virus in two patients after bone marrow transplants – a world first for these doctors.
- Welcomed $5.5 million Federal funding over four years with the Garvan Institute to a National Prostate Cancer Research Centre at The Kinghorn Cancer Centre.
- Carried out the first 'heart-in-a-box' transplant in the Southern Hemisphere.
- Worked with Government to help drive legislation change reducing alcohol violence around the Sydney central business district.

COMPLIANCE CHECKLIST AND GLOSSARY

Compliance Checklist

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Glossary

Activity Based Funding

Activity Based Funding 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. Activity Based Funding 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 Activity Based Funding 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 Medical Assessment Unit 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 healthcare 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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