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**NSW HEALTH**



*Annual*

**Report**

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## NSW Health

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NSW Health Department is located at 73 Miller Street, North Sydney. You can visit anytime between 8.00am and 5.30pm, reception is on Level 5. Postal address LMB 961, North Sydney 2059 Internet address: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

## Cover Story

NSW Health working with you and your community to improve health, equity of access, and quality of care and service.

Further copies of this report are available from the Better Health Centre, 162 Blues Point Road, North Sydney 2060 or the report can be downloaded from our internet site.

# NSW Health Annual Report for the financial year ended 30 June 1997

The Hon. Andrew Refshauge MP  
Deputy Premier, Minister for Health  
and Minister for Aboriginal Affairs  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Dr Refshauge

In compliance with the terms of the Annual Reports (Departments) Act 1985, the Annual Report (Statutory Bodies) Act 1984 and the Public Finance and Audit Act 1983, I submit the Annual Report and Financial Statements of NSW Health for the financial year ended 30 June 1997 for presentation to Parliament.

Yours sincerely



Michael Reid  
Director-General

## Mission

To enable the people of NSW to have the best health in the world.

### The health system has two major responsibilities:

- to be concerned about all aspects of the health of the population; and
- to provide a high quality and efficient network of health services.

## Goals

### Improving health:

maintaining an ongoing concern with the health of the population and outcome of programs and services;

### Improving equity of access:

ensuring access to comprehensive services is available on the basis of need; and

### Improving quality of care and service:

fostering best practice, providing the patient with a clear and easy pathway through the system and managing resources effectively.

## Corporate Charter

The NSW Health Department is established under Section 6 of the Health Administration Act 1982. The Department supports the Minister in performing his executive and statutory functions which include 'promoting, protecting, developing, maintaining and improving the health and well-being of the people of New South Wales, to the maximum extent possible, having regard to the needs of and financial and other resources available to the State'.

### A day in the life of NSW Health

3,604

people are admitted for treatment

19,228

people are undergoing inpatient treatment

57,703

receive non-inpatient services

4,531

people are treated in emergency departments

22,448

people receive outpatient treatment

# Message from the Director-General

It has been a busy year for health and for me. Since my appointment as Director-General in March I have carried on the tradition I established as Chief General Manager of getting out, listening to and communicating with people in the health system. Throughout the year I have visited most health services throughout NSW to see at first hand health improvement initiatives, research activities and capital works projects across the spectrum of community based, hospital and nursing home care.

On my appointment, I announced a more streamlined structure for top management in the Department. Under the new structure, there are three second tier positions: Deputy Director-General Operations; Deputy Director-General Policy; and Deputy Director-General Public Health and Chief Health Officer. To further enhance the Department's focus on mental health, the Centre for Mental Health was moved from the Public Health Division to the Policy Division. The Deputy Director-General Operations manages the areas of Corporate Services, Performance Management, Finance and Commercial Services and Information and Asset Management.

During the year the Department undertook a major initiative within the health system by introducing, developing and implementing Performance Agreements with health services. The objectives of the Performance Agreements were designed to maintain accountability within the health system, clarify roles and responsibilities and strengthen the existing partnership between the Department and health services. To date the program has proved very successful, but to strengthen the Performance Agreements in 1997/98 an agreed level of baseline and enhancement activity with associated funding will be included.

At the end of 1996 the Deputy Premier and Minister for Health established a Ministerial Committee to advise on the development and implementation of a coordinated approach to monitoring the quality of health care in New South Wales. The Ministerial Advisory Committee on Quality Health Care has been active in following up on its brief by focussing on three important dimensions of quality in health care: safety of care; appropriateness of care; and the role that patients and consumers have in contributing to the planning, policy making and performance of health services.

The past year has seen an increasing emphasis on clinical practice that is evidence based, seamless and aimed at improving the health status and outcomes of individuals as well as improving the health of the population at large. This poses many challenges to the traditional ways that health services;

- have been funded;
- have provided services; and
- have been accountable to health consumers.

Early in 1997 each of the metropolitan Area Health Services and the New Children's Hospital developed Winter Strategy plans, with the aim of effectively managing patient access to hospital care over the winter months. Initiatives were implemented to enhance emergency services and other hospital resources (beds, staff etc) during winter, in a bid to decrease waiting times for emergency patients and to ensure the availability of inpatient beds for those patients requiring them. With the onset of winter and in accordance with the plans, the Areas opened over 200 additional beds, increased medical, nursing and allied health staff levels and adjusted the amount of booked admissions in order to effectively manage the increased winter workload. These initiatives have eased the pressures on emergency departments and on inpatient areas of the hospitals.

During 1997 the Ambulance Service entered into an Accord with the Sydney metropolitan Area Health Services to achieve and maintain unrestricted access for the Ambulance Service to hospital emergency departments. The Accord and the Winter Strategy bed management plans appear to have contributed to a marked reduction in the occasions of restricted access to emergency departments over recent months. During June 1997, for example, there were 75% less hours of restricted access to emergency departments in the Sydney metropolitan Area, than occurred during June 1996.

While admissions remain reasonably stable, there has been growth in the areas of non-inpatient services, hospital outpatient services, emergency department services and day surgery. Non-inpatient occasions of service such as dental and community health services increased by 1.1 per cent or an extra 225,000. Day surgery admissions to public hospitals increased by 18,600 or 3.9 per cent compared to last year. This trend will continue with the further development of new short-acting anaesthetics, improved pain management techniques and advances in surgical technology.

This year has seen the start on the \$90 million Blacktown - Mount Druitt Hospitals redevelopment securing state-of-the-art facilities for thousands of families in Western Sydney. There was also the successful move of the Royal Hospital for Women from Paddington to Randwick. The new \$42 million hospital will be a centre of excellence for women's health.

During the year the Department has put together an exhibition "100 Years of Caring" in celebration of the Centenary of the implementation of the first Public Health Act. The exhibition will tour New South Wales and be on display in all Health Services throughout New South Wales over the next two years.

These and other major achievements of NSW Health are highlighted throughout this report. The achievements would not have been possible without the dedicated staff who work in the NSW Health system, and I am confident that NSW will continue to build on the standards of excellence that distinguish it from health systems in other states.



**Michael Reid**  
**Director-General**

# Highlights 1996/97

## Health Funding

In May the NSW Government announced it would increase health funding for 1997/78 by 4.1 per cent or \$223 million to a total of \$5.591 billion excluding capital works. Factoring in the \$134 million out of budget enhancement for 1996/97, the recurrent increase to Health in 1997/98 will total \$452 million.

## \$1.5 million seeding funding for health promotion

A total of \$1.5 million in seeding funding has been committed by the NSW Government to establish the Australian Centre for the Promotion of Effective Healthcare at the University of Sydney. The new Centre will become a national leader in the development of outcomes-based health services.

## Nepean Hospital \$59 million Redevelopment

A total of \$59 million will be provided to fund Stage 2A of the redevelopment of Nepean Hospital, significantly enhancing the services available to the people of Penrith, the Blue Mountains and Hawkesbury areas. The project will include construction of a new women and children's health building, replacing older ward accommodation, upgrading intensive care and providing on site nuclear medicine services.

## Liverpool Hospital redevelopment

Australia's largest new hospital development, Liverpool Hospital's redevelopment became operational in May 1997. The redevelopment includes a state-of-the-art Clinical Building for acute hospital services as well as the Thomas & Rachel Moore Education Centre. It will provide residents of Sydney's South West with the highest level of hospital services.

## \$8.5 million Emergency Department Plan

\$8.5 million was distributed among emergency department throughout NSW to improve waiting times. The money was used to employ extra senior clinical, clerical and ancillary staff, to upgrade computer equipment and provide training courses for staff.

## Blacktown-Mount Druitt Hospitals

Work commenced on the \$90 million redevelopment of Blacktown-Mount Druitt Hospitals. The major capital redevelopment will secure state-of-the-art health facilities and services for thousands of families in Western Sydney.

## Scalds prevention among children

The NSW Government provided \$80,000 to Kidsafe for the next phase in a campaign to prevent young children being scalded. This phase of the campaign will focus on new parents, plumbers and electricians and will aim to increase the awareness of the risks of scalds and the ways scalds can be prevented.

## Scholarship Funding for Five Aboriginal and Torres Strait Islanders

The Public Health Division provided five Aboriginal and Torres Strait Islander people with scholarships for postgraduate studies in Public Health in 1997. They will study at the Centre for Clinical Epidemiology and Biostatistics at the University of Newcastle, to prepare them for entry into the Department's Public Health Officer Training Program next year.

## NSW Aboriginal Health Partnership Agreement

The Minister signed the NSW Aboriginal Health Partnership Agreement in January, between the NSW Aboriginal Health Resource Cooperative (AHRC) and NSW Health. The historic partnership was formed to jointly advise the Minister on health policy, strategic planning and broad resource allocation issues for Aboriginal health. The aim is to get NSW Health and the AHRC to work together and give communities the opportunity to actively resolve all important health issues. It also gives them the chance to be involved in improving health and restoring the physical, social, emotional and cultural well-being of their own communities.

## Upgrading Ambulance Services

In the past year the Ambulance Service recruited 106 new ambulance officers, this was in line with a pre-election promise from the State Government to employ an extra 100 ambulance officers. The Ambulance Service purchased 70 GMC 'J line' state-of-the-art ambulance vehicles. The purchase of these vehicles was the result of years of research and development in consultation with ambulance officers.

## Opening of Warehouse Youth Health Centre in Penrith

The Warehouse Youth Health Centre offers young people in Western Sydney better access to a broader range of health services. The purpose-built youth health facility provides a much improved service for the growing number of young people in Western

Sydney. Services provided include clinical, counselling, health promotion and a mobile outreach service.

### **Sales to Minors**

A two-part campaign was organised in conjunction with QUIT. The first part of the program required proof of aged to purchase cigarettes, if you could not prove you were 18 years old - there was no sale. Part two involved the community - if anyone noticed a shop selling cigarettes to under 18 year olds, they could ring a special number and notify authorities

### **Body Image Campaign**

Dr Refshauge along with Faye Lo Po, Minister for Fair Trading and Minister for Women launched the campaign. The campaign was aimed at young girls with a desire to be unrealistically thin.

### **Working Together**

NSW Health worked closely with the Environment Protection Authority, NSW Fisheries and the local council, to resolve the health and water quality issues associated with oyster production in NSW.

### **Major Public Health Issues**

**Illawarra Leukaemia Investigation** - In October it was revealed that 11 people aged less than 40 from the Warrawang area had been diagnosed with leukaemia since 1989. NSW Health immediately set about informing the community. Public meetings were held, an information leaflet was distributed, and those with the illness and their families were kept informed throughout the course of the investigation. An additional Public Health Officer was sent to the Illawarra to solely work on the investigation of the leukaemia cluster and a steering committee was set-up. The steering committee was made up of representatives from the community, NSW Health, Environment Protection Authority, local industry, Wollongong City Council and the University of Wollongong worked together as an expert advisory group for the investigation. After a long investigation no specific cause could be found for the leukaemia cluster.

#### **Selenium from Fish in Lake Macquarie investigation**

After a NSW Health investigation into selenium levels it was found that fish and crabs from Lake Macquarie posed no risk to human health unless consumed in extreme quantities over a substantial period of time. NSW Health, the Environment Protection Authority and NSW Fisheries will work with the local Estuarine Management Committee to

develop measures to build on existing programs which have seen significant improvements in the health of the lake in recent years.

### **Memorandum of Understanding**

NSW Health signed a Memorandum of Understanding (MOU) agreement with Sydney Water Corporation (SWC). The MOU requires the SWC to provide the Department with a comprehensive water quality monitoring plan and an annual water quality improvement plan. The MOU gives NSW Health auditing responsibilities over the SWC to ensure the quality of our drinking water is the best it can be.

### **Junior doctors take industrial action**

In March junior doctors throughout NSW voted to take industrial action against the Commonwealth Government's restriction on Medicate provider numbers. The action affected hospital services that included elective surgery, non-urgent emergency department services, outpatient clinics and routine admission. On average around 3,000 people were affected each week as the industrial action caused postponement of elective surgery throughout the state. The Department set up a general enquiries hotline to respond to concerns and questions from the community.

### **Royal Hospital for Women move**

The Royal Hospital for Women moved from Paddington to its new home at Randwick. The Royal is now located in a new \$42 million hospital and will be a centre of excellence for women's health. Featuring three birthing centres, the Sydney Menopause Centre, the Centre for Reproductive Medicine, a Gynaecological Oncology Centre and Breast Cancer Care Centre along with the Women's Health Institute a centre for Women's Health Nursing.

### **Wood Royal Commission**

Then Acting Director-General, Michael Reid clarified the Department's work in the area of child protection at the Wood Royal Commission in March. He highlighted some of the key achievements which included the development of policies for screening employees and the important contribution that the health services make to the medical and therapeutic needs of child victims of sexual assault, physical abuse and neglect. Mr Reid was also able to elaborate on the participation of NSW Health in all key forums regarding the interagency response to child abuse and neglect. He



detailed Area Health Service consultation and contribution in the development of interagency guidelines and continuing policy development process of child protection. Subsequently NSW Health was given an additional \$5 million in funding to develop improved services for children who have been physically/emotionally abused or neglected.

### Guided Self Assessments

The Department participated in one of the first Guided Self Assessments (GSA) conducted for State public sector agencies. The GSA is a method of evaluating the strengths and operations of an organisations' management system and is based on the widely recognised Australian Quality Award model. The department plans to conduct a second Guided Self Assessment to identify further opportunities for improvement and to measure the effectiveness of the first assessment. Partly as a result of the Department's experience, the use of a GSA as a means of identifying organisational improvements, was then applied to most public sector agencies.

### Awards

#### Inaugural 1997 Prime Minister's Awards for Innovation in the Public Sector

These Awards recognise the public sector's achievements in responding to new demands and changing the way of doing business. The New Children's Hospital won the Customer Service Category, and the South West Centre for Public Health (Greater Murray Health Service) was highly commended in the Process Improvement Category for their Asthma Management Improvement Council.

#### "Healthiest" Hospitals Award

The inaugural NSW Health Promoting Hospital Awards reward and recognise hospitals that are conducting projects which provide a range of services aimed at health improvement, either physical, psychological or environmental health. The Winners of the "Healthiest" Hospital Awards were:

- St Vincent's Hospital for improving the mental health of people in the inner city area (patient care category)
- Royal Newcastle Hospital for their Waste Management Program (Environmental Health);

- Coonamble Health Service for their occupational health and safety program - Safety: Everybody's Business at Coonamble (Employee Health);
- Tamworth Hospital for the contribution of its Hydrotherapy Pool to improving the health of the local community (Health of the Community).

### Establishment of Margaret Samuel Awards

The Department established the Margaret Samuel Memorial Scholarship for Women as a mark of highest respect for Margaret Samuel. Margaret gave over 27 years of continuous and dedicated service to the Department until her death in August 1996. The annual scholarship is designed to assist female officers pursue tertiary studies in an area which is relevant to the Department's functions.



## During the year

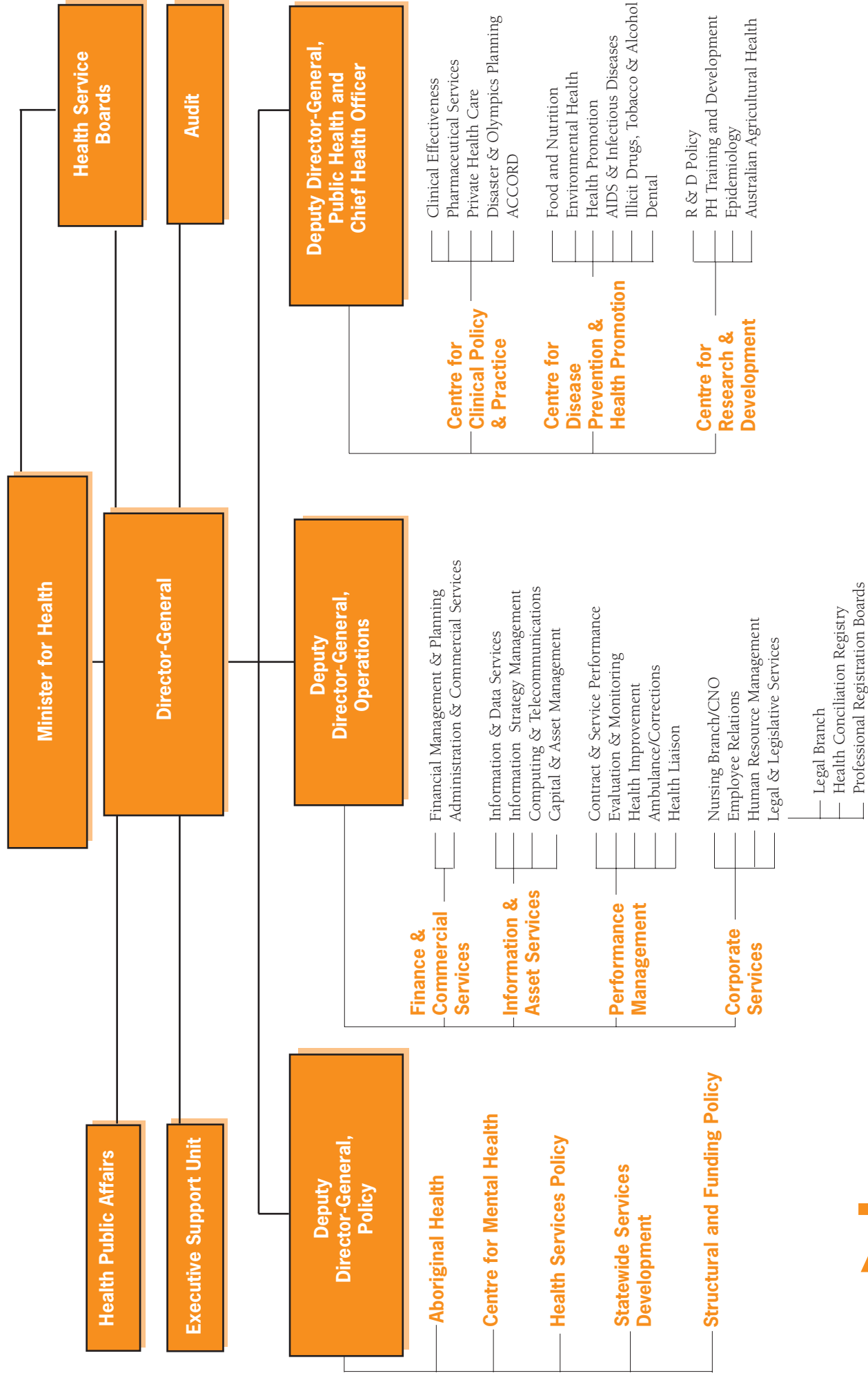
**More than 15,000 people visited the Department;**

**Over 900,000 telephone enquiries were taken;**

**Over 2,000 callers contacted the Department's Healthline for comment or resolution of complaints.**







# Organisational Structure

## Senior Executive NSW Health

Mr John Wyn-Owen resigned as Director-General in February, and Michael Reid was appointed in March. In April, a more streamlined\* structure for top management was announced. Under the new structure, there are three second tier positions: Deputy Director-General Operations; Deputy Director-General Policy; Deputy Director-General Public Health; and Chief Health Officer. The new structure took effect from 1 July 1997, and three Deputy Directors-General took up their positions on 7 July 1997. NSW Health Senior Executive is now made up of the Director-General, the three Deputy Directors-General, the Director of Health Public Affairs and Director Executive Support Unit.

### Director-General *Michael Reid BEc*

Mr Michael Reid was appointed Director-General on 26 March 1997. On being appointed, Michael said that he was delighted to have been given the opportunity to take NSW Health into the next century. Previously Chief General Manager of NSW Health, he has an extensive background in health sector policy, planning and administration.

### Deputy Director-General Operations *Robert McGregor BHA*

Mr Bob McGregor returned to the Department after serving almost two years as Chief Executive Officer of the Ambulance Service of New South Wales. Bob has extensive experience at senior management level in the NSW public sector, having occupied four chief executive officer positions in the past ten years. Prior to that, Bob had twenty-five years experience in public health service management.

### Deputy Director-General Policy *Timothy J Smyth MB BS, LLB, MBA, FRACMA*

Dr Tim Smyth was appointed as Deputy Director-General Policy of NSW Health Department in July 1997, following six years as Chief Executive Officer of the Hunter Area Health Service. He has degrees in Medicine, Law and Business Administration. He has worked in a variety of clinical and managerial roles in the NSW health system since graduating in Medicine in 1977. Tim has a strong interest and expertise in a range of areas, including health system reform, intersectoral approaches to improving services for children with special needs, mental health and strategic planning.

### Deputy Director-General Public Health and Chief Health Officer *Andrew Wilson BMed Sci, MB BS, FRACP, FFAPHM, PhD*

Dr Andrew Wilson has a background in clinical epidemiology and public health medicine, with research interests in the aetiology and prevention of chronic disease, (particularly cardiovascular disease), the evaluation of health services and pharmaco-epidemiology. In addition to policy and operational aspects of public health, his portfolio responsibilities include the NSW health outcomes initiative, the development and implementation of programs around the State and national health priorities, and liaison with general practitioners on Statewide policy issues.

### Director Health Public Affairs *Deborah Hyland BHA, RN, RM, MCN*

Ms Deborah Hyland has been with the Department for six years. Deborah is a registered nurse and midwife, holding a Bachelor of Health Administration from the University of NSW. She was Director, Customer Focus for NSW Health before taking up the position of Director, Health Public Affairs. In this role, she is responsible for media management, community relations, information services, and communications co-ordination across NSW Health. Deborah is also responsible for Ministerial Liaison for the Director-General in matters requiring whole of Department action.

### Director Executive Support Unit *Rosemary Milkins MA, BA, Dip Ed, MACE*

Rosemary Milkins joins health after spending over twenty years in various parts of the education portfolio. She has an extensive background in policy advice, corporate planning, media, ministerial liaison and strategic issues management.



\*As at 30 June 1997, the Senior Executive consisted of the Director-General, Chief General Manager, General Manager Finance and Commercial Services, General Manager Information and Asset Services, General Manager Corporate Services, General Manager Policy Development, General Manager Public Health and Chief Health Officer, General Manager Performance Management, Director Executive Support Unit, and Director Health Public Affairs.

# Our History

The history of the NSW public hospital system began in 1788, with the establishment of The Colonial Medical Service, essentially a hospital medical service for convicts. When the transportation of convicts to NSW ceased in 1841, convict hospitals were progressively handed over to civilian control. While the Government exercised little control over their operations, it did provide some financial assistance.

Public health administration commenced in the 1850s, and was concerned with sanitation and infectious diseases. The first Board of Health was established in 1881 in NSW, as a specific response to the smallpox epidemic. The first Public Health Act was introduced in NSW in 1896.

The 1929 Public Hospitals Act was a further milestone in the history of public health services. It brought the regulation and quality assurance of hospitals under Government control. The Act also established the Hospitals' Commission of NSW, which operated separately from the Board of Health. The separation of these functions continued until the establishment of the NSW Health Commission in 1973, which brought State psychiatric hospitals, community health services and public health programs under the same body as that responsible for public hospitals. Developments in service provisions during the 1960s led to recognition of the need to integrate hospital care with public and community health.

Decentralisation of the administration of health also commenced at this time, with regional offices of the Commission being established throughout the State.

The establishment of the NSW Health Department under the Health Administration Act in 1982, was designed to create a simpler, more efficient organisational structure, able to meet the changing needs of the community.

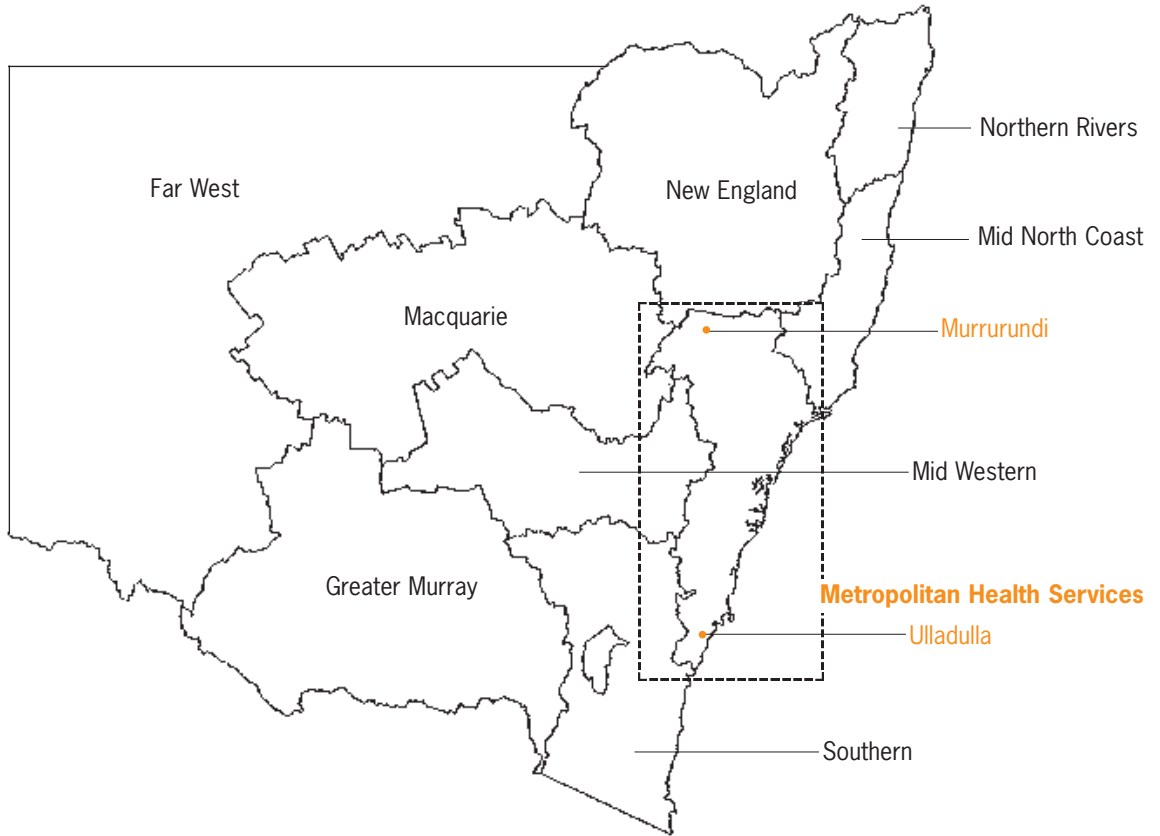
Area Health Boards were first established in the Sydney, Newcastle and Wollongong regions of the State in 1986. Area Health Boards replaced a large number of individual hospital boards and enabled a greater degree of autonomy and authority to be transferred to the local administration. To further this process, the number of Area Health Services was reduced from 23 to 10 in 1988. In 1995,

Eastern Sydney and Southern Sydney Area Health Services were amalgamated to form the new South Eastern Sydney Area Health Service, reducing the number of metropolitan Area Health Services to nine.

The six country health regions continued with their previous structure until 1993, when they were split into 23 District Health Services, which were originally established to replace 137 separate public hospital administrations and six Regional Offices of the NSW Health Department. Administrative savings were redirected to areas of patient care in country NSW.

In March 1996, eight Rural Health Services were formed to replace the 23 District Health Services. The introduction of the eight Rural Health Services allowed for better population health planning and increased the status of rural health administration to that of metropolitan NSW.

# Health Services in NSW



# About NSW Health

The NSW Health Department is located at 73 Miller Street, North Sydney. The Honourable Dr Andrew Refshauge MP is Deputy Premier, Minister for Health and Minister for Aboriginal Affairs. The Director-General of NSW Health is Mr Michael Reid.

## The Department is administered through: Policy

Aboriginal Health  
Centre for Mental Health  
Health Services Policy  
Statewide Services Development  
Structural Funding Policy

## Operations

Corporate Services  
Finance and Commercial Services  
Information and Asset Services  
Performance Management

## Public Health and Chief Health Officer

Centre for Clinical Policy and Practice  
Centre for Disease Prevention & Health Promotion  
Centre for Research and Development

## Health Public Affairs Executive Support Unit Audit

The following roles have been defined for the Department, Metropolitan and Rural Areas and Health Service Providers:

### The Department's role is to:

- provide legislative support to the Minister;
- provide advice and support to the Minister
- identify broad health priorities to be targeted;
- determine health service and program policy;
- manage the long-term health care strategy over at least a 20 year period;
- act as the financier of the principal source of funds, through negotiations with central agencies and the Commonwealth;
- coordinate the major capital works program;
- allocate the majority of funds to Metropolitan and Rural Health Services;

- negotiate, hold, and manage the contracts with Metropolitan and Rural Health Services and some Statewide Services;
- monitor and review contract performance;
- monitor the overall effectiveness of contracts towards health outcomes and priorities;
- ensure Metropolitan and Rural Health Services and Statewide service providers are accountable for their performance and effectiveness;
- be accountable to the people, through the Minister and Parliament, for their role; and
- ensure that staff in the health system are provided with a safe, healthy and discrimination free workplace.

## Metropolitan Area Health Services

Metropolitan Area Health Services were introduced in October 1986, in Sydney, Newcastle, Central Coast and Wollongong. Each Area is responsible for the health of its local community and for managing all public hospitals and community health services located within its boundaries, with the exception of The New Children's Hospital Westmead, and the Corrections Health Service.

## Rural Health Services

The eight Rural Health Services were formed in 1996 to replace the 23 existing District Health Services. Population and referral patterns in rural NSW were used to determine the geographical boundaries for the new structure. This new administrative structure allows better population planning for health needs and greater coordination of health and welfare services for rural communities.

## Metropolitan and Rural Health Services' Role includes:

- to implement Government policy;
- to determine the conditions of service delivery, quantity, quality, price and location;
- to assess each community's health status;
- to ensure communities are involved in making choices about their health services;
- to research what health gains are needed in each community's population;
- to negotiate and set contracts with provider organisations which focus on access to, as well as delivery of service;
- to monitor the appropriateness of the care and interventions being provided;

## Public Hospitals

Public hospitals in NSW are generally administered by Area or Rural Health Services under the Area Health Services Act 1986. There are some hospitals which currently operate under the Public Hospitals Act 1929. These are :

- Second Schedule Hospitals and Institutions: Royal Alexandra Hospital for Children (The New Children's Hospital, Westmead), Corrections Health Service; Gower Wilson Memorial Hospital, Lord Howe Island and Stuart House Preventorium, Curl Curl.
- Third Schedule Hospitals: Public hospitals and homes usually run by charitable and ecclesiastical organisations. These receive an operating budget from the State. Braeside Prairewood was added as a third schedule effective 28 February 1997 replacing an entry for Braeside Anglican Hospital, Stanmore.
- Fourth Schedule organisations and institutions: The Red Cross Society's Blood Transfusion Service and the NSW College of Nursing. These organisations provide services and general support.

## Private Hospitals and Nursing Homes

The Director-General has responsibility for regulating the activities and standards of private hospitals and nursing homes. Private hospitals and nursing homes must be licensed and must comply with the Private Hospitals and Day Procedures Act 1988, or the Nursing Homes Act 1988. Buildings, standards and conduct must comply with regulations.

## Public and Private Health Service Providers' Role

- to deliver on the price, volume and quality under performance agreements negotiated with Metropolitan and Rural Areas;
- to develop services and packages of care that will attract patients, their providers and encourage Metropolitan and Rural Areas to buy those services;
- to market those services to the community and providers;
- to be accountable for delivery of business plans, in particular, financial accountability; and
- to demonstrate commitment to appropriate human resource strategies and policies which ensure the retention and attraction of high quality staff.

## Health Service Estimated Population

Central Coast	265,823
Central Sydney	460,796
Far West	52,428
Greater Murray	260,165
Hunter	531,579
Illawarra	337,709
Macquarie	105,762
Mid North Coast	254,634
Mid Western	169,041
New England	189,985
Northern Rivers	255,236
Northern Sydney	740,861
South Eastern Sydney	718,899
South West Sydney	723,392
Southern NSW	184,633
Wentworth	303,681
Western Sydney	642,030

Source: ABS Estimates December 1996

# How we performed

## Our Changing Health System

Significant changes have taken place over the last ten years in people's experience of hospitalisation. One of the most important of these changes relates to the length of time a person has to stay in hospital. Traditionally, patients undergoing surgery were admitted a day or two prior to their operation and required at least an overnight stay recovering before being discharged. This is no longer the case for many types of surgery. The development of new short-acting anaesthetics, improved pain management techniques and advances in surgical technology such as laparoscopic (keyhole) surgery combine so many patients only need to spend a single day in hospital.

High volume, non-emergency surgical procedures which are now undertaken predominantly on a same day basis include adenoidectomy, excision of lesion (eg. from skin, nose, breast, uterus, cervix), a range of gynaecological procedures, closed (endoscopic) biopsy (eg. of large intestine, bronchus, stomach), release of carpal tunnel, vasectomy, and some types of haemorrhoid surgery.

Advantages of same day surgery for patients include hastening their recovery, reducing discomfort and avoiding major disruption to their normal routines and commitments. Previous satisfaction surveys conducted by the Department showed that patients treated in same day units were generally more satisfied.

Same day surgery also represents a more efficient use of health care resources, which allows the finite health dollar to go further, eg. to fund more operations which means that people can get access to required surgery more quickly.

The increasing popularity of same day surgery has been revealed in research commenced in 1996/97. This analysis has indicated that in 1995/96, approximately 48% of all surgical patients received same day care. This represents a significant increase on 30% of surgical admissions in the first half of this decade. Further increases in the proportion of day surgery are expected as hospitals progressively upgrade their facilities to cater more effectively for patients.

**Table 1: Summary of Key Achievements in the NSW Health System 1996/97**

Performance Indicators	1995/96*	1996/97*
<b>Public Sector</b>		
Accessibility		
Same day admissions	473,000	494,000
Non-admitted patient occasions of service	20,485,000	21,061,000
Total admissions	1,327,000	1,316,000
<b>Efficiency</b>		
Caseflow rate (admissions per bed)	53.1	55.2
Bed occupancy rate (%)	82.5	83.0
Length of stay (days, including same day cases)	5.6	5.4
Length of stay (days, excluding same day cases)	8.1	8.1
<b>Private Sector</b>		
Effectiveness		
Total admissions	504,000	545,000
Same day admissions	275,000	305,000
Bed occupancy rate (%)	63.6	69.5
<b>Accessibility</b>		
Market share of private hospital admissions as a percent of public and private admissions		
Total admissions	27.7	29.6
Same day admissions	37.1	38.6

\* Numbers are rounded.  
Source: Department of Health Reporting System (DOHRS)



The Department is in the process of developing a Day Surgery Policy for NSW which is aimed at promoting best clinical practice in day surgery. Amongst other matters, it will address the issue of equity of access to day surgery for all people of NSW, and will ensure that patient outcomes and satisfaction are monitored and evaluated.

### Usage of services

The number of people admitted to public hospitals in 1996/97 was 3.3% higher than in 1994/95, and 1% lower than in 1995/96. This result is influenced by a number of factors, one being the effect on the health system of the junior doctors dispute with the Commonwealth Government and the ongoing effect over a number of weeks after the dispute, another influence is the shift in the locale of care from hospitals to community health settings.

Non-inpatient occasions of service, which are services provided to patients not actually admitted to a hospital and include outpatient dental services and community health services, grew overall by 225,000 or 1.1%. Hospital outpatient occasions of service increased by 6%, while occasions of service provided by accident and emergency departments of public hospitals increased by 4.9%.

Casflow rate (admissions per bed per year), bed occupancy and length of stay all showed improved performance over the previous year. Casflow rate increased by 3.6% to 55 admissions per bed per annum. Bed occupancy increased by 0.4% to 83%. The average length of stay decreased by 3% to 5.4 days.

### Private sector hospitals

Admissions to private hospitals increased by 41,290 inpatients (8%) in comparison to 1995/96. Same day admissions comprised 56% of total private sector admissions. This was higher than the proportion of same day admissions to total admissions in public hospitals (38%), reflecting the growth in the number of private day procedure centres and the greater number of more complex and serious conditions treated by the public sector. Admissions to private hospitals comprised 29.6% of all (public and private) hospital admissions during 1996/97, an increase over the 1995/96 figure of 27.7%.

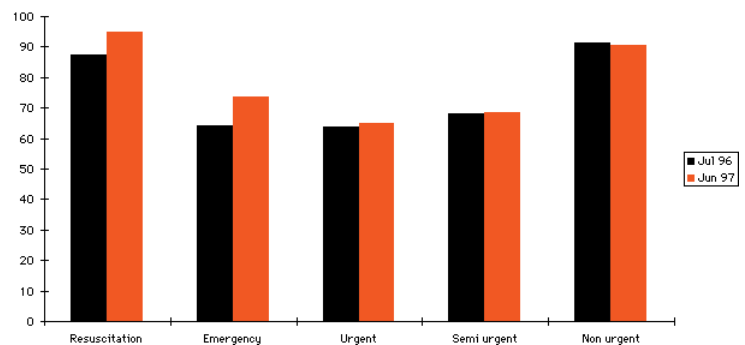
### Waiting for Hospital Admission

The health system seeks to set priorities for access to hospital services. Priority of access is based on clinical need, with higher priority patients being those of greater clinical urgency, or those who have already waited for long periods. The NSW Health Department is continuing to develop best practice methods in the area of patient management. Areas are encouraged to improve access to health services by maximising their patient throughput, keeping accurate waiting lists and developing strategies for an integrated (emergency and booked patient) bed management process.

### Emergency Department Treatment

In NSW, emergency cases receive immediate admission to hospital. The Emergency Department is often the primary contact people have with a Health Service and NSW Emergency Departments provide around 1.7 million occasions of service per year. During 1996/97 NSW Hospitals saw an increase of 4.9% or an extra 83,300 patients going to Emergency Departments.

Percent of emergency patients seen within National Triage Scale Recommended Times



The length of time people wait in Emergency Departments before receiving treatment is an important issue. Using historical data it is possible to predict times of increased demand for emergency services and to adjust the booked patient workload accordingly to allow improved access to inpatient beds for emergency patients during these times.

On presenting to an Emergency Department, patients are prioritised (triaged) according to their clinical condition, with some patients requiring immediate attention and others with less serious and non-life-threatening conditions being able to wait a little longer. During 1996/97, significant

improvement occurred in waiting times for the most urgent groups of emergency patients while the non-urgent waiting times were maintained.

Any delay in moving patients requiring admission from the Emergency Department to inpatient beds is known as Access Block. During the year, over 85% of patients were moved to an inpatient bed within eight hours of being seen by a doctor. Despite increased demand, this figure remained consistent with the 1995/96 percentage.

### **Booked Patient Access**

Benchmarks aimed at improving booked patient access and management were set for Health Services during 1996/97. Groups targeted were urgent and high priority patients, long wait (over twelve months) patients, patients waiting between six and twelve months and patients whose admission had been delayed. Targets were also set for the amount of booked surgery undertaken on a same-day basis. By the end of the year, Health Services were performing well against benchmarks, with the majority achieving well over 90% (95% statewide) of their targets for urgent and high priority patients and those waiting longer than twelve months. Health Services achieved an overall figure of 99% of target for not delaying patients and 95% of target for percentage of booked surgery performed as same-day surgery.

### **Accreditation**

The NSW Health Department develops and monitors systems to improve the quality of clinical services and care and the utilisation of the resources with which services are provided.

Accreditation of public hospitals by an independent body such as the Australian Council on Healthcare Standards (ACHS) is a means of formally recognising quality of care provided by a Health Service. Health Services in NSW are now generally adopting the ACHS EQulP program which involves a continuous improvement cycle with different parts of the cycle surveyed at nine-monthly intervals and direction provided to the facility by the surveyors.

In 1996/97, the number of institutions accredited in NSW increased by 9.4% over the previous year, with some of the major Health Services reporting accreditation of 100% of their hospitals. Statewide, 64% of hospitals were accredited by the ACHS at the end of May 1997, with 84% accredited in the metropolitan area and 52% in country NSW.

**Some of the hospitals accredited during the year were:**

**Gladesville Macquarie  
Cumberland  
Westmead  
Lismore Base  
Mullumbimby  
Byron  
Kyogle**

**Accredited under the new ACHSE EQulP Standards**

**Bulahdelah/Gloucester and affiliated community health centre**

### **Health Improvement Projects**

With a commitment to improving the health of people in NSW, the Department coordinated many projects in 1996/97 including:

- The implementation of international health improvement based performance agreements between the Department and Health Services.
- Health Service participation in a series of practical workshops to develop the skills needed to implement health improvement in the context of economic reform.
- Development of Health Improvement Planning Guidelines.
- Implementation of a stroke register, epidemiological profiles, health needs assessments and evidence-based clinical pathways for fractured neck of femur.
- Commencement of a Statewide campaign to reduce scalds in young children through education programs and consultation to lower household hot water temperatures and make scalds reducing products more accessible.
- Establishment of a Physical Activity Taskforce and introduction of physical activity promotion programs involving General Practitioners and Local Government.
- Implemented a community promotion and retailer education strategy to reduce the sales of

tobacco to minors with preliminary survey findings indicating a reduction in the number of retailers selling tobacco to minors.

### **Rural Health Minor Works Program**

Under the Rural Health Minor Works Program, funding is provided to rural health services to assist in the development of high priority, low cost, capital works. The five projects towards which the Department contributed a total of \$3.5 million in 1996/97 were:

- Upgrading safety and security measures in the Far West Health Service;
- Redeveloping the Inverell Hospital Emergency Department;
- Constructing the Iluka Community Health Centre in Northern Rivers Health Service;
- Co-locating community services at Murwillumbah District Hospital; and
- Upgrading Murrumburrah-Harden Hospital in Southern Area Health Service.

All these projects were aimed at improving continuity of care between hospital and community health services.

### **Health Technology Program**

The Health Technology Program provides funds to assist with the purchase of new and replacement equipment. Applications for funding under this Program are assessed and prioritised by expert working works, and successful projects are funded on a cost-share basis between the Department and the relevant Health Service. In 1996/97, the Health Technology Program provided \$15 million for:

- a CT Scanner at Nepean Hospital;
- a Cardiac Catheterisation Laboratory at John Hunter Hospital;
- a Cardiac Catheterisation Laboratory at Westmead Hospital;
- a Linear Accelerator at Royal North Shore Hospital; and
- replacement of Home Dialysis Equipment (Statewide).

or injury, and whose treatment is time-critical. The clinical settings in which these services are routinely delivered include pre-hospital care, emergency departments, intensive care units, retrieval and trauma services. Similar care may sometimes also be required in a hospital ward setting.

The optimal practice of critical care medicine demands the early recognition of, and response to, potentially life threatening illness and injury in a systematic way. The quality of care delivered should also be consistently high across all treatment settings. In recognition of the importance of these issues, \$0.39 million was provided in 1996/97 to support the establishment and operation of:

- A Trauma Death Registry;
- A Medical Retrieval Unit; and
- Rural Critical Care Networks and the Early Notification Program

### **Statewide Services Improvement Program**

The Statewide Services Improvement Program provides an important source of funds for new or enhanced health services across NSW. Twenty-seven projects totalling \$41.04 million annually were approved for enhancement funding in 1996/97. Areas targeted under this program included:

- Aboriginal health;
- Rural health;
- Health of older people and people with disabilities;
- Mental health;
- Community health and community care
- Ambulance services;
- Services for people with haemophilia;
- Research into breast cancer;
- Organ and tissue donation;
- Disaster planning; and
- Helicopter retrieval services.

### **Funding Support For Critical Care**

Critical care services are those provided to patients who are suffering potentially life-threatening illness

# Public Health and Chief Health Officer

## Aims and Objectives

The Public Health Division's mission is to improve health, with equity, for the people of NSW, by adding years to life and improving the quality of life.

## Services and Functions

The Public Health Division comprises four centres coordinated through the Office of the Chief Health Officer.

### The Centre for Disease Prevention and Health

**Promotion** aims to improve health through measures which prevent diseases or modify its determinants. It encompasses the State's responsibility for health protection and disease prevention embodied in legislation, and extends to applying public health approaches to the control of non-infectious diseases, (which are now the predominant cause of illness and premature death). The key products of the Centre are public health policies and programs, health risk management mechanisms (eg. best practice guidelines) and evaluation reports.

The services of the Centre focus on 11 principle areas of health and health risk: namely environmental health, food and nutrition, dental health, tobacco, alcohol, injury, sun exposure, physical activity, and AIDS/communicable diseases. These areas are chosen because they represent the most significant risks impacting on the health of the NSW population.

**The Centre for Clinical Policy and Practice** aims to: improve the quality and effectiveness of clinical care in NSW; promote effective care in clinical practice; improve the outcomes from clinical care in national priority areas; monitor the outcomes of clinical care for the population of NSW; and provide relevant, timely and current advice in relation to clinical care issues.

The Centre has three branches: the **Clinical Effectiveness Branch**, which aims to provide a population and evidence-based approach to clinical policy and practice; the Pharmaceutical Services Branch, which aims to reduce morbidity and mortality due to misuse and abuse of medicines and poisons; and the Private Health Care Branch, which aims to promote and ensure safe and high quality care and services in private care facilities.

**The Centre for Research and Development** aims to ensure that the State's investment in R&D generates innovation and knowledge for improving health, and creates opportunities for economic gain. It aims also, through conducting epidemiologic surveillance, to provide comprehensive, timely information on the health status of the people of NSW, their access to and use of health services, and on the outcomes of health care. In addition, the Centre has specific responsibility for disseminating information on public health issues and surveillance, (through the NSW Public Health Bulletin and other media), workforce development in public health (including the NSW Public Health Officer Training Program), and improving the health status of people living on farms, through the Australian Agricultural Health Unit.

The Centre has four components: Research and Development Policy Branch; Epidemiology and Surveillance Branch; Public Health Training and Development Branch; and Australian Agricultural Health Unit.

**The Centre for Mental Health** aims to improve the mental health of the community through developing and coordinating mental health policies. The Centre has responsibilities in the areas of planning and developing mental health policies which focus on mental health promotion, prevention, early intervention, treatment and rehabilitation. The Centre's role also includes administration of the NSW Mental Health Act 1990, monitoring developments in mental health and fostering intersectoral collaboration.

The Centre includes three sections: the Policy and Practice Section, which generally aims to develop and promote quality, effectiveness and best practice in mental health policies and programs; the evaluation section, which aims to develop information systems through research, data collection and analysis, in order to support the development of evidence-based mental health policies and services; and the prevention, early intervention children and youth section, which focuses on child and adolescent mental health, and on early intervention and prevention, mental health promotion and suicide prevention.

## Key Achievements

- Developed Sun Protection Policy Guidelines and support resources for sporting organisations.
- Published new guidelines “Towards best practice for the promotion of physical activity in the Areas of NSW”.
- Data on the scalds prevention campaign “Hot Water Burns Like Fire” indicates a 30% reduction in the number of days children between 0 and 4 years are spending in hospital.
- Conducted smoke alarm awareness campaign, in collaboration with the NSW Fire Brigades, which has raised the level of home installation of smoke alarms in NSW.
- Commenced projects on youth alcohol issues, (including those affecting Aboriginal youth), with the aim of developing strategies and best practice approaches that meet the needs of the local community and reduce the harm associated with alcohol consumption.
- Developed information kit on alcohol and violence, to provide local councils and community groups with information on accessing existing services and examples of local strategies.
- Completed a four year research program into the health effects of outdoor air pollution, which will influence the national and state air quality guidelines.
- Held investigation into the two major outbreaks of hepatitis A and an outbreak of meningococcal disease.
- Established a NSW Public Health Laboratory Network which will play a key role in the surveillance and investigation of infectious diseases in NSW.
- Signed a draft memorandum of understanding with Sydney Water, which sets out the terms whereby NSW Health will fulfil its obligation to oversee the health aspects of delivering quality drinking water in NSW.
- Minister launched Direction for Food and Nutrition in NSW 1996-2000. The Australian New Zealand Food Authority commenced development of a national food hygiene standard, which is ultimately intended to replace NSW food regulations.
- Established Ministerial Health Care Quality Advisory Committee (MHCQAC), to advise on the developing and implementing a coordinated approach to monitoring health care quality in New South Wales.
- Organised the first NSW Health/General Practice Forum, the development of a vision and strategic plan for integrating general practice with NSW health system services and the organisation of a second forum to determine how integration should proceed.
- Commenced projects on acute cardiac ischaemia, stroke information, carotid endarterectomy audit and diabetes.
- Launched and disseminated diabetes clinical management guidelines and consumer information card.
- Published a report on assessing quality of life in people with cancer, to assist in monitoring the quality of life in people with cancer.
- Developed a strategy for improving the scope and quality of population health surveillance activities in NSW.
- Established the NSW Health Survey Program, which will provide regular information on self-reported health status, health risk factors, health service use and satisfaction with health services by the NSW population.
- Provided scholarships for Aboriginal and Torres Strait Islander people to study at the University of Newcastle, in preparation for the Public Health Officer Training Program.
- Developed a Whole of Lifespan Policy for Future Mental Health Services in NSW (Caring for Mental Health).
- Developed a strategic package for suicide prevention in NSW, especially aimed at young people and people in disadvantaged areas.
- Completed initial phase of a Statewide benchmarking project for NSW mental health services.
- Released report and recommendations on Doctors’ Mental Health.

# Policy Development

## Aims and Objectives

The key role of the Policy Development Division is to develop policies for improving and maintaining health, and to allocate resources to health services. Equitable access, effectiveness, appropriateness and efficiency of health services are key themes influencing the development of all policies and strategic plans. Policy development also follows strong adherence to social justice principles, and to advancing inter-sectoral linkages and coordinating health services with related portfolios, the non-government sector and the Commonwealth.

## Aboriginal Health Branch

Responsible for coordinating policies and programs designed to improve the health status of Aboriginal people. This involves close liaison with Area Health Services, particularly where the delivery of mainstream services in an effective and appropriate manner is a prerequisite to improving Aboriginal health, and with Aboriginal Community Controlled Health Organisations (ACCHOs) via the Partnership Agreement with the Aboriginal Health Resource Cooperative. Through the ACCHO, the Branch assists with the development and establishment of culturally appropriate services. Aboriginal Health Coordinators in Area Health Services have a major role in ensuring that strategic planning and program delivery at the local level represents a joint effort by the public health system and ACCHOs. Specific strategies have been developed across a number of health areas to guide Aboriginal health improvements in the health system, with a view to raising health status levels within the Aboriginal community.

## Statewide Service Development Branch

Responsible for the development, management and coordination of NSW Health Department policy relating to health services with State-wide, cross Area or capital infrastructure implications. Strategy and policy issues relating to selected specialty services such as emergency departments, intensive care units, and medical retrieval, require a Statewide focus and are developed by the Branch. The Branch is also responsible for developing the Department's Forward Capital Works Program, and provides assistance to Health Services planning and undertaking developments requiring capital and high technology. In undertaking and fulfilling the roles of the Branch, close liaison with service providers and clinical groups is maintained.

## Health Services Policy Branch

Responsible for developing strategic policies, innovative service delivery models and programs to ensure improved equity, access and health outcomes for targeted population groups that often require special advocacy and attention due to their particular health needs. These targeted population groups include women, people from non-English speaking backgrounds, older people, people with disabilities, children and young people, victims of crime and people in rural and remote areas. A related objective is the development of policies which give direction to primary and community-based services and improve the participation of consumers and communities in health care planning.

## Structural and Funding Policy Branch

Responsible for initiating and developing policies to enhance a comprehensive and coherent framework for the organisation and funding of the NSW health system. The objectives are to translate Government priorities for the health system into effective strategies, and to ensure the NSW health system has the funding systems and structural arrangements in place to respond to changes in its operating environment. Recognising that the NSW health system is also part of a broader health system, the Structural and Funding Branch has a key role in leading and managing strategic relationships between the NSW health system, the private sector, and Commonwealth, State and Territory Governments.

## Key achievements

- Released document on Implementation of the Economic Statement on Health
- Developed NSW Resource Distribution Formula, which guides the allocation of funding to Area Health Services.
- Undertaking the first NSW casemix costing study for acute public hospitals.
- Sponsorship of national casemix research projects on Community Home Nursing and Sub- and Non-Acute Care.
- Redeveloped the NSW Service Related Groups classification.
- Negotiated transfer of the Artificial Limb Scheme from the Commonwealth to NSW.



- Completed and successfully negotiated the State Government Nursing Home Strategy.
- Successfully negotiated and completed the first stage of five NSW Coordinated Care Trials.
- Commenced negotiation of new Health Services Agreement to replace the Medicare Agreements (which end on 30 June 1998).
- Finalised NSW projects and developed a strategy for establishing an ambulatory classification system and policy framework.
- Provided submission on health service assessment to Commonwealth Grants Commission.
- Provided submission on Private Health Insurance Industry to the Productivity Commission.
- Developed the 1997/98 Forward Capital Works Plan.
- Developed NSW position with regard to the Commonwealth's review of MRI services in Australia.
- Completed the Emergency Department Strategic Directions.
- Released the Review of Maintenance Renal Dialysis Services in NSW.
- Completed and released the Guidelines for the Hospitalisation of Children March 1997.
- Released Guidelines for the Testing of Genetic Disorders.
- Released Rural Trauma Policy and Metropolitan Critical Care Plan.
- Developed and approved the Adult Medical Retrieval Unit.
- Developed Retrieval Vehicle Selection Guidelines, in collaboration with the Ambulance Service.
- Released the NSW Trauma Monitoring Program. Developed and distributed Flow info computer software package.
- Developed and applied a process of benchmarking inpatient and some non-inpatient components of Area Health Service budget enhancements.
- Reviewed and published Area Health Service Population Projections for 2001 and 2006.
- Developed and released Child Protection Policy and Procedures Manual.
- Participated in developing Interagency Guidelines on Child Protection Intervention .
- Coordinated preparation of NSW Health submission to the Royal Commission on Police Corruption.
- Released Caring for Children Discussion Paper.
- Coordinated NSW health system's participation in the NSW Strategy on Reducing Violence Against Women.
- Represented Minister on the NSW Child Protection Council.
- Represented NSW Health on the Council on Violence Against Women.
- Established a Non Government Organisation Advisory Committee.
- Minister for Health signed revised Partnership Agreement to enhance the Partnership Arrangement.
- Commenced development of an overarching Aboriginal Health Policy.
- Commenced development of an implementation strategy for the Guidelines for the Prevention and Control of Otitis Media in Aboriginal Communities.
- Appointed a coordinator to implement the Aboriginal Family Health Strategy.
- Constructed five Aboriginal Community Health Posts (CHP) in isolated, rural and remote Aboriginal communities.
- Developed a cultural awareness package to sensitise non-Aboriginal people to the specific needs of the Aboriginal community in attaining equity in all aspects of health.
- Commenced development of an Aboriginal Health Information System to improve access to accurate health data on Aboriginal people.
- Allocated seeding funding for the appointment of 37 Aboriginal Health Liaison Officers across NSW.



# Performance Management

## Aims and Objectives

The Performance Management Division provides a clear focus for implementing policy directions and facilitates the achievement of the Government goals through developing, negotiating and monitoring Area and Statewide Health Service Performance Agreements and other initiatives.

## Contract and Service Performance Branch

In collaboration with Health Services and Departmental divisions, the Branch coordinates the development and negotiation of Health Service Performance Agreements. It also implements appropriate monitoring mechanisms and evaluates Health Service performance.

The Branch also manages a variety of policy implementation and evaluation projects including:

- implementing innovative models of health care delivery, such as Telemedicine and Multi-purpose Services;
- developing the NSW Health Department's Business Plan;
- implementing continuous quality improvement projects; and
- coordinating reportable incidents handling.

The Branch is also involved in managing and coordinating specific health programs such as Aged Care Assessment Teams, Home and Community Care (HACC), Palliative Care and Population Health Screening.

It is also involved in coordinating activities with the Ambulance Service and Corrections Health Service.

## Key Achievements

- Finalised Performance Agreements with 16 Area Health Services and three Statewide Services.
- Undertook six-monthly Performance Agreement evaluations, as planned.
- Prepared and distributed the Department's 1997/98 Business Plan.
- Completed the Benchmarking Survey, and undertook significant work on the Frontline Complaints Handling and Admissions and Discharge of Patients for Elective Procedures benchmarking projects.

- Implemented 13 Telemedicine trial projects for psychiatry, pathology, ophthalmology, paediatrics and general medicine in 34 sites throughout the State, in order to enhance access to quality health care and reduce the need to transport patients extensive distances.
- Promoted The Healthy Country Communities Competition.
- Opened two new Multi Purpose Services (MPS) at Barradine and Urana, bringing the total number of MPS sites to four.

## Health Improvement Branch

The Health Improvement Branch develops infrastructure, planning and performance indicators and incentives to support the implementation of health improvement measures.

The Branch is responsible for ensuring Performance Agreements are based on health improvement, and for negotiating specific strategies and performance indicators in health improvement areas.

It also provides guidelines, skilling, support and information on health improvement undertakings, and coordinates a major skills development program with Area Health Services to implement health improvement and economic reforms.

## Key Achievements

- Assessed and adapted international health improvement based models of contracting to NSW health priorities, in order to establish Performance Agreements between Area Health Services and the Department.
- Conducted a series of practical workshops in collaboration with Area Health Service Managers, in order to clarify issues and develop the skills needed to implement health improvement in the context of health economic reforms. There were six workshops, with the final workshop on program budgeting and marginal analysis.
- Developed Health Improvement Planning Guidelines with a Reference Group of Area Managers, in order to establish common principles and practices of health improvement throughout the health system.

- Resourced implementation projects with Area Health Services. These included evidence-based clinical pathways for fractured neck of femur, a stroke register, epidemiological profiles and health needs assessments.

### **Evaluation and Monitoring Branch**

This Branch monitors Statewide activities and develops criteria and benchmarks to evaluate system performance against specific NSW Health targets, particularly in the areas of emergency departments, elective admissions and enhancement programs. The Branch is also responsible for continuously improving patient management, including developing activity projections and benchmarks, and setting performance targets for managing elective and emergency patients.

### **Key Achievements**

- Planned the Priority Access Strategy for 1997/98 and negotiated Area benchmarks.
- Developed indicators of productivity, integrated activity and finance monitoring.
- Planned and implemented the Winter Emergency Department Strategy.
- Developed indicators for emergency department performance, and monitored Health Service performance in service activity, waiting times and emergency departments.
- Provided elective patient advocacy service on waiting times, by liaising with hospitals and doctors.
- Developed monitoring system, administrative savings strategy and Area Health Service baseline activity estimates.
- Produced review of emergency department performance, entitled Demand and Supply in Emergency Departments.

# Corporate Services

## Goals

The key role of the Corporate Services Division is to lead NSW Health on the “people” side to achieve the key goals of the health system, particularly those relevant to quality and effective resource management.

The Division comprises six branches:

## Human Resources Management Branch

This Branch is responsible for developing and overseeing policies, standards and programs for managing and developing employees within the health system. Human Resources Management Branch is comprised of five separate units, listed as follows.

## Central Office Human Resource Services

Provides day-to-day support for managing and developing the Department’s employees.

## Health System Human Resource Services

Provides industrial and human resource policy advice to the NSW health system, the public and other government/non-government agencies; maintains and updates payroll systems with relevant industrial advice/codes etc; processes overseas travel applications and voluntary redundancies; and assists in the management of displaced health system employees. In addition, the Unit is responsible for SES administration.

## Workforce Planning

Provides policy advice about workforce issues to enable the identification of short, medium and long term strategies. Such strategies help to implement a system of health workforce planning that provides feasible estimates for future health service requirements and identifies factors which may impact on the future supply of health service providers.

## Human Resource Policy and Strategy

Responsible for developing human resource policies and strategies, including equal employment opportunity, occupational health and safety, and Aboriginal employment. The Unit is also responsible for representing NSW Health Department on the Community Services and Health Industry Training Advisory Board.

## Staff Records Management Unit

This unit was formed within the NSW Health Department to coordinate criminal record checks for the NSW health system.

The Unit is also responsible for:

- liaising with NSW Court Administration, National and State Police Criminal Record Departments, the Child Protection Enforcement Agency, Registration Boards, the Department of Immigration and Multicultural Affairs and the Customs Department;
- conducting relevant enquiries on behalf of the Department, health services and non-government organisations;
- developing strategies and policies for the health system on criminal records and allegation management;
- initiating confidential and secure systems for transmitting sensitive information concerning disciplinary or criminal conduct of successful applicants/employees/appointees;
- advising the Director-General and Minister of all sensitive matters, and conducting interagency meetings with the Department of School Education, Department of Community Services, Department of Juvenile Justice, Technical and Further Education and the NSW Police Service, to provide clear guidelines for information management.

## Key Achievements

- Establishment of Staff Records Management Unit, computerised systems and issue of policy and procedures in response to the Wood Royal Commission;
- Formation of Health Industry Group Training Company with Health System Support;
- Submission of application for registration of NSW Health as an accredited training provider;
- Workforce Planning methodology established “in house” - little consultant support required;
- Job evaluation underway in DOH; and
- Principles and procedures issued in management of restructuring in the Department.

## Change Management Project

The aim of the Change Management Project, initiated this year by the Human Resource Management Branch, has been two-fold;

- To develop a workplace redesign framework to be used in conjunction with the introduction of new technology; and

- To initiate an integrated learning and development strategy on managing workplace change.

### **Health Professional Registration Boards**

The Health Professional Registration Branch provides administrative support to the Health Professional Registration Boards.

### **Health Conciliation Registry**

The Health Conciliation Registry undertakes the Department's conciliation function under the Health Care Complaints Act 1993. The Registry's role is to facilitate bringing together parties to a complaint with a conciliator, in order to discuss and resolve the issues which comprise the complaint.

The Minister has appointed a panel of suitably qualified and experienced conciliators. Matters are referred to the Registry by the Health Care Complaints Commission, with the consent of the parties to the complaint.

In the reporting period: over 85per cent of participants in conciliations reported that they would return to conciliation if they had a similar problem in the future; 60per cent of participants (both complainants and practitioners) reported they were satisfied or very satisfied with the outcome of conciliation; and a further 20per cent reported they were neutral about the outcome. Almost 70per cent of conciliations were resolved with an agreement being reached.

### **Workforce Relations Branch**

The Workforce Relations Branch provides a high quality employee relations service to the Minister, the Director-General and the health system. It assists the NSW health system in implementing Government employee relations policy and initiatives, and develops and promulgates public health employee relations policy.

### **Key Achievements**

- A new award for nurses providing restructuring of some classifications, a framework for pay movements until December 1999, and provision for productivity savings;
- A pay movement framework for classifications covered by the other large health union (Health & Research Employees Association) for pay

movements until December 1999, with restructuring of some classifications and provision for productivity savings;

- Agreement with the Australian Medical Association for remuneration and contract arrangements for sessional visiting medical officers until 30 June 1999; and
- Agreement with the Australian Medical Association on a review of arrangements for fee-for-service visiting medical officers.

### **Nursing Branch**

The Nursing Branch, under the direction of the Chief Nursing Officer, provides the professional interface between the Minister, Director-General, Health Department and the public, private and academic sectors of the nursing profession. Some key activities include: managing Statewide nursing initiatives; monitoring policy implementation in the public sector; and providing nursing advice to other Departmental branches.

### **Key Achievements**

- Nurse practitioner project
- Ministerial Taskforce in Nursing Recruitment and retention.

Some Statewide initiatives include: recruitment and retention strategies; nursing education strategies; promotional activities and career advice; evaluation of nursing workforce projections, and nursing policy development and analysis.

### **Legal and Legislative Services Branch**

The Legal and Legislative Services Branch provides a comprehensive in-house legal service to the Minister and the Department. The Branch also prepares the annual Legislative Program for the Minister for Health.

### **Quality Management**

Provides leadership for NSW Health Department management and is dedicated to the development of a Continuous Quality Improvement. The unit provides a systematic, planned approach to all NSW Health Department activities and operations and uses reliable and current information as the basis for all decisions.

# Finance and Commercial Services

## Aim and Objectives

The Division provides the Department of Health with financial management and planning, budget, administration and commercial services.

## Financial Management and Planning Initiatives

### Enhancement of Financial Reporting

Enhanced financial monitoring systems have been developed for implementation in 1997/98.

Coverage has been expanded to address a number of emerging issues, ie,

- the monitoring of a performance agreement between the Department and Treasury which focuses upon the ability of the Department to operate within its cash allocation, operate within its Net Cost of Services target and effectively monitor the delivery of services against the \$221 million increase in 1997/98 Total Payments.
- performance against Best Practice targets which have been set in the area of management, benchmarking and revenue.

### Financial Information Systems

The collection base for the Department's Financial Information Systems has been in place since 1988 and is based on software applications which now have limited technical support and are becoming outmoded in terms of technological advances.

Accordingly, a new platform has been developed for use in the 1997/98 year as part of the Department's overall Health Information Exchange project which consolidates data from separate sources into an integrated set of subject databases enabling timely, accurate and comparable information to be readily available through the NSW health system.

### Funding for Non Government Organisations (NGO)

In 1996/97 the Department of Health allocated some \$54.3 million to over 350 non government organisation grants.

In 1996/97 responsibility for the administration and funding of some 200 plus grants was devolved to Health Services.

Grants in respect of peak organisations and other select NGOs, Aboriginal Health, and some Commonwealth funded and cost shared Programs are still administered and funded through the Department and are set out in Appendix 24.

## Inter Hospital Ambulance Transport Partnership Agreements

Inter hospital ambulance transport partnership agreements were negotiated for 1996/97 which provided efficiencies in cash management and billing procedures. The agreements also established timeliness requirements for transports, the quality of care required for transports, the resources used by all parties in the provision of inter hospital transports, performance indicators for service delivery and assisted in determining who will provide transports in a given locality.

### Risk Management/Insurance

A "New Start" approach to the NSW Treasury Managed Fund was introduced on 1 July 1995. The Department had a shortfall in funding of \$12.3 million in 1995/96, reducing to \$4.7 million in 1996/97. This decline was mainly due to NSW Health's performance improving, compared to WorkCover in NSW and selected States within Australia.

Long term claimants are still a major concern and NSW Health is actively reviewing this area of workers compensation management.

NSW Health and the Treasury Managed Fund introduced new Executive Management Reports during 1996/97 and these will assist in analysing problem areas and should assist with trending as claims mature.

During the year the Public Sector Risk Managers Association introduced a "Risk Manager of the Year Award" with Warren Riley of the Hunter Area Health Service winning the first award with a further two high commendations for officers from NSW Health.

The Department was also pleased to receive advice that the Westmead Hospital was the first hospital in Australia awarded a Fire Safety Management Award in recognition of achieving a AAA rating as a result of a Fire Safety Inspection covering 21 Fire Safety Areas by a major reinsurer of the Treasury Managed Fund.

### Commercial Initiatives

Networking reforms under the Health Economic Reform Committee agenda have been facilitated on the basis of:-

- best structural practices for support service deliveries;
- future service changes between hospitals and Areas;
- future key performance indicators and benchmarking;
- identifying existing problems, safety issues, staff training and asset conditions;
- addressing the Government's requirement for internal competition; and
- wide consultation with unions .

The status of the program for networking achieved in 1996/97 was:-

- Working groups are chaired by Chief Executive Officers to implement the recommendations of the working party reports for pathology, linen and food services. Health logistics is managed by the NSW Peak Purchasing Council.
- Other working party reports considered by the Networking committee in this period are medical imaging, engineering and maintenance, pharmacy services and sterilising services.

As a result of the networking approach, NSW Health will be in a position to respond to the Government's requirement of internal competition.

### Collocating Private Health Facilities

During the year a number of projects were coordinated involving the private sector providing health services and infrastructure by collocating private health facilities on public hospital campuses.

These included:-

#### Private Health Facilities

- A lease was signed for the collocation of a private hospital on the campus of the Royal Prince Alfred Hospital.
- After completing a tender process, negotiations are being finalised for a private medical centre on the Bankstown-Lidcombe Hospital campus.

- Construction commenced on private hospitals at the following public hospital campuses (estimated commissioning dates are shown in brackets);
  - Royal North Shore Hospital (Commission May 1998);
  - New England Regional Hospital Armidale (Commission December 1997);
  - Randwick Campus (Commission September 1997).
- Construction of a new private hospital at Windsor commenced in early 1995 and was completed in August, 1996. Hawkesbury District Health Services Ltd is now providing public health services under contract with Wentworth Area Health Service from the hospital.

### Private Car Parks on Hospital Campuses

Contracts were signed in June, 1997 for a private consortium to build a 271 space multi-storey car park on the Randwick Campus and to manage the Campus car parking.

### Purchasing Reforms

The NSW Government's Economic Statement for Health (October 1995) set future directions and priorities for health services in New South Wales. In particular, it provided the framework for major overhaul of the economic management of NSW Health.

A priority included in the statement is the networking of support services, and a NSW Health Networking Committee has been established, with representation from unions, other Government Departments, and the NSW Health Department, to initiate and oversight a process of critical review of the supply of support services.

One of the working parties subsequently formed had the responsibility to examine the provision of materials management, including purchasing, contracting, warehousing and distribution of health consumables and equipment.

This provided the opportunity to review progress to date on the recommendations of a previous review carried out in 1992.

It was found that significant progress had been made, but potential exists for further progressing initiatives introduced. A number of new issues were also identified.

Action following the Working Party Report includes:-

- Working parties with workforce representative and consultative groups have been set up to review each recommendation and to progress further refinement, strategy development and implementation.
- Further studies, including economic appraisals, are being undertaken where more in-depth data is needed to advance recommendations of the report.
- Outcomes are being quantified and monitoring mechanisms set up to assess progress.

### Prompt Payments - Department of Health

The Department's Sun financial system, including accounts payable, operates on an acquitted invoice basis. Invoices processed to the system are paid in accordance with the applicable payment terms, using the invoice date as the determinant for payment date. Goods received are receipted into the system immediately, and only delayed invoices or faulty or inappropriate goods will cause non-payment.

High volume activity accounts are paid on a verified statement basis to facilitate reconciliation and cost allocation.

No penalty interest was paid in 1996/97.

#### Trade creditors at 30 June 1997 were:-

	1996/97	1995/96
Within 30 Days	725,408.00	227,280.00
Between 31-60 Days	33.15	365.00
Between 60-90 Days	-	-
More than 90 Days	-	393.00
<b>Total</b>	<b>725,441.15</b>	<b>228,038.00</b>

#### NSW Health Budget 1988/89 to 1996/97

State Government Contribution from Consolidated Fund (\$M)					
Year	Recurrent	Capital	Total	Increase	%
1988/89	3,037	42	3,079		
1989/90	3,436	39	3,475	396	12.9
1990/91	3,694	41	3,735	260	7.5
1991/92	3,685	283	3,968	233	6.2
1992/93	3,734	296	4,030	62	1.6
1993/94	3,786	315	4,101	71	1.8
1994/95	3,852	386	4,238	137	3.3
1995/96	4,254	380	4,634	396	9.3
1996/97	4,563	356	4,919	285	6.2



## Health Service General Fund Recurrent Cash Budget Results for 1996/97

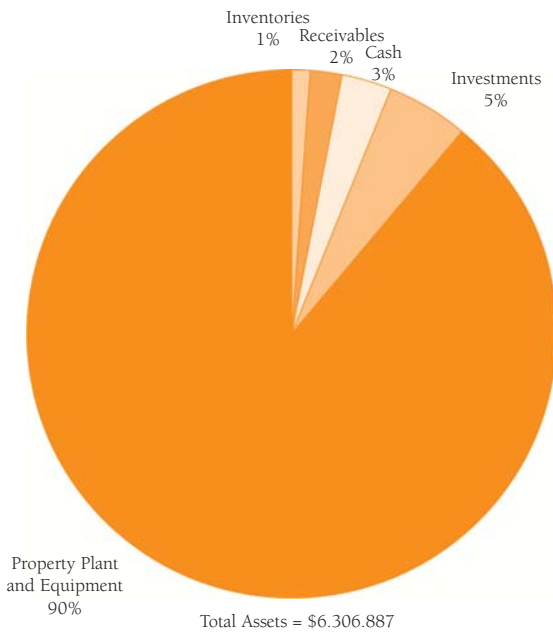
Health Service	Final Budget Allocation from Dept of Health \$ M	Adjusted Budget Results* \$ M	% of Budget*
Central Sydney Area Health Service	513.2	5.8	1.1%
Northern Sydney Area Health Service	423.8	(1.3)	(0.3%)
Western Sydney Area Health Service	463.8	0.5	0.1%
Wentworth Area Health Service	164.9	(4.4)	(2.7%)
South Western Sydney Area Health Service	357.0	(2.9)	(0.8%)
Central Coast Area Health Service	145.4	-	0%
Hunter Area Health Service	365.4	(4.3)	(1.2%)
Illawarra Area Health Service	185.6	-	0%
South Eastern Sydney Area Health Service	674.5	4.1	0.6%
<b>Sub-Total</b>	<b>3,293.6</b>	<b>(2.5)</b>	<b>(0.1%)</b>
Northern Rivers	158.8	4.5	2.8%
Mid North Coast	135.6	3.7	2.7%
New England	120.9	10.4	8.6%
Macquarie	76.9	3.3	4.3%
Mid Western	129.1	5.2	4.0%
Far West	44.2	2.2	5.0%
Greater Murray	161.4	1.8	1.1%
Southern	108.4	1.5	1.4%
<b>Sub-Total</b>	<b>935.3</b>	<b>32.6</b>	<b>3.5%</b>
Ambulance Service	111.2	(5.9)	(5.3%)
New Children's Hospital	90.1	2.0	2.2%
Blood Transfusion Service	36.7	-	0%
Corrections Health Service	20.8	(0.5)	(2.4%)
<b>Sub-Total</b>	<b>258.8</b>	<b>(4.4)</b>	<b>(1.7%)</b>
Issued Budgets	4,487.7	25.7	0.6%
<i>* Brackets denote favourability</i>			

## Two Year Comparison and Percentage Increase of Initial Health Service Cash Budgets

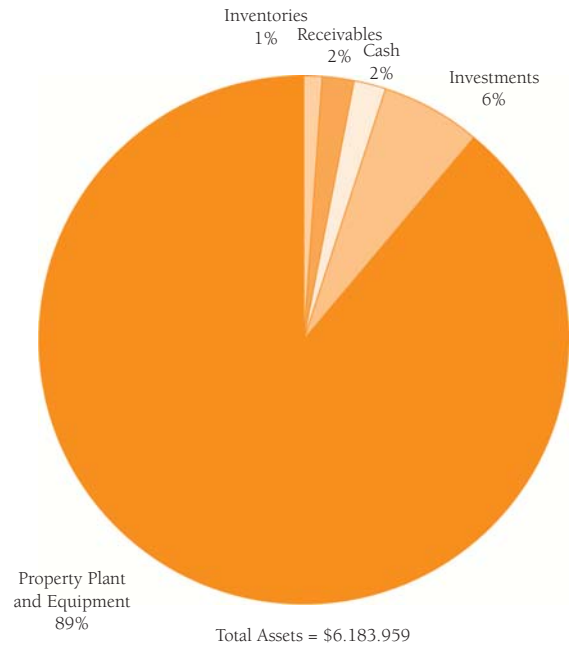
Health Services	1995/96	1996/97	Increase		Real
	Allocations \$000	Allocation \$000	\$000	%	Increase %
South Eastern Sydney AHS	583,174	612,718	29,544	5.1	1.7
Central Sydney Area Health Service	458,228	479,897	21,669	4.7	1.4
South West Sydney Area Health Service	302,132	335,730	33,598	11.1	7.6
Western Sydney Area Health Service	387,739	412,411	24,672	6.4	3.0
Wentworth Area Health Service	134,981	155,128	20,147	14.9	11.3
Northern Sydney Area Health Service	379,364	396,820	17,456	4.6	1.3
Central Coast Area Health Service	127,781	138,818	11,037	8.6	5.2
Hunter Area Health Service	329,568	351,667	22,099	6.7	3.3
Illawarra Area Health Service	151,050	170,032	18,982	12.6	9.0
<b>Total Area Health Service</b>	<b>2,854,017</b>	<b>3,053,221</b>	<b>199,204</b>	<b>7.0</b>	<b>3.6</b>
Northern Rivers	141,611	150,644	9,033	6.4	3.0
Mid North Coast	115,479	125,984	10,505	9.1	5.6
New England	108,345	115,338	6,993	6.5	3.1
Macquarie	69,493	72,767	3,274	4.7	1.4
Mid Western	113,183	117,703	4,520	4.0	0.7
Southern	97,522	102,269	4,747	4.9	1.5
Greater Murray	145,052	154,595	9,543	6.6	3.2
Far West	34,684	36,873	2,189	6.3	2.9
<b>Total Rural Health Service</b>	<b>825,369</b>	<b>876,173</b>	<b>50,804</b>	<b>6.2</b>	<b>2.8</b>
New Children's Hospital	76,471	82,157	5,686	7.4	4.0
<b>Total</b>	<b>3,755,857</b>	<b>4,011,551</b>	<b>255,694</b>	<b>6.8</b>	<b>3.4</b>

## Two Year Comparison of Assets and Liabilities

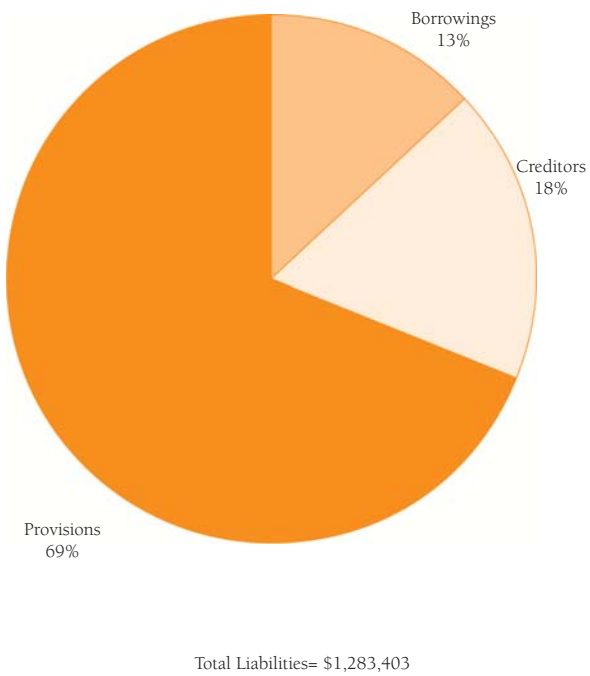
**Assets 1996/97**



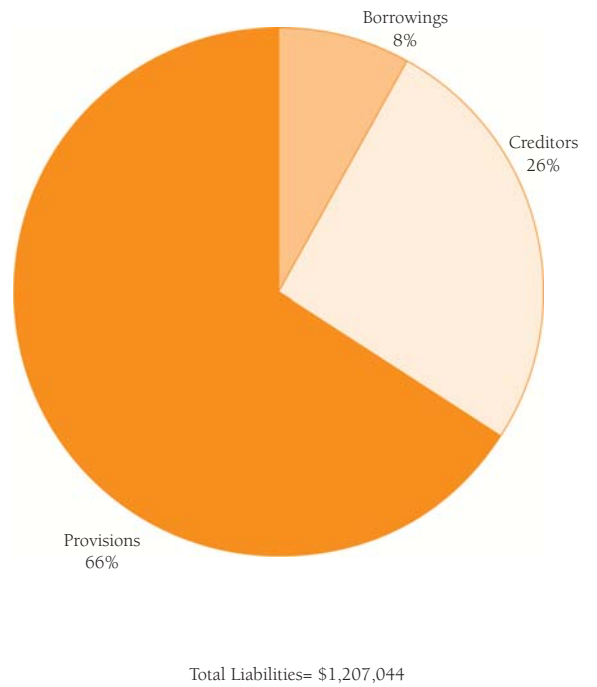
**Assets 1995/96**



**Liabilities 1996/97**



**Liabilities 1995/96**



# Information and Asset Services

## Aims and Objectives

Information and Asset Services Division coordinates capital investment within the NSW health system through developing and implementing the Statewide Information and Asset Management programs. It also provides and supports information processing and telecommunications services, and develops and maintains the Department's corporate databases.

## Service and Functions

In 1996/97 the Division coordinated a broad range of programs through the following Branch structure:

### Capital and Asset Management

Responsible for allocating and monitoring capital allocations and establishing project management structures and professional teams for capital works procurement. Also responsible for the ongoing rationalisation of assets owned by the health Administration Corporation, including the disposal of properties declared surplus to health purposes.

### Information and Data Services

Compiles, maintains and develops comprehensive information resources for the Minister, Department and Area Executive such as inpatient statistics, waiting lists, emergency departments, health service activity, sexual assault, midwives data, annual return and benchmark cost data. Also coordinates on-line information services through the Intranet/Internet and dedicated NSW Health networks.

### Information Strategy Management

Acts as the central point of liaison for new systems development between the Area Health Services, Ambulance Service, non-institutional business units and the community health sector, as well as vendors, service providers and the Department. Its focus is on achieving the implementation of quality information systems which cover the broad functions of Planning and Policy, Systems Integration, Patient, Clinical and Management Systems plus the related procurement and QA services.

### Computing and Telecommunications

Services and functions include the day-to-day operation of the Department's central computer facility and the maintenance of the telecommunication network which links all health services to the Department. Other functions include managing the Department's local area network; providing technical support to

personal computer users; developing and maintaining software applications and managing the outsourced Facilities Management Contract for the support of legacy hospital computer systems.

## Key Achievements Capital Works

- Completed 26 major capital works projects with a total value of \$366.3m.
- Published new guidelines on Asset Strategic Planning Benchmarking and coordinated the production of Asset Strategic Plans incorporating maintenance and disposal plans by all Area Health Services.
- Disposed of a total of 26 properties with an approximate value of \$6.1m.
- The first stage of the development of a Heritage Register has been completed.

## Information Management and Technology

- Clinical Costing Decision Support System was completed at six sites Blacktown/Mt Druitt, Concord, Sutherland, Liverpool, Illawarra Regional Hospitals.
- Human Resource Information System completed at five sites, Central Coast, Northern, South Western, Central Sydney Areas and Mid Western Area, and planning for a further eight sites.
- Clinical Information Access Project installed to Rural NSW with Internet access provision for clinicians to evidence-based medical information and medical journals.
- Financial Materials Management completed across both metropolitan (ORACLE) and rural (SunSystems) health services.
- Ambulance CAD System implementation in progress with tenders let and scheduled for completion over the next two years.

## Information and Data Services

- Led national projects which have established Australian data standards and definitions in the areas of outpatients, emergency departments and community based health services.
- Established an interstate consortium comprising NSW, Queensland, South Australia and ACT to develop a Community Health Information System.

### Land Disposal

Properties disposed of during the year

Total Number	Total Value
26 properties disposed	\$6,107,100

- The Health Information Exchange project established pilot data warehouses in Western and Wentworth Areas and the Department.
- In April 1997 the MDCOS system was installed. This brings the Midwives data collection in line with other strategic information systems.
- The Department established its World Wide Web Home Page in April 1997. At the same time it has extended its use of the Intranet as a key delivery mechanism for corporate information within the health system.

### Computing and Telecommunications

- Achieved a major review of the Telecommunications Strategy which will allow the NSW Health System to better administer the usage and invoicing of telephone services and achieve savings on telephone calls of hundreds of thousands of dollars.
- Achieved a major upgrade to file servers that will make the Department's LAN more stable and fault tolerant.
- Provided technical assistance to 33 Telemedicine trial projects.
- Completed deployment of the Enterprise E-mail System to reach over 6000 users in the majority of Health Areas.
- Commenced deployment of Internet services within the Department and to Area Health Services.

### Benefits from Management and Strategy Reviews

- Various reviews in 1995-96 of the IM&T Strategy have resulted in the development of a new Health IM&T Strategy for 1997-2000. This new Strategy better meets stakeholders' needs and articulates the links to health policy goals.
- Improved planning and utilisation of health facilities has been achieved through Asset Strategic Planning Program and the application of revised Processes of Planning.

### Major Concerns and Issues

- IT&T Strategy Governance, Management and Funding was identified in the IM&T Strategy as an important issue. It concerns the need to better define the roles, responsibilities and relationships of the Department and the Health

### Major Assets Acquired

Assets Acquired in 1996/97

15 properties acquired	\$4.8million
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- Services in jointly managing and implementing the strategy and the need to establish new strategy funding sources and mechanisms. Benefits and funding options are being addressed in conjunction with Industry Partnering initiatives.
- Within the Capital Works Program difficulties have been met in achieving approved Project Definition Plans, due to problems in resolving services planning and recurrent costs budgeting. Pressure on capital works budgets is also being experienced due to increasing workload and costs in the construction industry.

### Asset Management

- All sales of property considered surplus to health needs were included on the Department's Asset Disposal Program.
- The funds raised from sales were used to fund new capital works projects, to maintain and prepare properties for future sale, and/or to purchase replacement properties.

### Property disposals:

- 26 properties were sold (47 in 1995/96);
- gross sale proceeds totalled \$6 million;
- 23 properties were sold through public competition (44 in 1995/96);
- One property was sold by private treaty; and
- Two properties were disposed of to Council/community groups, for nominal consideration.
- A total of three properties were sold on behalf of the Ambulance Service of NSW.

### Management of Heritage

The Health Portfolio has significant Heritage Assets, the Department has undertaken considerable work to ensure that heritage guidelines are implemented. The first stage of developing the Heritage Register (under Section 170 of the Heritage Act), was undertaken. It is intended to link the heritage database with the computerised property register which lists all real assets under the control of the Minister. Recently a Health Heritage Steering Committee was established and a thematic history of NSW Health is being written.

# Executive Support Unit

## Key Responsibilities and Major Activities

**Critical Analysis:** Determine action required on more than 20,000 new documents received in the unit per annum, which are drafted for, or received by the Minister and Director-General; and prepare, review and analyse submissions, briefings, letters, Parliamentary and Cabinet Documents prior to submission to the Director-General and the Minister.

**Issues Management:** Manage complex issues requiring substantial cross divisional or cross system coordination and negotiation, and provide a consultancy service in this process. Manage health system support for the Minister in Parliament, including urgent matters of critical concern. Arrange advice for consideration by the Director-General and Minister on issues of community concern and incidents that are the focus of public discussion or controversy.

**Complaints Management:** Prepare the Director-General's responses to complaints referred by the Health Care Complaints Commission, the Ombudsman, and members of the public (who contacted the Director-General and Minister), and prepare the Director-General's responses to Coronial recommendations.

**Support to Key Meetings and Forums:** Manage co-ordination of and review health system advice to the Minister and Director-General, for Ministerial Councils and Advisory Committee meetings; develop agendas for, and provide support to, the key health system meetings (eg Executive Committee and Senior Executive Forum).

**Consultation, Quality Assurance and Training:** Provide training, support and advice for the development of best practice through the health system in providing appropriate advice and support to the Director-General and Minister.

## ESU Performance Standards

The Executive Support Unit is the link in negotiating standards of timeliness and style for responses to correspondence received by the Minister and Department. Standards are negotiated with the Director-General and the Minister's Office, and are monitored at Branch and Area levels, in consultation with ESU. Workflows in ESU are planned and managed to negotiated standards and time frames.

## Key Achievements

Activities and projects that required a particular focus of resources during the year included:

- **Document Registration and Tracking:** The Department made a policy decision to implement a comprehensive Department wide document registration and tracking system, to commence from July 1997, with ESU A the pilot site. In the lead up, ESU reviewed and mapped the workflow processes in place for managing the various correspondence and briefing streams managed by the Unit, including: Ministerial and Director-General's mail, general briefings, Parliamentary Briefs and Questions and Complaints.
- **Training:** There was a strong focus on internal and external training during the year. Staff were encouraged to discuss individual training needs with their supervisors and all participated in training courses. The Unit, as a group, completed a two day training session which focused on ethics and equity in the strategic approach, operations and performance of the Unit. Staff met as a group, and in sections, to consider the Director's input to Executive processes and considerations, including the Executive Planning Day and the Department's Business Plan. ESU officers conducted workshops with staff from South Eastern Sydney Area Health Service, Central Sydney Area Health Service and a number of Branches within the Department.
- **Major Briefings:** Major briefings for the Minister and Director-General were managed for two Parliamentary sessions, as well as for Australian Health Ministers' Advisory Councils, Australian Health Ministers' Conferences, and Health and Community Services Ministerial Councils.
- **Health Care Complaints Act Review:** The Executive Support Unit provided the Executive Officer for the Health Care Complaints Act Review Committee (established by the Minister). The Unit also provided support to the Chair and Committee, including the drafting of an issues paper to facilitate public consultation, plus provision of administrative and logistical support.

**Summary of Ministerial/Director-General Correspondence and Briefings flows:**  
**1995/96**                      **1996/97**

Ministerial letters received and processed	12673	13332
Requests from Minister/Director-General for advice	1987	2065
Responses requested to Questions on Notice	340	467
Parliamentary Briefs	319	399
Cabinet Advice	131	148
Submissions and letters to the Director-General and Minister	7596	7084

- Ombudsman Inquiries, Coroner's Reports, Health Care Complaints Commission: Several matters raised by the Ombudsman and Coroner were thoroughly investigated, and remedial action was initiated. The Unit also managed approximately 100 matters referred to it by the Health Care Complaints Commission, including complaints referred for Departmental investigation and recommendations made to the Department as a result of the Commission's investigations.

**Future Initiatives**

- Developing and implementing new technologies for improving performance and resource allocation will be the key focus area for initiatives during 1997/98 and into the future. Identifying and reviewing options for technological scanning and transfer of documents, both within the Department and throughout the health system, are the immediate challenges



# Health Public Affairs

## Aims and Objectives

Health Public Affairs is responsible for ensuring that the public has access to information about public health issues and the activities of NSW Health. Health Public Affairs provides information to the community through media, staff, professional and special interest groups.

## Communications

The Communications Branch promotes and improves communication to raise awareness in the community and among health staff. The Unit is responsible for the coordinating Statewide communication and media strategies for specific target groups.

The Branch coordinated major health issue campaigns, seminars and special events. Major campaigns included the Royal Hospital for Women's move from Paddington to the new site at Randwick. Brochures were distributed to all general practitioners throughout the State, and a radio advertising campaign was conducted to notify the general public of the Hospital's move.

The Branch organised the launch of The Ministerial Advisory Committee on Body Image and Eating Disorders - Body Image campaign. The campaign targeted girls aged between 8 and 15 years with eating disorders.

The Sales to Minors campaign was organised in conjunction with QUIT. The campaign was conducted in two phases. The first phase promoted the proof of age message with tobacco retailers. The second phase promoted community involvement asking members of the community to report any sales to minors.

NSW Health was a sponsor of the 1996 City-to-Surf. The Communications Branch was responsible for organising the NSW Health Back-of-the-Pack, and ensuring that walkers were registered and covered with sunscreen donated by the Cancer Council. There were over 400 participants from NSW Health with the majority completing the 15km course.

For the first time, NSW Health was represented in the Gay and Lesbian Mardi Gras Parade under the

theme of "Community Participation". The Minister for Health led the 250 participants.

Communications Branch is also responsible for organising the NSW Health stand at the Royal Easter Show. The exhibition at the 1997 Royal Easter Show continued the theme "Community Participation". A large number of community groups were represented at the NSW Health exhibition. As it was the last year for the show to be held at Moore Park, there were record crowds and an estimated one million visitors passed through the NSW Health exhibition. The exhibition received a third place award in the Royal Agricultural Society's awards for government exhibitions.

## Community Relations

Community Relations develops community participation mechanisms, manages community representation on Health Service Boards and statutory authorities, and provides information sought under the Freedom of Information Act.

## Community Participation

The NSW Health Department has an ongoing commitment to informing the community about the health system and involving the community in health service planning delivery and evaluation. The Ministerial Community Advisory Group on Rural Health released its report in May 1997. The report identified health councils as one way to involve rural communities in local health services. Rural Health Services commenced a consultation process to determine community views about how health councils should function.

## Freedom of Information

The NSW Health Department received 89 requests for information under the Freedom of Information Act 1989, compared to 83 for the 1995/96 financial year. Overall, the number of Freedom of Information (FOI) applications increased by approximately 7 per cent. There has been a drop in the number of FOI applications of a personal nature, but a 47 per cent increase in FOI applications of a non-personal nature. Over the last reporting period, politicians, the media and public interest groups were the main users of the FOI Act, in accessing documents held by the NSW Health Department. Twenty-four applications were received from Opposition Members of Parliament.

One of the more positive aspects of the FOI Act is that the NSW Health Department supports the rights of patients to access personal information held by health facilities. Access is subject to certain provisions. In most cases, this policy allows for the release of medical records outside of the FOI Act. Patients are able to view or obtain a copy of their medical record by contacting the Medical Records Department of the hospital where the records are kept. To view a medical record is free. However, the fee to obtain a copy is \$30.00 for the first 80 pages, and 25 cents a sheet thereafter.

When applying to view a medical record, the patient is required to make an appointment and view the record in the presence of a health professional. All requests to view or obtain a copy of a medical record must be made in writing. Further information regarding access to medical records can be obtained by contacting the Medical Records Officer of the nearest public hospital.

The FOI Unit has participated in the Quality Improvement Program conducted by the Department. As a result, the number of applications processed within the required time frames increased markedly in the latter half of the year.

### **Boards Administration**

Boards Administration is responsible for managing all administrative matters relating to Board Members appointed to: Area Health Services, under the Area Health Services Act 1986; Rural Health Services, under the Public Hospital Act 1929; Ambulance Service of New South Wales, under the Ambulance Service Act 1990; and various Statutory Boards and Advisory Committees appointed under legislation.

During the year, there were 303 Board appointments. Of these appointments, 131 were women, 26 were Aboriginal or Torres Strait Islander people, and 25 were people from non-English speaking backgrounds. There were 34 Board reappointments made.

Boards Administration facilitated a significant increase in the number of women, Aboriginal and Torres Strait Islander people, and people from non-English speaking backgrounds represented on Boards, and organised an orientation program for Board Members during the year.

### **Client Services**

Health Public Affairs is responsible for the front-line public face of the Department. Client Services provide reception, switchboard and healthline information.

#### **During 1996/97:**

- more than 15,000 people visited the Department;
- over 900,000 telephone enquiries were taken; and
- over 2,000 callers contacted the Departments' Healthline for comment or resolution of complaints.

### **Information Services**

Information Services is responsible for the production, storage, distribution and evaluation of information provided to the community and private/public health facilities about public health issues and changes to health services.

### **Publications**

A comprehensive publications service is provided by Health Public Affairs, which includes publications translated into various languages to communicate key health messages. An ongoing review of all publications was commenced during the year, and health publications in demand were prioritised for review and reprinting.

This area is also responsible for designing ministerial and corporate publications, and advising other divisions within the Department on how best to produce publications; to minimise costs and to achieve the best results.

During the year, 45 publications were produced by the Unit, in the areas of:

- corporate directions;
- health promotion; and
- health information.

### **Better Health Centre**

NSW Health publications are distributed Statewide by the Better Health Centre, to individual members of the public, professional and special interest groups, general practitioners, other government agencies, and to members of the NSW health

system. The Better Health Centre implemented a major program of quality improvements, including Occupational Health and Safety, stock management, policies and procedures, communication, effectiveness and staffing issues.

### Media Issues Management

Media Issues Management is responsible for managing media for the Department. This involves preparing media releases on major health issues and major disease outbreaks. They assist in coordinating information dissemination on health issues and are responsible for Statewide issues management of critical incidents, specifically by liaising with the media.

Media Issues Management receives calls from media organisations, professional bodies (such as the AMA and Nurses Association), Area Health Services, other Government Departments, and interested members of the public. Media Issues Management is the primary contact in the health system for advice and assistance in dealing with the media.

The Unit was involved in notifying the community about a number of important public health issues that developed throughout the year. These included:

- The Illawarra Leukaemia Cluster investigation, after a woman contacted the Illawarra Public Health Unit because she and two other ex-students from Warrawong High School had been diagnosed with leukaemia. Further investigation revealed a cluster of 11 leukaemia cases, four of whom attended Warrawong High;
- NSW Health, the Environment Protection Authority and NSW Fisheries working together to resolve the health and water quality issues associated with Wallis Lake, following a hepatitis A outbreak with 260 cases reported in the first two months of 1997;
- Warning gardeners to take care, after a 71 year old man contracted Legionella after using potting mix;
- Warning the community about a new Lyssavirus (identified in two species of bat in Australia), after the virus caused a woman's death in Queensland;
- Warning the elderly and frail to have a flu shot, with the winter flu season approaching;
- Acting to successfully recall Don Smallgoods products after Salmonella was detected in two product lines;
- Issuing a warning about snake and spider bites after a woman was bitten on the toe by a snake;
- Issuing a warning for people to take extra precautions to avoid contracting Ross River virus, when a record number of cases of the disease were reported to the Department;
- Warning of the dangers of not immunising children, after a third child died of whooping cough; and
- Notifying the community of a Hepatitis A outbreak linked to a Sydney restaurant.

# Internal Audit

## Aims and Objectives

The role of Internal Audit is to provide a constructive, protective and comprehensive internal audit service to management, to assist in the discharge of the responsibilities of the Director-General and all other levels of management in regard to accountability and the performance of the Department.

## Services and Functions

Internal Audit is responsible for conducting comprehensive internal audits of the Department's divisions and branches, independent Second and Third Schedule hospitals and Fourth Schedule organisations. It is also responsible for reviewing the performance of internal audit units in Area Health Services and other NSW Health organisations. At the request of the Minister, Director-General and the ICAC, Internal Audit also conducts special investigations, inquiries and special audits in the NSW public health system,

## Key Achievements

Major audits conducted in 1996/97 were:

- Environmental Health Branch;
- Epidemiology Branch;
- Senior Executive Service;
- Methadone Program;
- Policy Division;
- Public Health Administration;
- Corrections Health Service;
- High Cost Drugs;
- Asset Management;
- Protected Disclosures;
- Northern Sydney Area Health Service - Internal Audit Unit;
- Macquarie Health Service - Internal Audit Unit;
- Amfac Pharmacy System Projects Audits;
- CBORD Dietetic System Audit;
- LAN & End User Computing Audit;
- Ambulance CAD System Project Audit;
- Health Professional Registration System Audit;
- Development of Systems Audit Life Cycle Methodology and Commenced Implementation of Control Objectives for Information and Related Technology (COBIT);

- New England Health Service - Financial Review;
- Northern Rivers Health Service - Management Review of Pathology Service;
- New England Health Service - Management Review of Pathology Service;
- Greater Murray Health Service - Management Review of Pathology Service;
- Northern Rivers Health Service - Tenders/Conflict of Interest, Pathology Service;
- South Eastern Sydney Area Health Service - Contract of Employment, Orthopaedics;
- Hunter Area Health Service - Diabetic Education and Stabilisation Centre;
- NSW Health Department - Conflicts of Interest;
- Central Sydney Area Health Service - Computerised Billing;
- Mid West Health Service - Motor Vehicle Review;
- Northern Rivers Health Service - CEO Appointment Review;
- Far West Health Service - Review of Air Travel;
- NSW Health Department - Tendering; and
- NSW Health Department - Waiting List Reduction Program Review.

## Key Activities planned for 1997/98

- Apply new Systems Audit LifeCycle methodology to the development and modification of strategic information systems.
- Continue to implement Control Objectives for Information and Related Technology (COBIT).
- Increase emphasis on operational auditing and implement international standards and best practice for internal auditing.
- Further promote corruption prevention in cooperation with the ICAC.

# Area Health Services

## Central Coast Area Health Service (CCAHS)

- Maintained record activity levels including a 3.6 per cent increase in same day admissions, and a bed occupancy rate of 91.3 per cent.
- Successfully applied for, and obtained, a \$3m capital works program to construct new community health centres at Long Jetty and Lake Haven, as Stage 1 of its Community Health Services Program.
- Expanded the range of surgical services at Wyong Hospital, and introduced after hours surgery.
- Completed refurbishment of two medical wards at Gosford Hospital and the Palliative Care Unit at Long Jetty.
- Developed the Area's Mental Health Plan and Community Health Plan. Implemented a Mental Health Service Central Intake System to improve access, with clinical staff available 24 hours per day. Appointed a Suicide Intervention Officer to provide increased support and follow up for people who have attempted suicide.
- Streamlined admission processes for elective surgery patients, to enable a higher proportion of patients to be admitted on the day of surgery. This process led to an increase in the proportion of patients attending pre-admission outpatient clinics.
- Established a partnership between CCAHS and the Aboriginal & Torres Strait Islander Health Advisory Committee. This resulted in the development of the Area's Aboriginal Health Strategic Plan. The CCAHS's first Aboriginal Board Member was appointed.
- Established a Health Outcomes Council in July 1996, creating several Expert Advisory Groups to develop recommendations for services in Diabetes, Cardiovascular Disease, Cancer and Suicide.
- The Area's Health Promotion Unit's continued efforts saw the number of tobacco retailers prepared to sell to minors plummet to the lowest rate in Australia (less than five per cent).
- Area commenced implementing the Improving Performance stream of the Australian Council on Healthcare Standards EQUIP quality program.

## Central Sydney Area Health Service (CSAHS)

- Began detailed planning of the \$287.5 million capital works program, the Resource Transition Program, in September, with service delivery plans finalised in February.
- The Royal Prince Alfred Hospital's \$8.5 million redevelopment Emergency department was in October.
- The \$1.6 million Sydney Cancer Centre, based at Royal Prince Alfred Hospital was opened in December. The Centre treats nearly a quarter of all cancer patients in NSW.
- CSAHS's Multicultural HIV/AIDS Education and Support Service won an Ethnic Affairs Commission Multicultural Marketing Award for its Soccer Project.
- \$79 million redevelopment of Canterbury Hospital commenced in July. Expected to be completed by mid 1998.
- NSW Centre for Perinatal Health Services Research, based at the University of Sydney, was opened. It brings together NSW researchers and experts in the needs and health outcomes of high risk mothers, and premature and very ill babies. The Centre is funded and staffed by Central and South Eastern Area Health Services, the NSW Health Department, and the University of Sydney.
- A joint program between CSAHS and the University of Sydney, the Nursing Research Centre for Adaption in Health and Illness, was opened.
- Royal Prince Alfred Hospital became the first hospital in Australasia to perform cardiac laser revascularisation, enabling patients previously unsuitable for bypass surgery relief for disabling angina.
- Established a Clinical Systems Strategy to develop electronic medical records throughout CSAHS, (the first in NSW). The initial phase, costing \$1.2 million, is due for completion in August 1997.
- For a second year, CSAHS successfully negotiated with TCN Channel Nine Pty Ltd to communicate important health issues to the community through the national reality television series RPA which centres on Royal Prince Alfred Hospital.

### Hunter Area Health Service (HAHS)

- Completed second stage of a \$1.92 million development of an integrated electronic link up of community and hospital based services.
- In 1996/97, Hunter Health introduced an innovative new funding plan for surgery, to: maximise the number of operations performed each year; ensure a fairer mix of surgical procedures; and give hospitals flexibility to adjust booked surgical activity during busy periods such as winter.
- On 1 July, the Child and Youth Health Network (CAYHNet) was officially launched, integrating community and hospital services in Newcastle for children and young people.
- 1996/97 marked further strengthening of the Hunter Mental Health Service, with the appointment of a new Director, Professor Vaughan Carr.
- Hunter Health is committed to encouraging a quality culture in health services, and the organisation as a whole aims to apply for an Australian Quality Award in the year 2000. One hospital has already undergone self-assessment in preparing for this goal.
- In keeping with its requirement to update the Corporate Plan every two years, Hunter Health, in consultation with staff, revised strategies for each of the Plan's five themes. In 1996/97, Hunter Health made progress on each theme.
- To improve links between Hunter Health services and to strengthen the links between institutional and community-based care, the Greater Newcastle Sector was established in July 1996. The Greater Newcastle Sector consists of hospitals and community services which were traditionally managed independently.
- Hunter Health made significant progress on its Aboriginal Health Plan, which was developed in 1995 in conjunction with the Aboriginal community. It was pleased to appoint both an Aboriginal Health Coordinator and an Aboriginal Health Liaison Officer in the Lower Hunter.
- Hunter Area Pathology Service (HAPS) became one of the leading pathology providers in the State, increasing its revenue by more than \$1.5 million in the last two years.

### Illawarra Area Health Service (IAHS)

- In partnership with the Illawarra Division of General Practice and Home Care of NSW, IAHS successfully developed Care Net Illawarra, linking all key service providers through a common patient care plan and computer information system.
- IAHS received an additional \$9 million in recurrent funds in 1996/97. In addition, the Area met its commitment to fully maintain the previous year's activity levels.
- With the \$50 million Wollongong Hospital Clinical Services Building nearing completion, planning and consultation for reconfiguration and consolidation of services at Port Kembla and Wollongong hospitals was undertaken.
- As part of the Shoalhaven District Memorial Hospital Redevelopment Project, the new \$8.6 million hospital wing was completed on time and within budget.
- The Nowra community welcomed the new Nowra Community Health Centre. Costing \$2.8 million, the purpose-built complex has facilities for dental, mental health and drug prevention services, together with a comprehensive range of community health care services.
- IAHS undertook planning and community consultation for the re-opening of 20 in-patient beds at Kiama Hospital. An investment of \$1.4 million in capital works, and a \$1.5 million operating budget per annum, will allow for integration of the existing community health and outpatient services, currently provided at the hospital site.
- The introduction of the Otitis Media and Immunisations programs significantly advanced the health of the Aboriginal Community in the Illawarra.
- Achieved the successful devolution of non-government organisations (NGOs) to the Illawarra Area Health Service (IAHS), by adopting an agreed Memorandum of Understanding.
- In July 1996, the Illawarra Public Health Unit was notified that a number of former students and a staff member, all from the same school in the Warrawong area, had been diagnosed with leukaemia. Early investigations found that a



number of other young people from the same school were also recently diagnosed with leukaemia. The Public Health Unit launched a full scale investigation. The Leukaemia Investigation Steering Committee drew together people with knowledge about the Warrawong area and the scientific expertise necessary for the investigation. The Committee found that, given the current scientific knowledge and tools available, it was not possible to ascribe the unusually high incidence of leukaemia to any specific agent known to cause leukaemia.

### **Northern Sydney Area Health Service (NSAHS)**

- The Australian Council of Healthcare Standards granted full Accreditation status to Gladesville Macquarie Hospital in its inaugural survey under the rigorous EQuIP guidelines.
- Ryde Hospital & Community Health Services opened a new Maternity Unit, a purpose built facility with more comfortable surroundings for improved patient care.
- A survey of sporting injuries in NSW High School Students was conducted by Northern Sydney Area Health Service at Mona Vale Hospital Health Promotion Unit, in partnership with the NSW Sporting Injuries Committee, the NSW Department of Sport and Recreation and the NSW Department of School Education. In light of the results the NSW Department of Sport and Recreation is taking the lead in establishing initiatives to reduce sports injury in young people. These include ensuring sporting codes develop risk management plans, and convening an intersectoral working group to implement coordinated sports injury reduction strategies.
- Implementation of the Human Resources Information System "Workforce" has progressed well. When fully operational, the system will provide an integrated approach to human resources management. NSAHS was one of the first Area Health Services in NSW chosen to trial the system for adoption statewide.
- The Sydney Home Nursing Service was brought under the auspices of NSAHS. Management by the Area Health Service of home nursing services will further strengthen links with hospital and community health services.

The Minister for Health announced a Government commitment to improving facilities for children in NSAHS with \$11.7 million dedicated towards the refurbishment of paediatric services at Royal North Shore Hospital.

### **South Eastern Sydney Area Health Service (SESAHS)**

- South Eastern Sydney Area Health Service entered a more stable period during 1996/97, with permanent appointments of the chief executive officer and other senior personnel.
- Major capital works were completed at Sydney Children's Hospital, the Sydney Eye Hospital, Prince of Wales Hospital, Royal Hospital for Women and St George Hospital.
- Developed and implemented strategic plans for Aboriginal Health, Public Health, Drug and Alcohol, and Mental Health.
- Royal Hospital for Women moved from Paddington to Randwick on June 23.
- Sydney Children's Hospital took on a wider tertiary referral role in relation to a larger geographic catchment area.
- Established a more streamlined Area-wide pathology service (SEALS).
- Continued acute services transferral from Prince Henry Hospital to Prince of Wales Hospital. Developed the Memorandum of Understanding and plans for redeveloping St Vincent's Hospital.
- Improved Ambulance access to emergency departments from the previous year.
- As a result of extensive planning during 1996/97, major restructuring of services will occur through capital development.

### **South Western Sydney Area Health Service (SWSAHS)**

- The new \$78.5 million Bankstown-Lidcombe Hospital was officially opened by NSW Premier, Bob Carr, in May. The 454 bed hospital, an amalgamation of the Bankstown and Lidcombe Hospital, became operational in October 1996.
- The final stages of Australia's largest new hospital development, Liverpool Hospital's redevelopment, became operational in May 1997. The redevelopment includes a state-of-the-art Clinical Building for acute hospital



services as well the Thomas & Rachel Moore Education Centre.

- The new \$5 million Waratah House at Campbelltown Hospital was opened in April. It provides Macarthur residents with access to local psychiatric inpatient care.
- Bonnyrigg became the "1st Stop" for young people seeking youth-friendly health services in South Eastern Sydney. The "1st Stop" Youth Health Spot is a youth health service run by the Fairfield and Liverpool Youth Health Team.
- The new \$8.9 million Braeside Hospital at Prairiewood was opened in October, 1996. It provides much needed palliative care, rehabilitation and aged services in Sydney's south west. The 72-bed Hospital, located next to Fairfield Hospital, is run by the Hope Healthcare Group.
- Jade House Parent and Baby Day Unit was opened in October. The \$510,000 Unit is a specialised day service targeted at women with severe prenatal and postnatal mood disorders and their families .
- The redevelopment of Queen Victoria Memorial Hospital at Picton commenced in June 1997. The new \$7.6 million nursing home will provide 70 nursing home beds as well as respite care. The redevelopment is expected to be complete by mid 1998.
- Campbelltown Health Service recently became the first large public hospital in the Southern Hemisphere to receive the International Standards Organisation (ISO 9002) certification.
- Community consultation on the future of health services in the Macarthur region commenced in May 1997. The NSW Government earmarked \$86 million for the Macarthur Strategy, and the Macarthur community will play a vital role in planning the future of health services in the region.

### Wentworth Area Health Service (WAHS)

- The new Hawkesbury Hospital and Community Health Centre was opened in August 1996, following decommissioning of the old hospital and transfer to the new site.
- Wentworth Area Mental Health Service established a more relevant and meaningful service after a review of services in late 1996. The Area is planning and implementing a restructured service and management structure which better meet the needs of people seriously affected by mental illness.
- With the final elements of Stage 1 of Nepean Hospital's \$99 million redevelopment under way, there was considerable building and planning activity on the hospital campus. The new Dental Clinic was opened to the public in June 1997, and construction commenced on the new \$11 million Nepean Cancer Care Centre.
- In May, the 1997/98 State Budget delivered great news for Nepean Health by allocating \$59 million in funding for the Stage 2 Redevelopment of Nepean Hospital.
- The Area finished the year with an excellent result. The annual budget increased from \$178 million in 1995/96 to \$194 million this financial year. Allowing for a 'book entry' revaluation of our assets, we are proud to have once again come in on budget.
- Construction work is under way on the redevelopment of Blue Mountains District Anzac Memorial Hospital at Katoomba. The upgrade, estimated to cost \$6.38 million.
- The new Cranebrook Community Health Centre was opened in March 1997. A new satellite community health centre is now complete in St Clair, and two other new Centres, at Penrith and Springwood, are nearing completion.
- The Area worked with Daruk Aboriginal Medical Council and Western Sydney Area Health Service towards a partnership agreement to help achieve 'Improving Aboriginal Health'.
- The Multicultural Access Program (MAP) has negotiated partnership agreements with Western Sydney (Doonside) and Southern Health Service (Queanbeyan), through which MAP will enable these services to provide improved access for people of all cultural backgrounds.

## Western Sydney Area Health Service (WSAHS)

- Achieved groundbreaking Memorandum of Understanding between Daruk Aboriginal Medical Service, Wentworth Area Health Service and Western Sydney Area Health Service.
- Sexual health partnership established between WSAHS AIDS Unit and Daruk Aboriginal Medical Service, to provide sexual health services, to Aboriginal communities in the Area.
- Post Acute Community Care (PACC) established across the Area providing nursing care, occupational therapy, physiotherapy and home aid for patients who have had acute illness.
- National recognition of Auburn Hospital's development of a unique service in management of women who have been subjected to genital mutilation.
- Both Cumberland and Westmead Hospitals received full three year accreditation, as also the Area's Parramatta Linen Service .
- WSAHS Health Promotion launched 12 projects designed to improve performance in injury prevention, skin cancer prevention, physical activity, cervical cancer screening, mental health promotion and nutrition.
- The Transcultural Mental Health Centre's Enhancing Cultural Competency Video and Manual Training Package was launched in September 1996 as a self-directed training package.
- A falls prevention and mobility program for elderly people in the community initiated by St Joseph's Hospital at Auburn.
- Decision taken to build a free-standing \$7.8m building on Westmead site to house the Westmead Institutes of Research building.
- Westmead Hospital's Emergency Department received a \$3.3 million refit. The open-plan space will allow patients to be treated faster, ensure better observation and improve staff areas.
- Blacktown/Mt Druitt Hospital's are undergoing a \$90m redevelopment. Work on the Blacktown site, which will see a totally new hospital in early 2000, is well advanced, with construction due to start in October 97.

# Rural Health Services

## Far West Health Service (FWHS)

- The administrative elements of the three former district offices were consolidated in one Area centre based in Broken Hill. A small sector office has been established in Bourke.
- Communication facilities have been improved through the integration of finance and human resource computer systems.
- Capital developments for the FWHS include the completion of the primary health post at Weilmoringle, and the opening of the Orana Haven Drug and Alcohol Rehabilitation Centre, at Gongolgon. The Project Definition Plan for the new Broken Hill Base Hospital was completed and approved allowing designs to be finalised for this \$27 million redevelopment.
- Wilcannia was selected as one of only two Aboriginal Coordinated Care Trials in Australia. The Project Team has been appointed and after detailed consultation with the community and local service providers, the trial is due to go live in September 1997.
- The Broken Hill Diabetes Centre opened in May 1997. This collaborative project with the Barrier Division of General Practitioners provides integrated management for people with diabetes living in Broken Hill and the surrounding communities and a repository of expert information for clinicians.
- A highly successful Aboriginal Health Worker Training Program, the first of its kind in remote NSW, was implemented during 1996 and 1997. This has resulted in a five fold increase in the number of Aboriginal health workers in the State's far west and will see the first trainees from the two year associate diploma course graduate in late in 1997.
- The Area has is playing and integral part in the evolution of the University Department of Rural Health being established jointly by the Commonwealth Department of Human Services and Health and the Universities of Sydney and NSW. In addition to support for the current undergraduate and postgraduate medical teaching program at Broken Hill it is expected that the University Department will be able to offer initial courses for remote health professionals in the 1998 calendar year.

## Greater Murray Health Service (GMHS)

- Undertook a significant planning process with the development of its draft Services Plan. This plan sets the strategic direction for Service delivery. The Services plan is due to be distributed for comment in 1997/98.
- For the past 3 years the Greater Murray Health Service's Centre for Public Health has supported the Asthma Management Improvement Council, which encompasses key stakeholders in the area of Asthma. The Council's work was recognised in the inaugural Prime Minister's Awards for Innovation in the Public Sector.
- Wagga Wagga and Albury Base Hospitals were surveyed by the Postgraduate Medical Council of NSW and have been again accredited for Intern and Junior Resident Medical Officer training for three years.
- Immunisation rates for Finley are outstanding with 91% of children being fully immunised.
- In Albury, a multi-strategy program addressing issues to do with farm chemicals has been run in partnership with the Environment Protection Agency. The program has involved research with many stakeholders, providing information to farmers regarding the new hazardous regulations through a series of seminars and the preparation of a report on the disposal of chemical containers.
- A refurbishment program for the operating suite at Temora Hospital was completed. This included stripping and resurfacing of all floors, walls and ceilings throughout the unit and installing piped medical gases to the operating room and recovery ward areas.
- Lack of transport facilities across the Greater Murray Health Service has been highlighted as an issue and a pilot program providing transport to and accommodation for people in major centres has been extremely successful, resulting in this pilot being continued.
- The Greater Murray Health Service has instigated a Care Coordination Program that provides patients with information regarding their admission and waiting times; provides options other than waiting and should the patient choose to wait they are offered assistance/assessment for special needs to manage while they wait.

### Macquarie Health Service (MHS)

- Completion of new Oncology Unit at Dubbo Base Hospital
- Finalisation of planning for Multi Purpose Services at Warren & Trangie and redevelopment of Dubbo Base Hospital.
- Commencement of Aboriginal management and administrative trainee and apprenticeship employment programme.
- Partnership agreement between the Aboriginal Health Research Cooperative, Aboriginal Medical Service & Macquarie Area Health Service.
- Plans completed for consolidation of beds at Coonamble
- Redevelopment of Mudgee Hospital approved
- Completion of community consultation process for the establishment of health councils.
- Commissioning of new energy system at Dubbo Base Hospital.
- Area participation in the Australian Council on Health Care Standards Equip programme.
- Participation in a Programme Budgeting Marginal Analysis programme with Professor Gavin Mooney of Sydney University.

### Mid North Coast Health Service (MNCHS)

- Re-negotiation of Port Macquarie Base Hospital Contract.
- Accreditation - Bulahdelah/Gloucester and affiliated community health centres under the new ACHSE Equip standards.
- Official Opening of Nimoola House - supported accommodation for the mentally ill.
- Official Opening of Forster/Tuncurry Community Health Centre, Forster.
- Official Opening of Southwest Rocks Community Health Centre.
- Case based budget negotiated with Port Macquarie Base Hospital resulting in a "value for money" deal for NSW Health.
- Accreditation awarded to Central Sector (the first Sector based assessment in Australia) until 2000.
- Installation of CT Scanner - Coffs Harbour.
- Purchase of Ultrasound - Coffs Harbour.

- Commencement of final planning for Manning Base Hospital re-development.
- Establishment of a Population Health Unit.
- Announcement of further Coffs Harbour Base Hospital re-development.
- Establishment of Area.
- Re-adjustment of Dental Services following withdrawal of Federal Funding.

### Mid Western Health Service (MWHS)

- Capital works planning proceeded well with the new Lithgow Hospital design planning completed, and the four MPS projects well advanced.
- The development of the Clinical Services Plan, to guide long term health care planning was conducted in an open and transparent manner with the release of an issues paper which stimulated good discussion.
- In response to the report from Minister's Advisory Group on Rural Health, community consultations were held to ascertain the best ways and means to ensure community participation, through the establishment of Health Councils. The community consultation process was well organised with participation by Board Directors, staff and communities.
- The Area continued to pursue an active external accreditation program involving ACHS and CHASP. ACHS accreditation was awarded to Condobolin, Forbes, Parkes, Orange Base, Molong, Blayney and Rylstone Hospitals. CHASP accreditation was awarded to Bathurst and Parkes. Rylstone and Lake Cargelligo participated in non-accreditation CHASP reviews. The Area commenced planning for a unified external accreditation program covering hospital and community based services, across the whole Area
- The Area's health outcomes planning was reoriented along health improvement lines. Difficulties were encountered and many program managers, co-ordinators and advisers have had to assume new roles and new perspectives. Many advisory committees and groups had to be reconstructed to reflect new relationships and understandings.
- An organisational development approach was adopted towards staff training. An ethos of a

learning organisation was actively pursued emphasising planning, evidence based practice and competency based skilling. The Human Resource Development Centre and the Rural Health Training Unit were integrated.

### **New England Health Service (NEHS)**

- Establishment of a Community Health Centre at Uralla in partnership with the Armidale Aboriginal Medical Service.
- Designed and implemented the New England Area Aboriginal Health Policy, the Health Promotion Policy and Structure, the Accident and Emergency Benchmark Policy for Nurses within the New England, and the Research and Ethics Policy and Structures.
- Progressed to near completion minor capital works developments at Tenterfield Health Service.
- Private Hospital development commenced at Armidale.
- Successfully negotiated Laboratory HUB partnership with Hunter Area Pathology Service.
- Established a partnership with the Aboriginal Health Resource Co-operative representatives and New England Health Service.
- Conducted community consultations with 20 Local Government Areas to obtain input from the community about the establishment of Health Councils and future health service planning.
- Provision of Local Government Area health status information for the communities and local health workers.
- Monitored tobacco sales to minors in 1996 - 24% of retailers sold (State average 70%). 1997 figures down to 9% of retailers sold to minors.
- Implemented Cervical Cancer Screening project targeting geographically isolated women.
- Established Oncology Clinic at Moree and Narrabri with negotiations underway for Northern Tablelands service.
- Upgraded radiology equipment throughout the Area.
- Introduced Cardiac Rehabilitation Program with program currently being extended throughout the Area.

- Implemented clinical pathway across the Area for Myocardial Infarction.
- Evaluated “Chippers and Pickers” Program for future use by statewide programs targeting hard to reach itinerant workers.
- Established interdepartmental group for Environmental Health, including Department of Land and Water Conservation, EPA, Department of Planning, Local Government and New England Health.
- Increased the number and distribution of Aboriginal Maternity Liaison Officers.
- Completed Youth Health surveys.
- Reviewed quality management programs.
- Implemented single system for the collection of inpatient statistics across the Area.

### **Northern River Health Service (NRHS)**

- Perioperative Unit opened at Lismore Base Hospital;
- Accreditation of a number of hospitals - Lismore Base, Mullumbimby, Byron and Kyogle;
- Improvements in renal services through a joint health service and community funded project which saw the redevelopment of the Renal Service Unit in Lismore to create a more comfortable facility capable of future expansion and establishment of a satellite renal service at Ballina;
- Opening of a refurbished obstetric unit at Grafton Base, giving the Clarence Valley a modern, comprehensive and family friendly obstetric service;
- Opened refurbished operating suite and provided surgical equipment at Maclean Hospital to increase Day Surgery;
- Developed a Rooming In service for Mental Health clients in Grafton, reducing the need to travel long distances;
- Improved access for Aboriginal people to health services through the Bugalweena project at Tweed Heads. Bugalweena was one of three projects selected by the National Conciliation council for Australia wide recognition;
- Completed a Sexual Assault Best Practice project which resulted in extending the service to outlying centres through GP's;

- Successful containment of asbestos at Mullumbimby Hospital together with repair and upgrade of the facility;
- Completed Mental Health Survey of 1200 residents Northern Rivers;
- Completed Assets Management Plan;
- Established Falls Prevention Policies for 92 per cent Local Councils Northern Rivers.

### **Southern Health Service (SHS)**

- SHS funded a three year immunisation enhancement program which included a local register and close monitoring of outcomes. The management of the project involved the community and local General Practitioners. Data from the new Commonwealth monitored ACIR system has shown the Southern Area immunisation rate to be consistently the best in NSW at around 83per cent.
- Planning and health gain activity in Southern now has a best practice focus through the establishment of an Area Health Outcomes Committee and 16 designated expert advisory groups in key goals and target areas. These expert groups involve staff from sites implementing programs, specialists in the field and local community members. The Area's Health Improvement Plan sets a clear direction for health gain activities.
- Aboriginal Alcohol and Drug Trainee Program 1996-97. This pilot program, a first for NSW, was designed to employ six Aboriginal trainees on a full time basis for 12 months and provide them with intensive alcohol and drug training. Jointly funded by the Department of Education Employment and Training and Southern Health Service, five of the original six trainees completed the full 12 month training period. These five were offered employment, three with Southern Health Service and two in allied areas.
- Health Councils: SHS undertook extensive community consultation from January to June 1997 to discuss the concept and process of establishing Health Councils. This included 15 public meetings that were attended by approximately 840 people. This consultation has resulted in the development of a draft protocol for the establishment of Health Councils in the Area. The Health Councils are

to ensure the provision of a mechanism for community participation within Southern Health Service.

- Moruya Hospital in the Home is a pilot scheme commenced whereby low risk patients who have been assessed as being mentally and physically suitable to be nursed in their own home following surgery should the patient desire to undertake the scheme.
- The Minister officially opened the new Boorowa Hospital after a major fire destroyed it, visited Murrumburrah Harden Hospital after it had undergone extensive refurbishment and opened the new Cooma Maternity ward.
- During 1996/97 14 of Southern's 18 hospitals achieve accreditation.
- SHS Board undertook a Memorandum of Understanding with the South East Division of GPs.

### **Ambulance Service of New South Wales**

- The Board and Executive established a working party of staff to develop a Code of Conduct and Ethics for the Service. This working party developed a Code that was endorsed by the Board for publication to all staff in June 1997.
- The Ambulance Education Centre was independently reviewed and implementation of the review report commenced in early 1997.
- The Corporate Governance Committee of the Board held its inaugural meeting in September. The primary function of this committee is to ensure that appropriate arrangements are in place to support the Board in the fulfilment of its functions, and that the statutory functions of the Service are being effectively and efficiently performed. This committee was established following extensive review of selected public and private sector organisations.
- In 1996/97 approximately 25per cent of clinical protocols, that underpin all treatment given by ambulance officers, were reviewed to improve clinical care. These protocols include Use of the MAST Suit and Treatment of Cardiogenic Shock.
- The announcement of the creation of four co-ordination centres with the introduction of the Statewide Computer Aided Dispatch (CAD) system. Capital funding in the order of \$25M



has been provided by the Government for this major initiative.

- As a result of Ministerial commitment and the Hunter Staffing Review, in 1996/97 the numbers of ambulance officers reached a record high of 2324 (as at 30 June 1997).
- A vertical slice of the organisation, in addition to representatives of the NSW Health Department, prepared the Corporate Plan 1997 to 2002 in February - May 1997. This was endorsed by the Board to enable it to be published and utilised as the basis for Business Plans for 1997/98. This process followed on from the prior year when a similar group developed the Corporate Plan 1996 to 2001.
- Fleet replacement has been a high priority. As a result over 130 ambulances were replaced - including GMC J-line ambulances and Hino Rescue Trucks. This is more than four times the usual number of ambulances replaced in a year.
- An Aboriginal Recruitment, Training and Liaison Officer was appointed in the year to oversee and encourage Aboriginal recruitment, provide cross cultural awareness training, assist officers to liaise with Aboriginal communities and to support Aboriginal staff.
- In May 1997 the Minister announced the establishment of the Medical Retrieval Unit. This Unit is part of the Service and is based at St George Hospital with Dr Ron Manning as the Director.

### **Corrections Health**

- Evaluation of methadone program.
  - Internal Audit/Risk Management.
  - Completion of the inmate health survey.
  - Opening the Metropolitan Reception and Remand Centre, Silverwater. Joint records repository.
  - Public health workers praised for outstanding work in the case of tuberculosis.
  - Capital Works progress of Long Bay Hospital, Metropolitan Reception and Remand Centre, Mulawa Therapeutic Unit.
  - Ombudsman's Annual Report commends working relationship between CHS and DOCS.
- Ombudsman's report on Mulawa Correctional Centre tabled in Parliament. Makes no findings and reflects positively on clinical and administrative achievement made by CHS.
  - Regular Aboriginal Cultural Training covering topics such as lost children, kinship, bush tucker and medicine.
  - Medical records relocated from Long Bay Prison Hospital to Metropolitan Reception and Remand Centre, and being riled under MIN numbers not MRD numbers. Alongside case management files.

### **New Children's Hospital**

- Record number of inpatients (28,801) and outpatients (516,560 occasions of service).
- Average length of stay down 8.5 per cent to 3 days.
- ACHS Accreditation achieved.
- Awarded the Inaugural Prime Minister's Award for Innovation in the Public Sector (Customer Service).
- Awarded the Technology in Government Productivity Award.
- Merit Award by the US Design Council for Signage in the Hospital.
- Opening of the Book Bunker - a Library for Children.
- Establishment of a Chair of Clinical Epidemiology and the Centre for Evidence based Practice in Paediatrics.
- Establishment of the Australian Centre for Immunisation Research as the clearing house for Vaccine Preventable Disease Data in Australia.
- Appointment of the first Professor of Children's Exercise and Sports Medicine in the world.



# Financial Performance

The Financial Statements included in this Report are prepared on an accrual accounting basis and comprise all General Fund and Special Purpose and Trust transactions of all controlled entities as well as the Department. Accrual accounting enables the identification of a number of key financial indicators for NSW Health which previously were unknown. As accrual accounting becomes better integrated into Health management, the historical Westminster focus on cash results will reduce, better decision making will occur and a different but more informative analysis of the financial performance of NSW Health will result.

In this regard, it should be especially noted that the Department has entered into an agreement with Treasury for the 1997/98 year in which the primary focus within the recurrent allocation is the Net Cost of Services result. Nonetheless, this does not diminish the importance of balance sheet management which is subject to ongoing review and reporting.

## Performance Against 1996/97 Government Budget Allocation

The State Government increased its allocation to Health from the Consolidated Fund by \$285 million or 6.2% to \$4.919 billion in the 1996/97 budget. The increase included \$134 million used to provide funding in the State's growth areas whilst at the same time maintaining services in the inner metropolitan areas of Sydney.

It was also necessary for the Department to obtain a loan of \$40 million to supplement its approved allocation. The loan was principally utilised to reduce the accumulation of Accounts Payable which had occurred in various health services in previous years. The loan has been repaid to Treasury in the 1997/98 year by the Department although the required contributions from each health service will not be finalised until 1999/2000.

The audited financial statements show a decrease in Accounts Payable of \$71.6 million from the planned budget. This comprises the exclusion of trust monies which are not subject to Health Control (\$54.2 million) and a further reduction of \$17.4 million in excess of the planned movement. Trade Creditors now represent 35 days of the full year's expense, an improvement of 6 days over the 1995/96 results.

The Operating Statement for 1996/97 identifies that Total Expenses for 1996/97 amounted to \$5.973 billion (up by 4.0%) or \$16.364 million per day or \$682,000 per hour.

Expenses include:-

- \$3,628 million for salaries and employee related expenses;
- \$61 million for food;
- \$420 million for drugs, medical and surgical supplies;
- \$56 million for fuel, light and power;
- \$261 million for visiting medical staff.

A summary of key expense items and the movements reported in these items as a percentage of expense is included as Appendix 3.

- The financial statements also identify that, whilst \$255 million was charged for depreciation on Property, Plant and Equipment, an amount of \$421 million was expended in capital expenditure. This constitutes a real new increase in the value of health assets and reflects the significant capital works program to improve Health infrastructure.
- NSW Health's Net Cost of Services actual result for the year ended 30 June 1997 was \$5.193 billion against a budget of \$4.919 billion, ie an unfavourable variance of \$274 million which can be attributed to:-
  - asset decrements (\$62 million)
  - increases in the non cash superannuation depreciation items (\$28 million)
  - Treasury supplementation for growth funding (\$134 million) and insurance costs (\$35 million)
  - a reduction in specific Commonwealth project funding effected after the initial budget (\$2 million).
  - Health Service unfavourability of \$17 million.

Commentary on this performance and other specific budget areas is contained in Note 39 of the annual financial statements.

- Due to Treasury policy the statements do not identify the cost of raising capital to construct/acquire Property, Plant and

Equipment. Such costs are presently borne by Treasury.

- All controlled entities prepare annual reports and financial statements on an accrual accounting basis which are audited by the Auditor General. No qualifications were reported for 1996/97.

For 1996/97 Health Services which reported unfavourable General Fund Cash budget results of \$25.7 million net are generally being funded by making use of the loan funds provided by the Department or drawing down cash balances already to hand.

The required strategies to achieve the targeted results for the 1997/98 year have been approved for implementation by each health service and will be closely monitored throughout 1997/98.

### **The 1997/98 Budget**

The NSW Health total payments budget for 1997/98 is \$5.591 billion which includes an increase of \$221 million over 1996/97 budgetary levels.

The increase provided enables the direction of funding to the Health population growth and priority areas whilst, at the same time maintaining services in established areas.

# Financial Statements



Box 12 GPO  
SYDNEY NSW 2001

## INDEPENDENT AUDIT REPORT

### DEPARTMENT OF HEALTH

To Members of the New South Wales Parliament and the Director-General

#### Scope

I have audited the accounts of the Department of Health for the year ended 30 June 1997. The financial report includes the consolidated accounts of the economic entity comprising the Department and the entities it controlled at the year's end or from time to time during the financial year. The preparation and presentation of the financial report, consisting of the accompanying statements of financial position, operating statements, statements of cash flows, program statement – expenses and revenues and summaries of compliance with financial directives, together with the notes thereto, and the information contained therein, is the responsibility of the Director-General. I have conducted an independent audit of the financial report in order to express an opinion on them to Members of the New South Wales Parliament and the Director-General as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983*. My responsibility does not extend here to an assessment of the assumptions used in formulating budget amounts disclosed in the financial report.

My audit has been conducted in accordance with the provisions of the Act and Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates.

In addition, other legislative requirements which could have an impact on the Department of Health's financial report have been reviewed on a cyclical basis. For this year, the requirements examined comprise: Chief Executive Service/Senior Executive Service remuneration; Payroll Tax on superannuation benefits; disaster recovery plans for computer installations and prompt payment of accounts.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the *Public Finance and Audit Act 1983*, Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) so as to present a view which is consistent with my understanding of the Department of Health's and the economic entity's financial position, the results of their operations and their cash flows.

The audit opinion expressed in this report has been formed on the above basis.

#### Audit Opinion

In my opinion, the financial report of the Department of Health complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Department and of the economic entity as at 30 June 1997 and the results of their operations and their cash flows for the year then ended.

A handwritten signature in black ink, appearing to read 'P.G. Thomas'.

P.G. THOMAS, ACA  
ASSISTANT AUDITOR-GENERAL  
(duly authorised by the Auditor-General of New South Wales  
under section 41C(1A) of the Act)

SYDNEY  
7 November 1997

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# Certification of Accounts

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

- a) The NSW Health Department's Financial Statements are required to be prepared in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements, the requirements of the Public Finance and Audit Act 1983 and its Regulations and the requirements of the Finance Reporting Directives published in the Financial Reporting Code for Budget Dependent Agencies and agreed to be the Treasury;
- b) The financial statements exhibit a true and fair view of the financial position and transactions of the Department and of the economic entity; and
- c) there are no circumstances which would render any other particulars in the accounts to be misleading or inaccurate.



Michael Reid  
Director-General

# NSW Health Department

## Operating Statement for the year ended 30/6/97

Parent			Consolidated			
Actual 1997 \$000	Budget 1997 \$000	Actual 1996 \$000	Notes	Actual 1997 \$000	Budget 1997 \$000	Actual 1996 \$000
<b>Expenses</b>						
47,342	47,020	50,689				
190,372	166,341	151,570	3	3,628,070	3,553,671	3,541,819
421	450	822	4	1,413,514	1,317,570	1,368,890
6,600	6,700	9,179	5	162,744	146,167	154,389
4,829,500	4,711,139	4,749,661	6	254,941	239,972	240,704
7,523	5,200	7,538	7	441,885	443,729	428,791
-----	-----	-----	8	10,196	8,000	7,715
			9	61,781	-----	271,205
<b>5,081,758</b>	<b>4,936,850</b>	<b>4,969,459</b>		<b>5,973,131</b>	<b>5,709,109</b>	<b>6,013,513</b>
<b>Revenues</b>						
208,806	209,289	224,600	10	639,492	635,910	648,086
8,373	8,300	5,380	11	38,278	39,848	44,348
1,784	1,800	361	12	96,616	45,918	77,620
64,880	65,315	17,655	13	34,200	68,729	69,927
<b>283,843</b>	<b>284,704</b>	<b>247,996</b>		<b>808,586</b>	<b>790,405</b>	<b>839,981</b>
(657)		(7,851)	14	(28,953)		(26,837)
<b>4,798,572</b>	<b>4,652,146</b>	<b>4,729,314</b>	<b>35,39</b>	<b>5,193,498</b>	<b>4,918,704</b>	<b>5,200,369</b>
<b>NET COST OF SERVICES</b>						
4,563,446	4,380,137	4,252,939		4,563,446	4,380,137	4,252,939
355,641	355,641	380,292		355,641	355,641	380,292
4,514	4,514	5,123	17	245,702	233,076	229,921
<b>4,923,601</b>	<b>4,740,292</b>	<b>4,638,354</b>		<b>5,164,789</b>	<b>4,968,854</b>	<b>4,863,152</b>
<b>SURPLUS / (DEFICIT) FOR THE YEAR</b>						
<b>125,029</b>	<b>88,146</b>	<b>(90,960)</b>		<b>(28,709)</b>	<b>50,150</b>	<b>(337,217)</b>

The accompanying notes form part of these Financial Statements

# NSW Health Department

## Statement of Financial Position as at 30/6/97

Parent			Consolidated			
Actual 1997 \$000	Budget 1997 \$000	Actual 1996 \$000	Notes	Actual 1997 \$000	Budget 1997 \$000	Actual 1996 \$000
			<b>ASSETS</b>			
			<b>Current Assets</b>			
27,047	10,376	10,376	34	158,598	40,903	135,128
23,472	10,622	10,622	19	278,729	361,342	361,342
3,793	3,612	3,612	20	104,718	107,570	107,570
-----	-----	-----	21	55,487	54,716	54,716
<b>54,312</b>	<b>24,610</b>	<b>24,610</b>		<b>597,532</b>	<b>564,531</b>	<b>658,756</b>
			<b>Total Current Assets</b>			
			<b>Non-Current Assets</b>			
140,798	138,393	96,584	22	5,650,305	5,654,734	5,500,559
62,852	32,279	32,279	19	53,483	19,795	19,795
-----	-----	-----	20	5,567	4,849	4,849
<b>203,650</b>	<b>170,672</b>	<b>128,863</b>		<b>5,709,355</b>	<b>5,679,378</b>	<b>5,525,203</b>
			<b>Total Non-Current Assets</b>			
<b>257,962</b>	<b>195,282</b>	<b>153,473</b>		<b>6,306,887</b>	<b>6,243,909</b>	<b>6,183,959</b>
			<b>Total Assets</b>			
			<b>LIABILITIES</b>			
			<b>Current Liabilities</b>			
20,108	25,762	70,643	24	195,033	266,594	302,436
48,285	5,527	5,527	25	62,986	24,248	24,248
2,752	3,115	3,115	26	443,434	438,375	425,607
<b>71,145</b>	<b>34,404</b>	<b>79,285</b>		<b>701,453</b>	<b>729,217</b>	<b>752,291</b>
			<b>Total Current Liabilities</b>			
			<b>Non-Current Liabilities</b>			
66,144	70,655	70,655	25	106,250	70,655	70,655
1,835	2,077	2,077	26	438,345	410,854	377,980
100	-----	-----	27	37,355	6,118	6,118
<b>68,079</b>	<b>72,732</b>	<b>72,732</b>		<b>581,950</b>	<b>487,627</b>	<b>454,753</b>
			<b>Total Non-Current Liabilities</b>			
<b>139,224</b>	<b>107,136</b>	<b>152,017</b>		<b>1,283,403</b>	<b>1,216,844</b>	<b>1,207,044</b>
			<b>Total Liabilities</b>			
<b>118,738</b>	<b>88,146</b>	<b>1,456</b>		<b>5,023,484</b>	<b>5,027,065</b>	<b>4,976,915</b>
			<b>Net Assets</b>			
			<b>EQUITY</b>			
-----	-----	-----	28	270,814	130,488	130,488
118,738	88,146	1,456		4,752,670	4,896,577	4,846,427
<b>118,738</b>	<b>88,146</b>	<b>1,456</b>		<b>5,023,484</b>	<b>5,027,065</b>	<b>4,976,915</b>
			<b>Total Equity</b>			

The accompanying notes form part of these Financial Statements

# NSW Health Department

## Cash Flow Statement for the year ended 30/6/97

Parent			Consolidated			
Actual 1997 \$000	Budget 1997 \$000	Actual 1996 \$000	Notes	Actual 1997 \$000	Budget 1997 \$000	Actual 1996 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
<b>Payments</b>						
(42,881)	(42,506)	(46,248)		(3,304,176)	(3,316,934)	(3,210,358)
(4,821,994)	(4,769,900)	(4,737,504)		(441,885)	(428,791)	(428,791)
(7,523)	(5,200)	(7,538)		(10,196)		(7,715)
(246,085)	(149,557)	(128,467)		(1,652,213)	(1,480,536)	(1,472,821)
<b>(5,118,483)</b>	<b>(4,967,163)</b>	<b>(4,919,757)</b>		<b>(5,408,470)</b>	<b>(5,226,261)</b>	<b>(5,119,685)</b>
<b>Total Payments</b>						
<b>Receipts</b>						
208,696	209,289	219,022		642,115	591,562	611,341
8,293	8,300	5,380		37,850	44,348	44,348
7,907	15,811	14,037		121,955	154,495	173,071
<b>224,896</b>	<b>233,400</b>	<b>238,439</b>		<b>801,920</b>	<b>790,405</b>	<b>828,760</b>
<b>Total Receipts</b>						
<b>(4,893,587)</b>	<b>(4,733,763)</b>	<b>(4,681,318)</b>		<b>(4,606,550)</b>	<b>(4,435,856)</b>	<b>(4,290,925)</b>
<b>NET CASHFLOWS FROM OPERATING ACTIVITIES</b>						
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>						
1,381	----	(1,437)		49,345	----	54,865
----	----	13,552		----	65,000	48,796
(2,149)	(2,015)	----		----	----	----
(2,788)	----	(58,203)		(420,875)	(459,147)	(480,414)
(43,424)	----	----		(25,686)	----	----
(45)	----	----		----	----	----
----	----	----		----	----	----
<b>(47,025)</b>	<b>(2,015)</b>	<b>(46,088)</b>		<b>(397,216)</b>	<b>(394,147)</b>	<b>(376,753)</b>
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>						
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>						
40,100	----	11,200		40,000	----	----
(1,699)	----	53,789		(2,451)	----	7,787
----	----	----		----	----	----
<b>38,401</b>	<b>0</b>	<b>64,989</b>		<b>37,549</b>	<b>0</b>	<b>7,787</b>
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>						
<b>CASH FLOWS FROM GOVERNMENT</b>						
4,563,446	4,380,137	4,252,938		4,563,446	4,380,137	4,252,939
355,641	355,641	380,292		355,641	355,641	380,292
<b>4,919,087</b>	<b>4,735,778</b>	<b>4,633,230</b>		<b>4,919,087</b>	<b>4,735,778</b>	<b>4,633,231</b>
<b>NET CASH FLOWS FROM GOVERNMENT</b>						
<b>NET INCREASE/(DECREASE) IN CASH</b>						
16,876	0	(29,187)		(47,130)	(94,225)	(26,660)
10,171	10,376	39,563		421,506	421,506	448,166
<b>CLOSING CASH AND CASH EQUIVALENTS</b>						
<b>27,047</b>	<b>10,376</b>	<b>10,376</b>		<b>374,376</b>	<b>327,281</b>	<b>421,506</b>

The accompanying notes form part of these Financial Statements





# NSW Health Department

## Summary of Compliance with Financial Directives for the Year Ended 30/6/97

	Actual Appropriations		Estimated Expenditure **
	Original 1997 \$000	Revised 1997 \$000	1997 \$000
<b>Recurrent appropriations</b>			
Program 1.1 *	40,397	84,879	84,879
Program 2.1 *	294,687	347,426	347,426
Program 2.2 *	14,743	11,992	11,992
Program 2.3 *	282,357	281,824	281,824
Program 3.1 *	278,349	332,480	332,480
Program 3.2 *	2,319,690	2,358,382	2,358,382
Program 3.3 *	225,072	250,554	250,554
Program 4.1 *	328,134	327,085	327,085
Program 5.1 *	478,364	488,061	488,061
Program 6.1 *	118,344	80,763	80,763
	<b>4,380,137</b>	<b>4,563,446</b>	<b>4,563,446</b>
<b>Capital appropriations</b>			
Program 1.1 *	3,860	500	500
Program 2.1 *	22,269	5,964	5,964
Program 2.2 *	1,806	1,784	1,784
Program 2.3 *	-----	-----	-----
Program 3.1 *	20,575	17,806	17,806
Program 3.2 *	276,407	315,682	315,682
Program 3.3 *	-----	-----	-----
Program 4.1 *	30,081	13,905	13,905
Program 5.1 *	643	-----	-----
Program 6.1 *	-----	-----	-----
	355,641	355,641	355,641
<b>Total appropriations</b>	<b>4,735,778</b>	<b>4,919,087</b>	<b>4,919,087</b>

The total of variations between actual and revised appropriations reflects the result of Treasury supplementation in respect of insurance costs, growth funding and Commonwealth projects.

Variations in program figures have been reported due to the refinement of program information within all areas of the Department.

\* *The name and purpose of each program is summarised in Note 18.*

\*\* *In New South Wales, agencies are not required to separately record expenditures which are financed by the Consolidated Fund as distinct from expenditures financed by their own user charges. As a result, the Department is unable to determine accurately the exact amount of the expenditures that are related to the Consolidated Fund. However, the amount of revised appropriation approximates the actual expenditure of Consolidated Fund monies.*

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 1. The NSW Health Department Reporting Entity

- (a) The NSW Health Department economic entity comprises all the operating activities of the NSW Ambulance Service; Area Health Services constituted under the Area Health Services Act, 1987; Health Services listed in Schedule 2 to the Public Hospitals Act, 1929 (as amended); and all Central Administration units of the Department.

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

- (b) In addition to the consolidated results, the Department's financial statements also include results for the parent entity, denoted in note 1(a) as Central Administration. With effect from 1 July 1996 the Division of Analytical Laboratories was transferred to the control of Western Sydney Area Health Service. The Administrative Restructure reported reflects the transfer of net assets at this date. Further details of the equity adjustment are disclosed in notes 28 and 29.

### 2. Summary of Significant Accounting Policies

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

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

Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards, Urgent Issues Group Consensus Views and legislative requirements.

Except for certain investments and property, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency. The accounting policies adopted are consistent with those of the previous year.

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

#### (a) Employee Entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs

Liabilities for wages and salaries, annual leave and vesting sick leave are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services up to that date.

Long service leave measurement is based on the remuneration rates at year end for all employees with five or more years of service. It is considered that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement. The value of Long Service Leave Liability attached to Central Administration areas is assumed by the Crown Transactions Entity and the Department accounts for this liability as having been extinguished resulting in non-monetary revenue described as "Acceptance by the Crown Transactions Entity of employee entitlements and other liabilities".

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 entitlements accrued in the future.

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

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### (b) Superannuation Benefits

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

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

### (c) Insurance

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

### (d) Acquisition of Assets

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

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

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

### (e) Plant and Equipment

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

### (f) Depreciation

Property, Plant and Equipment have been depreciated from not later than the month following acquisition.

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

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than \$200,000	10.0%
- Costing more than or Equal to \$200,000	12.5%
Computer Equipment	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Furniture, Fittings and Furnishings	5.0%

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### (g) Revaluation of Non Current Assets

Buildings and improvements, plant and equipment and infrastructure assets (excluding land) are valued based on the estimated written down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis.

Land and buildings are revalued every 5 years by independent valuation.

Where assets are revalued upward or downward as a result of a revaluation of a class of non-current physical assets, the NSW Health Department restates separately the gross amount and the related accumulated depreciation of that class of assets.

The recoverable amount test has not been applied as the NSW Health Department is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

### (h) Leased Assets

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

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

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

### (i) Use of Hospital Facilities

Specialist doctors with rights of private practice are charged a facility fee for the use of hospital facilities at rates determined by the NSW Health Department. Facility fees are based on fees collected.

### (j) Patient Fees

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

### (k) Research and Development Costs

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

### (l) Investments

Marketable securities and deposits are valued at market valuation or cost. Non marketable securities are brought to account at cost.

Interest revenues are recognised as they accrue.

### (m) Inventories

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

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

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### (n) Trust Funds

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

### (o) Administered Activities

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

Transactions and balances relating to the administered activities which are confined to revenues only are not recognised as Departmental revenue but are disclosed in the accompanying schedules as "Administered Revenues".

### p) Administrative Restructuring

The transfer of net assets between agencies as a result of administrative restructuring is treated as a direct adjustment to the operating balance of "Accumulated Funds".

### (q) Change in Accounting Policy

Consistent with the requirements of the Australian Accounting Standards, AAS29 and the NSW Treasury's Financial Reporting Code for Budget Dependent Agencies.

- Comparative figures for 1996 have been restated where necessary to comply with the revised presentation of financial statements;
- Trust monies which were reported in the Statement of Financial Position for 1995/96 have been excluded in 1996/97. Refer Note 31. The change in treatment has no effect on either the Net Cost of Services or the Net Assets reported by the Department.
- Abnormal items as reported for 1995/96 are now covered by note disclosure;
- A Statement of Planned and Actual Expenditure is now included although comparisons are not available for 1995/96;
- 1996/97 is the first year of application of these new requirements.

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
<b>3. Employee Related Expenses</b>				
Employee related expenses comprise the following specific items:				
36,461	37,834	Salaries and Wages	2,880,881	2,822,146
3,002	3,414	Superannuation Entitlements	252,375	228,268
1,306	1,711	Long Service Leave	101,504	107,663
3,146	3,394	Recreation Leave	268,247	267,036
-----	-----	Nursing Agency Payments	9,564	8,724
446	1,054	Workers Compensation Insurance	112,470	104,700
2,981	3,282	Payroll Tax and Fringe Benefits Tax	3,029	3,282
<b>47,342</b>	<b>50,689</b>		<b>3,628,070</b>	<b>3,541,819</b>
<b>4. Other Operating Expenses</b>				
-----	-----	(a) Food Supplies	61,168	62,062
1,986	5,958	Drug Supplies	191,202	169,057
10,430	8,526	Medical and Surgical Supplies	229,247	215,479
-----	-----	Special Service Departments	123,727	136,189
246	380	Fuel, Light and Power	55,815	59,668
143	143	Domestic Charges	71,081	66,831
177,567	136,563	Administrative Expenses	420,417	394,664
-----	-----	Visiting Medical Officers	260,857	264,940
<b>190,372</b>	<b>151,570</b>		<b>1,413,514</b>	<b>1,368,890</b>
(b) Administrative expenses include:-				
Consultancies				
5,273	2,368	- Operating Activities	12,384	9,224
3,317	6,780	- Capital Works	8,441	8,829
215	224	Auditors Remuneration	2,232	2,391
-----	15	Bad and Doubtful Debts	8,708	8,970
48,992	23,195	Insurance	47,933	38,740
131	103	Travelling-Overseas Fares	2,363	2,050
1,680	1,492	Travelling-Other	10,289	9,213
624	512	Staff Training and Development	20,004	20,025
4,363	4,665	Rental Expense relating to Operating Leases	6,956	7,563
-----	-----	Operating Lease Expense	8,339	7,787
5,084	430	Software/License Fees	5,084	-----
64,404	57,947	Cross Border Charges	64,404	57,947
600	1,247	Advertising	7,223	8,736
3,023	5,611	Computer Services	11,606	13,093
380	507	Postal	5,330	5,290
2,019	1,945	Printing and Stationery	23,937	26,926
163	56	Rates and Charges	10,913	6,496
1,233	817	Telephone	31,824	27,469
695	627	Motor Vehicle Expenses	21,451	23,945

Fees/other benefits paid to Health Service Board members excluding payments made in the nature of normal employee salary or payments made in accordance with conditions applied to Visiting Medical Officers in general are disclosed in Annual Reports of the Health Services concerned. Payments made statewide, eg. for travel, total \$37,000 only.

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>5. Maintenance</b>		
421	822	Repairs and Routine Maintenance	90,381	87,719
----	----	Other		
		Renovations and Additional Works	21,805	15,492
		Replacements and Additional Equipment less than \$5,000	50,558	51,178
<b>421</b>	<b>822</b>		<b>162,744</b>	<b>154,389</b>
		<b>6. Depreciation and Amortisation Expense</b>		
3,145	4,680	Depreciation - Property, Plant and Equipment	250,570	236,205
3,455	4,499	Amortisation	4,371	4,499
<b>6,600</b>	<b>9,179</b>		<b>254,941</b>	<b>240,704</b>
		<b>7. Grants and Subsidies</b>		
		Operating Payments to Third Schedule and other contracted Hospitals	292,240	287,188
		Capital Payments to Third Schedule Hospitals	4,271	9,066
		Grants-		
1,249	6,854	External Research	1,249	6,854
827	1,394	NSW Institute of Psychiatry	827	1,394
3,670	5,151	Budget Sector Agencies	10,631	6,566
35,878	55,727	Non Government Voluntary Organisations	65,269	54,656
6,084	23,200	Cancer Grants	6,277	7,515
36,695	36,943	Red Cross Blood Transfusion Service	36,695	36,943
4,732,768	4,603,886	Payments to Controlled Health Entities	-----	-----
12,329	16,506	Other Payments	24,426	18,609
<b>4,829,500</b>	<b>4,749,661</b>		<b>441,885</b>	<b>428,791</b>

As part of the consolidation process payments to Controlled Health Entities by the parent entity have been eliminated in conjunction with the corresponding receipts of the Controlled Health Entities.



# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
7,523	7,538	<b>8. Finance Costs</b>		
-----	-----	Finance Lease Interest Charges	10,031	7,538
<b>7,523</b>	<b>7,538</b>	Interest	165	177
			<b>10,196</b>	<b>7,715</b>
		<b>9. Other Expenses</b>		
-----	-----	Physical Non-Current Asset Revaluation Decrement	61,781	271,205
-----	-----		<b>61,781</b>	<b>271,205</b>
		<b>10. Sale of Goods and Services</b>		
		Sale of Goods and Services comprise the following:-		
-----	-----	Patient Fees	238,874	252,477
-----	-----	Staff-Meals and Accommodation	22,156	23,181
-----	-----	Use of Hospital Facilities	60,608	54,929
162,493	173,162	Concord Agreement Funding	162,493	173,162
-----	-----	Ambulance Non Hospital User Charges	18,264	20,871
26,005	32,667	Motor Accident Authority Third Party Receipts	26,005	32,800
20,308	18,771	Other	111,092	90,666
<b>208,806</b>	<b>224,600</b>		<b>639,492</b>	<b>648,086</b>
		<b>11. Investment Income</b>		
8,373	5,380	Interest	38,031	44,348
-----	-----	Other	247	-----
<b>8,373</b>	<b>5,380</b>		<b>38,278</b>	<b>44,348</b>
		<b>12. Grants and Contributions</b>		
-----	-----	University Commission grants	838	1,316
1,784	361	Grants	53,561	25,086
-----	-----	Other -		
-----	-----	Agriculture, Forestry and Fishing	-----	469
-----	-----	Wholesale and Retail Trade	73	84
-----	-----	Communication	-----	19
-----	-----	Finance, Property and Business		
-----	-----	Services	132	760
-----	-----	Public Administration	333	-----
-----	-----	Community Services	943	3,872
-----	-----	Recreation, Personal and Other Services	40,736	46,014
<b>1,784</b>	<b>361</b>		<b>96,616</b>	<b>77,620</b>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>13. Other Revenue</b>		
		Other Revenue comprises the following:-		
57,904	11,539	Adjustment of Asset Values	-----	-----
5,164	5,099	Health Professional Registration Fees	5,164	5,099
1,812	1,017	Sundry Revenue	29,036	64,828
<b>64,880</b>	<b>17,655</b>		<b>34,200</b>	<b>69,927</b>
		<b>14 Gain/(Loss) on Sale of Non Current Assets</b>		
2,066	2,861	Property, Plant and Equipment	103,397	109,297
-----	22,725	Other Assets	-----	22,725
(28)	(372)	Less Accumulated Depreciation	(25,099)	(27,595)
2,038	25,214	Written Down Value	78,298	104,427
(1,381)	(17,363)	Less Proceeds from Sale	(49,345)	(77,590)
<b>(657)</b>	<b>(7,851)</b>	<b>Gain/(Loss) on Sale of Non Current Assets</b>	<b>(28,953)</b>	<b>(26,837)</b>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 15. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research \$000	Other	Total
- Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	\$000	\$000	\$000	\$000
- Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period	9,134	11,457	8,073	28,664
- Revenues recognised in previous years which were obtained for expenditure in the current financial year	6,430	5,658	2,767	14,855
- Revenues recognised in previous years which were obtained for expenditure in the current financial year	7,464	5,104	1,823	14,391
- Total Amount of unexpended Contributions as at Balance Date	36,289	41,198	47,268	124,755

Comment on restricted assets appears in Note 23

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>16. Abnormal Items</b>		
		(a) Abnormal Revenue /(Expense)		
		Revaluation Decrements included in Other Expenses (Note 9 refers)	(61,781)	(271,205)
-----	-----	Adjustment of Asset Values included in Other Revenue (Note 13 refers)	-----	-----
57,904	11,539			
<u>57,904</u>	<u>11,539</u>		<u>(61,781)</u>	<u>(271,205)</u>
		<b>17. Acceptance by the Crown Transactions Entity of Employee Entitlements and Other Liabilities</b>		
		The following liabilities and/or expenses have been assumed by the Crown Transactions Entity or other government agencies:		
		Superannuation	244,396	228,211
3,208	3,413	Long Service Leave	1,306	1,710
1,306	1,710			
<u>4,514</u>	<u>5,123</u>		<u>245,702</u>	<u>229,921</u>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 18. Programs/Activities of the Agency

#### Program 1.1 Population Health Services

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

#### Program 2.1 Primary and Community Based Services

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

#### Program 2.2 Aboriginal Health Services

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

#### Program 2.3 Outpatient Services

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

#### Program 3.1 Emergency Services

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

#### Program 3.2 Overnight Acute Inpatient Services

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

#### Program 3.3 Same Day Acute Inpatient Services

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

#### Program 4.1 Mental Health Services

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

#### Program 5.1 Rehabilitation and Extended Care Services

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

#### Program 6.1 Teaching and Research

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

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>19. Investments</b>		
		<b>Current</b>		
----	----	Treasury Corporation - Hour Glass	99,793	33,017
----	----	Other Loans and Deposits	178,811	320,008
----	----	Shares	----	12
		Other		
23,472	10,622	- Intra Health Loans	----	----
		- Other	125	8,305
<b>23,472</b>	<b>10,622</b>		<b>278,729</b>	<b>361,342</b>
		<b>Non Current</b>		
----	----	Treasury Corporation - Hour Glass	10	----
----	----	Other Loans and Deposits	51,643	18,264
----	----	Shares	1,534	1,391
		Other		
62,852	32,279	- Intra Health Loans	----	----
----	----	- Other	296	140
<b>62,852</b>	<b>32,279</b>		<b>53,483</b>	<b>19,795</b>
<b>86,324</b>	<b>42,901</b>	<b>Total Investments</b>	<b>332,212</b>	<b>381,137</b>

The vast majority of investments are held as cash deposits which would suffer no capital losses if they were redeemed before maturity. The need does not therefore arise to restate them at net market selling values. The Treasury Corporation investments are stated at market value as provided by the Treasury Corporation.

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>20 Receivables</b>		
-----	-----			
3,258	2,687	(a) Current		
584	1,023	Sale of Goods and Services	89,278	87,423
		Other Debtors	23,986	32,002
		- Prepayments	8,004	6,956
<b>3,842</b>	<b>3,710</b>		<b>121,268</b>	<b>126,381</b>
(49)	(98)			
<b>3,793</b>	<b>3,612</b>		<b>104,718</b>	<b>107,570</b>
<b>0</b>	<b>0</b>	(b) Less Provision for Doubtful Debts	(16,550)	(18,811)
			<b>10,534</b>	<b>6,918</b>
-----	-----			
-----	-----	(a) <b>Non Current</b>		
<b>0</b>	<b>0</b>	Sale of Goods and Services	3,000	4,849
		Other Debtors	2,567	-----
		- Prepayments		
<b>0</b>	<b>0</b>		<b>5,567</b>	<b>4,849</b>
-----	-----			
<b>0</b>	<b>0</b>		-----	-----
<b>0</b>	<b>0</b>		<b>5,567</b>	<b>4,849</b>
<b>0</b>	<b>0</b>	(b) Bad debts written off during the year	<b>435</b>	<b>0</b>
-----	-----			
-----	-----			
			31,135	27,912
			37,521	35,254
<b>0</b>	<b>0</b>	<b>21. Inventories</b>		
-----	-----	<b>Current - Finished Goods at cost</b>		
-----	-----	Drugs	18,727	15,153
-----	-----	Medical and Surgical Supplies	24,279	25,777
-----	-----	Food Supplies	4,031	4,178
-----	-----	Engineering Supplies	2,696	2,084
-----	-----	Other including Goods in Transit	5,754	7,524
<b>0</b>	<b>0</b>		<b>55,487</b>	<b>54,716</b>



# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 22. Property, Plant and Equipment

#### Parent

	Land	Buildings	Leased Buildings	Plant and Equipment	Leased Assets	Total
	\$000	\$000	\$000	\$000	\$000	\$000
Balance 1 July 1996						
At Valuation date 1 July 1993	16,490	4,655	----	----	----	21,145
At Cost	135	528	----	82,242	26,032	108,937
Capital Expenditure/ Donations [see note 2(k)(iii) & (iv)]	54,000	3,904	----	2,788	----	60,692
Disposals	(70)	(100)	----	(1,896)	----	(2,066)
Reclassifications	----	----	52,462	(52,462)	----	----
Administrative Restructure	(2,500)	(3,000)	----	(5,384)	----	(10,884)
Balance at 30 June 1997						
At Valuation date 1 July 1993	67,920	5,459	----	----	----	73,379
At Cost	135	528	52,462	25,288	26,032	104,445
<b>TOTAL</b>	<b>68,055</b>	<b>5,987</b>	<b>52,462</b>	<b>25,288</b>	<b>26,032</b>	<b>177,824</b>
Depreciation						
Balance 1 July 1996						
At Valuation date 1 July 1993	----	360	----	----	----	360
At Cost	----	12	----	18,030	15,094	33,136
Charge for the year [see note 2(f)]	----	152	2,623	2,993	832	6,600
Adjustment for disposals	----	(10)	----	(17)	----	(27)
Reclassifications	----	----	4,153	(3,497)	(656)	----
Administrative Restructure	----	(225)	----	(2,818)	----	(3,043)
Balance at 30 June 1997						
At Valuation date 1 July 1993	67,920	277	----	----	----	68,197
At Cost	135	12	6,776	14,691	15,270	36,884
<b>TOTAL</b>	<b>68,055</b>	<b>289</b>	<b>6,776</b>	<b>14,691</b>	<b>15,270</b>	<b>37,026</b>
Carrying Amount at 30 June 1997						
At Valuation date 1 July 1993	67,920	5,182	----	----	----	73,102
At Cost	135	516	45,686	10,597	10,762	67,696
<b>TOTAL</b>	<b>68,055</b>	<b>5,698</b>	<b>45,686</b>	<b>10,597</b>	<b>10,762</b>	<b>140,798</b>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 22. Property Plant and Equipment (Continued)

Consolidated	Land	Buildings	Leased Buildings	Plant and Equipment	Leased Assets	Total
	\$000	\$000	\$000	\$000	\$000	\$000
Balance 1 July 1996						
At Valuation	637,961	2,511,834	----	----	----	3,149,795
At Cost	172,681	2,263,145	2,491	1,313,070	26,107	3,777,494
Capital Expenditure/ Donations [see note 2(k)(iii) & (iv)]	2,877	264,913	38,304	163,375	20	469,489
Disposals	(13,396)	(9,670)	----	(80,331)	----	(103,397)
Reclassifications	252	----	52,462	(52,677)	(37)	
Valuation Increments	26,597	130,615	----	----	----	157,212
Valuation decrements	----	511,077	----	(21,973)	----	489,104
Assets brought to a/c for first time	6,766	(96,041)	----	7,341	----	(81,934)
Balance at 30 June 1997						
At Valuation	691,828	3,733,920	----	192,968	----	4,618,716
At Cost	141,910	1,841,953	93,257	1,135,837	26,090	3,239,047
<b>TOTAL</b>	<b>833,738</b>	<b>5,575,873</b>	<b>93,257</b>	<b>1,328,805</b>	<b>26,090</b>	<b>7,857,763</b>
Depreciation						
Balance 1 July 1996						
At Valuation	----	556,058	----	----	----	556,058
At Cost	----	335,509	----	520,069	15,094	870,672
Charge for the year [see note 2(f)]	----	125,808	3,539	124,762	832	254,941
Writeback on disposals	----	(4,768)	----	(20,331)	----	(25,099)
Reclassifications	----	21,794	4,153	(25,291)	(656)	
Transfer on Revaluation	----	550,885	----	----	----	550,885
Balance at 30 June 1997						
At Valuation	----	1,271,388	----	145,664	----	1,417,052
At Cost	----	313,898	7,692	453,546	15,270	790,406
<b>TOTAL</b>	<b>----</b>	<b>1,585,286</b>	<b>7,692</b>	<b>599,210</b>	<b>15,270</b>	<b>2,207,458</b>
Carrying Amount at 30 June 1997						
At Valuation	691,828	2,462,532	----	47,304	----	3,201,664
At Cost	141,910	1,528,055	85,565	682,291	10,820	2,306,731
<b>TOTAL</b>	<b>833,738</b>	<b>3,990,587</b>	<b>85,565</b>	<b>729,595</b>	<b>10,820</b>	<b>5,650,305</b>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
-------------------------	---------------	--	---------------	-------------------------------

### 23 Restricted Assets

The Department's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

-----	-----	Cash and Investments	124,755	-----
-------	-------	----------------------	---------	-------

Major categories include:

#### Category

#### Brief Details of Externally Imposed Conditions

Specific Purposes Trust Funds

Donations, contributions and fundraisings held in trust for the benefit of specific patient, Department and/or staff groups.

Perpetually Invested Trust Funds

Funds invested in perpetuity. The income therefrom used in accordance with donor' or trustees' instructions for the benefit of patients and/or in support of hospital services.

Private Practice Funds

Staff specialists participating in Rights of Private Practice Schemes.

Nurses Prize Fund

To award, out of income, prizes for presentation to graduate nurses obtaining the best results in selected subjects.

Research Grants

Specific research grants.

New Children's Hospital Fund

Donations, fundraising and contributions towards the cost of the New Children's Hospital at Westmead.

Bear Cottage

Donations, Contributions and Fundraising held towards the cost of setting up Bear Cottage Home for the terminally ill children and their families to provide them with the medical attention in a home environment.

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>24. Accounts Payable</b>		
		<b>Current</b>		
2,691	34,553	Creditors	145,135	169,862
-----	-----	Interest	-----	-----
-----	-----	Other Creditors	-----	883
-----	-----	- Refundable Deposits [See note 2(q)]	-----	3,277
-----	-----	- Patient Trust Accounts [See note 2(q)]	-----	50,074
14,141	30,665	- Private Practice Trust Funds [See note 2(q)]	12,009	7,929
3,276	5,425	- Capital Works	37,889	70,411
		- Other	-----	-----
		- Intra Health Liability, Asset Sales	-----	-----
<b>20,108</b>	<b>70,643</b>		<b>195,033</b>	<b>302,436</b>
		<b>25. Borrowings</b>		
		<b>Current</b>		
-----	-----	Bank Overdraft	14,636	18,647
40,000	-----	Other Loans and Deposits	40,007	-----
8,285	5,527	Finance Leases [See note 30(d)]	8,343	5,601
-----	-----	Other	-----	-----
<b>48,285</b>	<b>5,527</b>		<b>62,986</b>	<b>24,248</b>
		<b>Non Current</b>		
11,200	11,200	Other Loans and Deposits	11,200	11,200
54,944	59,455	Finance Leases [See note 30(d)]	95,050	59,455
-----	-----	Other	-----	-----
<b>66,144</b>	<b>70,655</b>		<b>106,250</b>	<b>70,655</b>
		<b>Repayment of Borrowings</b>		
		(Excluding Finance Leases)		
40,000	11,200	Not later than one year	54,643	18,647
11,200	-----	Between one and two years	11,200	11,200
-----	-----	Between two and five years	-----	-----
-----	-----	Later than five years	-----	-----
<b>51,200</b>	<b>11,200</b>		<b>65,843</b>	<b>29,847</b>
		<b>Total Borrowings at face value</b>		
		(Excluding Finance Leases)		

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>26. Employee Entitlements</b>		
		<b>Current</b>		
1,929	1,908	Recreation Leave	294,472	280,603
-----	-----	Long Service Leave	71,680	78,451
		Other		
823	1,207	Accrued Salaries and Wages	77,227	66,490
-----	-----	Sick Leave	55	63
<b>2,752</b>	<b>3,115</b>	<b>Aggregate employee entitlements</b>	<b>443,434</b>	<b>425,607</b>
		<b>Non Current</b>		
1,835	2,077	Recreation Leave	30,755	27,178
-----	-----	Long Service Leave	406,820	350,023
		Other		
-----	-----	Sick Leave	770	779
<b>1,835</b>	<b>2,077</b>	<b>Aggregate employee entitlements</b>	<b>438,345</b>	<b>377,980</b>
		<b>27. Other Liabilities</b>		
100	-----	Income in Advance	37,355	6,118
<b>100</b>	<b>0</b>		<b>37,355</b>	<b>6,118</b>

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

## NSW Health Department

### Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

#### 28. Equity

	Parent Accumulated Funds		Parent Total Equity		Consolidated Accumulated Funds		Consolidated Asset Revaluation Reserve		Consolidated Total Equity	
	1997 \$000	1996 \$000	1997 \$000	1996 \$000	1997 \$000	1996 \$000	1997 \$000	1996 \$000	1997 \$000	1996 \$000
Balance at the beginning of the Financial Year	1,456	92,990	1,456	92,990	4,846,427	5,183,644	130,488	25,294	4,976,915	5,208,938
Increase/(Decrease) in Net Assets from Administrative Restructuring (Note 29)	(7,747)	(574)	(7,747)	(574)	-----	-----	-----	-----	-----	-----
Surplus/(Deficit) for the Year	125,029	(90,960)	125,029	(90,960)	(28,709)	(337,217)	-----	-----	(28,709)	(337,217)
Increment on Revaluation of:	-----	-----	-----	-----	-----	-----	26,597	105,194	26,597	105,194
Land	-----	-----	-----	-----	-----	-----	130,615	-----	130,615	-----
Buildings and Improvements	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Correction to previously recognised asset	-----	-----	-----	-----	(81,934)	-----	-----	-----	(81,934)	-----
Transfers to/(from) Revaluation Reserves	-----	-----	-----	-----	16,886	-----	(16,886)	-----	-----	-----
<b>Balance at end of Financial Year</b>	<b>118,738</b>	<b>1,456</b>	<b>118,738</b>	<b>1,456</b>	<b>4,752,670</b>	<b>4,846,427</b>	<b>270,814</b>	<b>130,488</b>	<b>5,023,484</b>	<b>4,976,915</b>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 29. Administrative Restructure

The transfer of the Division of Analytical Laboratories from the parent entity to Western Sydney Area Health Service with effect from 1 July 1996 and the transfer of Forensic Medicine from the parent entity to Central Sydney Area Health Service with effect from 1 July 1995 had no effect on the consolidation result.

However the following adjustments are applicable in respect of the parent entity -

	<b>1997</b>	<b>1996</b>
	<b>\$000</b>	<b>\$000</b>
Current Assets	631	----
Non Current Assets	7,841	574
	<b>8,472</b>	<b>574</b>
<b>Total Assets</b>		
Current Liabilities	725	----
Non Current Liabilities	----	----
	725	----
<b>Total Liabilities</b>		
<b>Net Assets/Equity</b>	<b>7,747</b>	<b>574</b>



# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
		<b>30. Commitments for Expenditure</b>		
		<b>(a) Capital Commitments</b>		
		Aggregate capital expenditure contracted for at balance date but not provided for in the accounts		
470,648	476,637	Not later than one year	470,648	476,637
398,031	404,530	Between one and two years	398,031	404,530
734,628	589,208	Between two and five years	734,628	589,208
-----	262,930	Later than five years	-----	262,930
<b>1,603,307</b>	<b>1,733,305</b>	<b>Total Capital Expenditure Commitments</b>	<b>1,603,307</b>	<b>1,733,305</b>
		<b>(b) Other Expenditure Commitments</b>		
		Aggregate other expenditure contracted for at balance date but not provided for in the accounts		
-----	-----	Not later than one year	6,213	-----
-----	-----	Between one and two years	888	-----
-----	-----	Between two and five years	1,224	-----
-----	-----	Later than five years	-----	-----
<b>-----</b>	<b>-----</b>	<b>Total Other Expenditure Commitments</b>	<b>8,325</b>	<b>-----</b>
		<b>(c) Operating Lease Commitments</b>		
		Commitments in relation to non cancellable operating leases are payable as follows:		
4,979	4,969	Not later than one year	10,372	9,610
5,453	5,035	Between one and two years	9,405	8,829
5,275	4,468	Between two and five years	8,329	9,678
-----	-----	Later than five years	759	1,166
<b>15,707</b>	<b>14,472</b>	<b>Total Operating Lease Commitments</b>	<b>28,865</b>	<b>29,283</b>
		<b>(d) Finance Lease Commitments</b>		
14,748	11,625	Not later than one year	19,375	11,703
6,852	11,874	Between one and two years	11,383	11,874
23,123	21,813	Between two and five years	37,298	21,813
92,077	100,241	Later than five years	189,001	100,241
<b>136,800</b>	<b>145,553</b>	<b>Total Finance Lease Commitments</b>	<b>257,057</b>	<b>145,631</b>
(73,571)	(80,571)	Less: Future Financing Charges	(153,664)	(80,575)
<b>63,229</b>	<b>64,982</b>	<b>Finance Lease Liabilities</b>	<b>103,393</b>	<b>65,056</b>
8,285	5,527	(a) Current	8,343	5,601
54,944	59,455	(b) Non-Current	95,050	59,455
<b>63,229</b>	<b>64,982</b>		<b>103,393</b>	<b>65,056</b>

These operating lease commitments are not recognised in the financial statements as liabilities.

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 31. Trust Funds

The NSW Health Department's controlled entities hold Trust Fund monies of \$81.6 million which are used for the safe keeping of patients monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Department or its controlled entities cannot use them for the achievement of their objectives. The following is a summary of the transactions in the trust account:

	Patients Trust	Refundable Deposits	Private Practice Trust Funds	Total Trust Funds
	1997	1997	1997	1997
	\$000	\$000	\$000	\$000
Cash Balance at the beginning of the financial year	3,277	883	50,074	54,234
Receipts	11,971	16,245	76,546	104,762
Expenditure	<u>(10,034)</u>	<u>(8,356)</u>	<u>(59,053)</u>	<u>(77,443)</u>
<b>Cash Balance at the end of the financial year</b>	<b><u>5,214</u></b>	<b><u>8,772</u></b>	<b><u>67,567</u></b>	<b><u>81,553</u></b>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 32. Contingent Liabilities

#### (a) Claims on Treasury Managed Fund

Since 1 July 1989, the NSW Health Department has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Department all sums which it shall become legally liable to pay by way of compensation or legal liability if sued. As such, since 1 July 1989, no contingent liabilities exist in respect of liability claims against the Department. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Department.

#### (b) Third/Fourth Schedule Organisations

Based on the definition of control in Australian Accounting Standard AAS24, Health Organisations listed in the Third and Fourth Schedules of the Public Hospitals Act, 1929 are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

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

#### (c) Sessional Visiting Medical Officers Superannuation

For the period 1 July 1993 to 31 January 1997, the Department, by agreement with the Australian Medical Association, withdrew at least 5% from normal hourly rates paid to Sessional VMOs with moneys either being lodged to the credit of approved superannuation funds or held in the General Fund. The Department's position is that no superannuation guarantee charge liability exists in respect of NSW Health entities for any Visiting Medical Officer since 1 July 1992 and a judicial decision has been sought on this position.

#### (d) Award Claims

A wages and conditions agreement has been made with the New South Wales Nurses Association (NSWNA). The third tier of the agreement provides for a 1% Treasury funded increase from 1 July 1997. The award covering Public Service Association (PSA) classifications comprises a second increase of 3% effective from 1 July 1997 and a third increase of 2% from 1 January 1998.

The Australian Salaried Medical Officers Federation (ASMOF) has lodged a claim with the Department seeking award restructuring and a number of significant other benefits for Staff Specialists.

The Health Research Employees Association (HREA) was offered a funding agreement in September 1996 in respect of its public hospital and Ambulance Service Awards. The basis of the offer was that increases in salaries of 18% would be available over 3 1/2 years, 6% of which was to be achieved by productivity savings. While the HREA has indicated acceptance of the offer the "Funding Agreement" has not been signed.

The annual cost of the agreements to be paid in 1997/98 by Health Services will be the subject of an increased allocation from the NSW Health Department.

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 33. Charitable Fundraising Activities

#### Fundraising Activities

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

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

	INCOME RAISED \$000's	DIRECT EXPENDITURE* \$000's	INDIRECT EXPENDITURE+ \$000's	NET PROCEEDS \$000's
Appeals (Consultants)	634	111	31	492
Appeals (In House)	10,747	882	1,251	8,614
Fetes	141	40	11	90
Raffles	3,042	11	6	3,025
Functions	2,874	319	59	2,496
	<b>17,439</b>	<b>1,364</b>	<b>1,358</b>	<b>14,717</b>
Percentage of Income	100%	7.82%	7.79%	84.39%

\* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc

+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:

	\$000's
Purchase of Equipment	4,914
Purchase of Land & Buildings	785
Research	1,872
Purchase through General Fund	205
Held in Special Purpose and Trust Fund Pending Purchase	6,941
	<b>14,717</b>

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

Parent 1997 \$000	1996 \$000		1997 \$000	Consolidated 1996 \$000
<b>34. Cash and Cash Equivalents</b>				
<p>For the purposes of the Cash Flow Statement, cash includes cash and bank overdraft. Cash at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Statement of Financial Position as follows:</p>				
27,047	10,376	Cash	158,598	135,128
-----	-----	Bank Overdraft	(14,636)	(18,647)
-----	-----	Current Investments	230,414	305,025
<b>27,047</b>	<b>10,376</b>	<b>Closing Cash and Cash Equivalents</b>	<b>374,376</b>	<b>421,506</b>
		<b>(per Cash Flow Statement)</b>	<b>374,376</b>	<b>421,506</b>
<p>The June 1996 Cash Balance shown above differs from the Statement of Financial Position due to the exclusion of the cash component of \$205,000 due to the transfer of the Division of Analytical Laboratories.</p>				
<b>35. Reconciliation Of Net Cost Of Services To Net Cash Flows to Operating Activities</b>				
(4,893,587)	(4,681,318)	Net Cash Used on Operating Activities	(4,606,550)	(4,290,925)
(6,600)	(9,179)	Depreciation	(254,941)	(240,704)
(4,514)	(5,124)	Acceptance by Crown Transactions Entity of Employee Entitlements and Other Liabilities	(245,702)	(229,921)
605	(27,448)	(Increase)/ Decrease in Provisions	(78,192)	(101,540)
179	683	Increase / (Decrease) in Prepayments and Other Assets	(1,363)	6,328
48,397	923	(Increase)/ Decrease in Creditors	80,246	(59,297)
(657)	(7,851)	Net Loss/ (Gain) on Sale of Property, Plant and Equipment	(28,953)	(26,837)
57,605	-----	Other	(58,043)	(257,473)
<b>(4,798,572)</b>	<b>(4,729,314)</b>	<b>Net Cost of Services</b>	<b>(5,193,498)</b>	<b>(5,200,369)</b>
<b>36. Non Cash Financing and Investing Activities</b>				
-----	-----	Assets Received by Donation	3,738	12,771
-----	-----	Property, Plant and Equipment acquired by Finance Lease	40,795	-----
-----	-----		<b>44,533</b>	<b>12,771</b>
<b>37. 1996/97 Voluntary Services</b>				
<p>It is considered impracticable to quantify the monetary value of voluntary services provided to health services. Services provided include:</p>				
		. Chaplaincies and Pastoral Care -	Patient & Family Support	
		. Pink Ladies/Hospital Auxiliaries -	Patient Services, Fund Raising	
		. Patient Support Groups -	Practical Support to Patients and Relatives	
		. Community Organisations -	Counselling, Health Education, Transport, Home Help & Patient Activities	

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 38. Unclaimed Monies

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

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

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

### 39. Budget Review

#### Net Cost of Services

The actual net cost of services was higher than budget by \$274.8 million, this was primarily due to:

- the provision of Treasury supplementation of \$183.3 million for growth funding, insurance costs and increased Commonwealth support
- asset decrements of \$61.8 million
- an increase of \$27.6 million in the non cash items depreciation and superannuation

#### Assets and Liabilities

“Cash and Investments” have decreased in total by \$68.8 million from the budget expectation. This relates to the exclusion of \$54.2 million in trust monies from the body of the financial statements and net unfavourabilities of \$14.6 million.

“Accounts Payable” as at 30 June 1997 has decreased by \$71.6 million from the planned budget. This comprises the exclusion of trust monies, \$54.2 million, and a reduction of \$17.4 million in excess of the budgeted reduction of \$35.9 million.

“Total Borrowings” has increased by \$74.3 million over budget, such increase principally comprising the finance lease liability for the privately operated Hawkesbury Hospital and the loan obtained from Treasury to reduce creditor levels.

“Total Employee Entitlements” has increased by \$32.6 million over budget expectations. The increase reflects an increase of one day in salary accrual (\$10 million) and adjustment of Long Service Leave calculations under AAS30.

“Other Non Current Liabilities” has increased by \$31.2 million over the budget due to the receipt of Income in Advance for several “private involvement in public infrastructure” projects.

#### Cash Flows

“Total Payments” made in 1996/97 exceed the initial budget by \$184.2 million. This reflects supplementation provided from Treasury of \$183.3 million shown in the line item “Recurrent Appropriation”.

The only other significant variation in the Cash Flow Statement is for “Net Cash Flows from Financial Activities” which exceeded budget by \$37.5 million. This reflects loan funds received from Treasury.

# NSW Health Department

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1997

### 40. Post Balance Date Events

- (a) A wages and conditions agreement has been made with the New South Wales Nurses Association (NSWNA). The third tier of the agreement provides for a 1% Treasury funded increase from 1 July 1997. The award covering Public Service Association (PSA) classifications comprises a second increase of 3% effective from 1 July 1997 and a third increase of 2% from 1 January 1998.

The Australian Salaried Medical Officers Federation (ASMOF) has logged a claim with the Department seeking award restructuring and a number of significant other benefits for Staff Specialists.

- (b) During the 1997/98 financial year an operating lease facility is to be established for the motor vehicle fleet of all Health Services. The new facility will be established through an open tender process to be arranged through the NSW Treasury.

Under the arrangement all existing vehicles suitable for acquisition under an operating lease facility will be sold and leased back to the Department.

The capital funds to be released through the sale of motor vehicles, estimated at \$127 million, is to be paid to the Consolidated Fund to support the budget.



# Appendix 1

## Addresses and Telephone Numbers of NSW Health and Statewide Services

### NSW Health Department - North Sydney

73 Miller Street  
North Sydney NSW 2060  
(Locked Bag 961, North Sydney 2059)  
Telephone: (02) 9391 9000  
Facsimile: (02) 9391 9101  
Director-General: Mr Michael Reid  
Hours of business: 8.00am to 5.30pm Monday to Friday

### Ambulance Service of NSW

Balmain Road  
Rozelle NSW 2039  
(PO Box 105, Rozelle NSW 2039)  
Telephone: (02) 9320 7777  
Facsimile: (02) 9320 7800  
Chief Executive Officer: Mr John Horder  
Hours of business: 9.00am to 5.00pm Monday to Friday

### Corrections Health Service

Long Bay Prison Complex  
Anzac Parade  
Malabar NSW 2036  
(PO Box 150, Matraville NSW 2036)  
Telephone (02) 9289 2977  
Facsimile: (02) 9311 3005  
Chief Executive Officer: Dr Phillip Brown  
Hours of business: 9.00am to 5.00pm Monday to Friday

### Division of Analytical Laboratories

Joseph Street  
Lidcombe NSW 2141  
(PO Box 162, Lidcombe 2141)  
Telephone: (02) 9646 0222  
Facsimile: (02) 9646 0333  
Director & Government Analyst: Dr Edward Crematy  
Hours of business: 8.45am to 4.45pm Monday to Friday

### Food & Nutrition Policy Unit

Ward 20B Gladesville Hospital  
Victoria Road, Gladesville 2111  
(PO Box 798, Gladesville 2111)  
Telephone: (02) 9816 0268  
Facsimile: (02) 9816 0345  
Manager, Food & Nutrition Unit: Mr John F McMahon  
Hours of business: 9.00am to 5.00pm Monday to Friday

### HealthQuest

Level 2, 187 Thomas Street  
Haymarket NSW 2000  
(PO Box K609, Haymarket 2000)  
Telephone: (02) 9281 0811  
Facsimile: (02) 9211 1060  
Director: Dr Helia Gapper  
Hours of business: 8.30am to 5.00pm Monday to Friday

### Health Professionals Registration Boards

Level 2  
28-36 Foveaux Street  
Surry Hills NSW 2010  
(PO Box K599, Haymarket NSW 1238)  
Telephone: (02) 9281 4300  
Facsimile: (02) 9281 2030  
Director: Mr Jim Tzannes  
Hours of business: 8.30am to 4.30pm Monday to Friday

### NSW Biochemical Genetics Service \*

Cnr Hawkesbury Rd & Hainsworth St  
Westmead NSW 2145  
(PO Box 3515, Parramatta 2142)  
Telephone: Newborn Screening: (02) 9845 3659  
Facsimile: (02) 9845 3800  
Telephone Biochemical Genetics: (02) 9845 3654  
Facsimile: (02) 9845 3121  
Director: Dr Bridget Wilcken  
Hours of business: 9.00am to 5.00pm Monday to Friday  
Biochemical Genetics out of hours emergency number:  
(02) 9845 0000

### Pharmaceutical Services Branch

Building 29 Gladesville Hospital Campus  
Cnr Victoria and Punt Roads  
Gladesville 2111  
(PO Box 103, Gladesville 2111)  
General enquiries:  
Telephone: (02) 9879 3214  
Facsimile: (02) 9859 5165  
Methadone Program:  
Telephone: (02) 9879 5246  
Facsimile: (02) 9859 5170  
Enquiries relating to authorities to prescribe other drugs of addiction  
Telephone: (02) 9879 5239  
Facsimile: (02) 9859 5175  
Chief Pharmacist: Mr John Lumby  
Hours of business: 8.30am to 5.30pm Monday to Friday

### The New Children's Hospital \*\*

Hawkesbury Road  
Westmead NSW 2145  
(PO Box 3515, Parramatta 2142)  
Telephone: (02) 9845 0000  
Facsimile: (02) 9845 0510  
Chief Executive Officer: Dr John Yu  
Hours of business: 8.30am to 5.00pm Monday to Friday  
Hospital: 24 hour service

### The NSW Institute of Forensic Medicine

City Morgue  
42-50 Parramatta Road  
Glebe NSW 2037  
(PO Box 90, Glebe NSW 2037)  
Telephone: (02) 9660 5977 (02) 9660 5490 (AH)  
Facsimile: (02) 9552 1613  
Director: Professor John Hilton  
Hours of business: 8.30am to 4.30pm Monday to Friday  
Mortuary hours: 24 hour service

\* NSW Biochemical Genetics Service was previously known as Oliver Latham Laboratory.

\*\* The Royal Alexandra Hospital for Children trades under the name of The New Children's Hospital.

# Appendix 2

## Profiles of Area and Rural Health Services

Includes all hospitals, health services which are partially and wholly funded by NSW Health.

### CENTRAL COAST AREA HEALTH SERVICE

Gosford Hospital  
Racecourse Road Gosford NSW 2250  
(PO Box 361 Gosford)  
Telephone: (02) 4320 2111  
Facsimile: (02) 4325 0566  
Chief Executive Officer: Mr Jon Blackwell  
Hours of Business: 8.00am - 5.00pm  
Monday to Friday

### Local Government Areas

Wyong, Gosford

### Public Hospitals

Gosford  
Woy Woy  
Wyong  
Long Jetty Health Care Centre

### CENTRAL SYDNEY AREA HEALTH SERVICE

Level 1, Queen Elizabeth II Centre  
Missenden Road  
Camperdown NSW 2050  
Telephone: (02) 9515 9600  
Facsimile: (02) 9515 9611  
Chief Executive Officer: Dr Diana Horvath  
Hours of Business: 8.30am - 5.00pm  
Monday to Friday

### Local Government Areas

Ashfield, Burwood, Canterbury, Concord, Drummoyne,  
Leichhardt, Marrickville, South Sydney  
Strathfield, Sydney City (part)

### Public Hospitals

Balmain Hospital  
Canterbury  
Concord Repatriation General Hospital  
Dame Eadith Walker Hospital  
Royal Prince Alfred  
Rachael Forster Hospital  
King George V Memorial Hospital for Mothers and  
Babies  
Rozelle Hospital  
Gladstone Hall  
Rivedell Child, Adolescent & Family Psychiatric  
Services  
United Dental  
Tresillian Family Care Centres  
Petersham  
Willoughby  
Wollstonecraft  
Hope Healthcare Group Eversleigh

### Public Nursing Home

Our Lady of Loreto Home for the Aged

### Other Services

Centre for Education and Information on Drugs and  
Alcohol (CEIDA)  
Division of General Practice

Division of Population Health  
Sydney Home Nursing Service (HQ Glebe)  
Breast Care (Breast X-Ray Program)  
HealthQuest  
Institute of Forensic Medicine

### HUNTER AREA HEALTH SERVICE

Lookout Road  
New Lambton Heights NSW 2305  
(Locked Bag No 1)  
Telephone: (02) 4921 4960  
Facsimile: (02) 4921 4969  
24 hour Hunter Healthlink 1800 063635  
Chief Executive Officer: Professor Kathryn McGrath  
Hours of Business: 8.00am - 5.00pm  
Monday to Friday

### Local Government Areas

Cessnock, Dungog, Lake Macquarie, Maitland,  
Merriwa, Murrurundi, Muswellbrook, Newcastle, Port  
Stephens, Scone, Singleton

### Public Hospitals

Allandale Nursing Home  
Belmont District  
Cessnock District  
Denman  
Dungog and District  
John Hunter  
Kurri Kurri District  
Maitland  
Merriwa District  
Muswellbrook District  
Nelson Bay Polyclinic  
Royal Newcastle  
Scott Memorial  
Singleton District  
Wallsend Nursing Home  
Wilson Memorial, Murrurundi  
Newcastle Mater Misericordiae  
James Fletcher  
Morisset

### Public Nursing Homes

Allandale  
Muswellbrook Nursing Home  
Wallsend Nursing Home

### ILLAWARRA AREA HEALTH SERVICE

33 Five Islands Road  
(Private Bag No. 3)  
Port Kembla NSW 2505  
Telephone: (02) 4275 5111  
Facsimile: (02) 4276 1447  
Chief Executive Officer: Mr Ian Southwell  
Hours of Business: 8.30am - 5.00pm  
Monday to Friday  
Local Government Areas  
Kiama, Shellharbour, Shoalhaven, Wollongong

### Public Hospitals

Bulli  
Coledale  
David Berry

Illawarra Regional (Campuses at Port Kembla and Wollongong)  
Milton/Ulladulla  
Shellharbour  
Shoalhaven District Memorial

#### **NORTHERN SYDNEY AREA HEALTH SERVICE**

c/- Royal North Shore Hospital, Pacific Highway  
St Leonards NSW 2065  
Telephone: (02) 9926 8418  
Facsimile: (02) 9926 6025  
Chief Executive Officer: Dr Stephen Christley  
Hours of Business: 8.00am - 5.00pm  
Monday to Friday

#### **Local Government Areas**

Hornsby, Hunters Hill, Ku-ring-Gai, Lane Cove, Manly, Mosman, North Sydney, Ryde, Warringah, Willoughby, Pittwater

#### **Public Hospitals**

Gladesville Macquarie Hospital  
Hornsby Ku-ring-gai Hospital  
Manly Hospital  
Mona Vale Hospital  
Royal North Shore Hospital  
Ryde Hospital  
Greenwich Hospital - (Hope Healthcare Group)  
Neringah - (Hope Healthcare Group)  
Royal Rehabilitation Centre, Sydney

#### **Public Nursing Home**

Graythwaite Nursing Home  
St Catherine's Villa

#### **Other Services**

Kolling Institute  
Sydney Dialysis Centre

#### **SOUTH EASTERN SYDNEY AREA HEALTH SERVICE**

1st Floor, Primrose House  
Cnr Russell Avenue and Malua Street  
Dolls Point NSW 2219  
(PO Box 430 Kogarah 2217)  
Telephone: (02) 9382 9898  
Facsimile: (02) 9382 9891  
Chief Executive Officer: Ms Deborah Green  
Hours of Business: 8.30am - 5.00pm  
Monday to Friday

#### **Local Government Area**

Hurstville, Kogarah, Rockdale, Sutherland, Botany, Randwick, South Sydney (part), Sydney City (part), Waverley, Woollahra

#### **Public Hospitals**

Prince Henry/Prince of Wales Hospital,  
St George Hospital  
Sutherland Hospital  
Sydney Children's  
Sydney and Sydney Eye Hospital and The Langton Centre and The Royal Hospital for Women  
The Area also has administrative responsibility for the Gower Wilson Memorial Hospital on Lord Howe Island

and Area-wide community health services and programs.  
Calvary Hospital  
Sacred Heart Hospice  
St Vincent's Hospital Sydney Ltd  
War Memorial Hospital (Waverley)

#### **Public Nursing Home**

Prince of Wales Strickland Villa  
Garrawarra Centre for Aged Care

#### **Other Services**

Corrections Health Service, Little Bay  
Scarba Family Centre

#### **SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

Eastern Campus  
Liverpool Hospital  
Elizabeth Street  
(Locked Mail Bag No 17)  
Liverpool NSW 2170  
Telephone: (02) 9828 5701  
Facsimile: (02) 9828 5704  
Chief Executive Officer: Mr Ken Brown  
Hours of Business: 8.30am - 5.00pm  
Monday to Friday

#### **Local Government Areas**

Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wollondilly and Wingecarribee

#### **Public Hospitals**

Bankstown - Lidcombe  
Bowral-District  
Camden-District  
Campbelltown  
Fairfield  
Liverpool  
Karitane

#### **Public Nursing Homes**

Queen Victoria Memorial Home (Thirlmere)  
Carrington Centennial

#### **WENTWORTH AREA HEALTH SERVICE**

The Nepean Hospital  
Derby Street  
(PO Box 63)  
Penrith NSW 2751  
Telephone: (02) 4724 2120  
Facsimile: (02) 4721 0610  
Chief Executive Officer: Mr Tom Hamilton  
Hours of Business: 8.30am - 5.00pm  
Monday to Friday

#### **Local Government Areas**

Blue Mountains, Hawkesbury, Penrith

#### **Public Hospitals**

Blue Mountains District ANZAC Memorial  
Nepean  
Springwood  
Tresillian Wentworth

In addition the Area Health Service contracts with Hawkesbury District Health Service Ltd for the provision of public health services in the Hawkesbury.

#### **Public Nursing Homes**

Governor Phillip Special  
Queen Victoria Memorial (Wentworth Falls)  
Bodington Red Cross, Wentworth Falls

#### **WESTERN SYDNEY AREA HEALTH SERVICE**

Level 3  
Dental Clinical School  
Westmead Hospital  
Cnr Darcy and Hawkesbury Road  
Westmead NSW 2145  
Telephone: (02) 9845 7000  
Facsimile: (02) 9689 2041  
Chief Executive Officer: Mr Alan McCarroll  
Hours of Business: 8.30am - 5.00pm  
Monday to Friday

#### **Local Government Areas**

Auburn, Baulkham Hills, Blacktown, Holroyd, Parramatta

#### **Public Hospitals**

Auburn  
Blacktown  
Cumberland  
Mt. Druitt  
Westmead

#### **Public Nursing Home**

Lottie Stewart and St Joseph's

#### **FAR WEST HEALTH SERVICE**

PO Box 457  
Broken Hill 2880  
Phone: (02) 8088 0333  
Facsimile: (02) 8088 1715  
Chief Executive Officer: Mr Greg Rochford

#### **Local Government Areas**

City of Broken Hill, Shires of Balranald, Brewarrina, Bourke, Central Darling, Wentworth, Walgett and the Unincorporated Area.

#### **Public Hospitals**

Balranald District  
Bourke District  
Brewarrina District  
Broken Hill Base  
Collarenebri District  
Goodooga District  
Ivanhoe District  
Tibooburra District  
Walgett District  
Wentworth District  
Wilcannia Multipurpose Centre

#### **Other public health facilities**

Lightning Ridge Emergency & Community Health Ctr  
Menindee Nursing Service  
White Cliffs Nursing Service

#### **GREATER MURRAY HEALTH SERVICE**

Locked Mail Bag 10  
Wagga Wagga 2650  
Phone: (02) 6921 5588  
Facsimile: (02) 6921 5856  
Chief Executive Officer: Mr Michael Moodie

#### **Local Government Areas**

Albury, Berrigan Bland, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Culcairn, Deniliquin, Griffith, Gundagai, Hay, Holbrook, Hume, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Wakool and Windouran.

#### **Public Hospitals**

Albury Base  
Barham Koondrook Soldiers' Memorial  
Batlow District  
Berrigan War Memorial  
Coolamon-Ganmain  
Cootamundra  
Corowa  
Culcairn Multi Purpose Service  
Deniliquin  
Finley  
Griffith Base  
Gundagai District  
Hay  
Henty District  
Hillston District  
Holbrook  
Jerilderie District  
Junee District  
Leeton District  
Lockhart and District  
Narrandera District  
Temora and District (including Adelong Subsidiary)  
Tocumwal  
Tumbarumba Multi Purpose Service  
Tumut (including Adelong Subsidiary)  
Urana Multi Purpose Service  
Wagga Wagga Base (including The Rock and Tarcutta Community Centres)  
Wyalong and District (including Ungarie)

#### **Third schedule hospitals**

Mercy, Albury

#### **MACQUARIE HEALTH SERVICE**

PO Box M61  
Dubbo 2830  
Phone: (02) 6881 2221  
Facsimile: (02) 6881 2225  
Chief Executive Officer: Mr Ray Fairweather

#### **Local Government Areas**

City of Dubbo, Shire of Bogan, Cobar, Coolah, Coonabarabran, Coonamble, Gilgandra, Mudgee, Narromine, Warren and Wellington.

#### **Public Hospitals**

Baradine Multi-Purpose Service  
Cobar District



Coolah District  
Coonabarabran District  
Coonamble District  
Dubbo Base  
Dunedoo War Memorial  
Gilgandra District  
Gulargambone Hospital  
Gulgong District  
Mudgee District  
Narromine District  
Nyngan District  
Trangie Multi-Purpose Service (currently being developed)  
Warren Multi-Purpose Service (currently being developed)  
Wellington District  
 Lourdes, Dubbo

#### **Third Schedule Hospital**

Lourdes, Dubbo

#### **MID NORTH COAST HEALTH SERVICE**

PO Box 1044  
Taree 2430  
Phone: (02) 6551 5111  
Facsimile: (02) 6552 1798  
Chief Executive Officer : Mr Robert Gore

#### **Local Government Areas**

Cities of Coffs Harbour and Greater Taree, Municipality of Hastings, Shires of Bellingen, Great Lakes, Gloucester, Kempsey and Nambucca.

#### **Public Hospitals**

Bellinger River District  
Bulahdelah District  
Coffs Harbour and District  
Dorrigo Multi-Purpose Service  
Gloucester Soldiers' Memorial  
Macksville and District  
Manning Base  
Port Macquarie  
Kempsey District Hospital  
Wauchope District Memorial  
Wingham and District

#### **MID WESTERN HEALTH SERVICE**

PO Box 143  
Bathurst 2795  
Phone: (02) 6332 8501  
Facsimile: (02) 6332 8521  
Chief Executive Officer: Mr Barry Johnston

#### **Local Government Areas**

Cities of Bathurst, Greater Lithgow and Orange, Shires of Blayney, Cabonne, Cowra, Evans, Forbes, Lachlan, Oberon, Parkes, Rylstone and Weddin.

#### **Public Hospitals**

Bathurst Base  
Blayney District  
Canowindra Soldiers' Memorial  
Condobolin District  
Cowra District

Cudal War Memorial  
Eugowra Memorial  
Forbes District  
Grenfell  
Lake Cargelligo  
Lithgow District  
Molong District  
Oberon  
Orange Base  
Parkes District  
Peak Hill  
Portland District  
Rylstone District  
Tottenham  
Tullamore  
Trundle

#### **Third Schedule Hospital**

St Vincent's Bathurst

#### **Fifth Schedule Hospital**

Bloommfield

#### **NEW ENGLAND HEALTH SERVICE**

PO Box 83  
Tamworth 2340  
Phone: (02) 6768 3222  
Facsimile: (02) 6766 6638  
Chief Executive Officer: TBA

#### **Local Government Areas**

Cities of Armidale and Tamworth, Municipalities of Glen Innes, Shires of Barraba, Bingara, Boggabri, Dumaresq, Gunnedah, Guyra, Inverell, Manilla, Moree Plains, Narrabri, Nundle, Parry, Quirindi, Severn, Tenterfield, Uralla, Walcha and Yallaroi.

#### **Health Services**

Ashford Community  
Armidale and New England  
Barraba and District  
Bingara and District  
Boggabri District  
Bundarra Community  
Glen Innes District  
Gunnedah District  
Guyra District War Memorial  
Inverell District  
Manilla District  
Moree District  
Narrabri District  
Prince Albert Memorial (Tenterfield)  
Quirindi  
Tamworth Base  
Tingha  
Vegetable Creek (Emmaville)  
Walcha District  
Warialda District  
Wee Waa District  
Werris Creek District

### **NORTHERN RIVERS HEALTH SERVICE**

PO Box 419  
Lismore 2480  
Phone: (02) 6620 2217  
Facsimile: (02) 6620 2166  
Chief Executive Officer: Dr Tony Sherbon

#### **Local Government Areas**

Cities of Grafton and Lismore, Municipality of Casino,  
Shires of Ballina, Byron, Copmanhurst, Kyogle,  
Maclean, Nymboida, Tweed, Richmond River and  
Ulmarra.

#### **Public Hospitals**

Ballina District  
Byron District  
Campbell (Coraki)  
Casino and District Memorial (including Bonalbo  
Subsidiary)  
Grafton Base  
Kyogle Memorial  
Lismore Base (including Nimbin Subsidiary)  
Maclean District  
Mullumbimby and District War Memorial  
Murwillumbah District  
Tweed Heads District  
Urbenville Multi-Purpose Service

### **SOUTHERN HEALTH SERVICE**

PO Box 1845  
Queanbeyan 2620  
Phone: (02) 6299 6199  
Facsimile: (02) 6299 6363  
Chief Executive Officer: Mr Kieran Gleeson

#### **Local Government Areas**

Cities of Goulburn and Queanbeyan; Shires of Bega  
Valley, Bombala, Boorowa, Cooma-Monaro, Crookwell,  
Eurobodalla, Gunning, Harden, Mulwaree, Snowy  
River, Tallaganda, Yarrowlumla, Yass and Young.

#### **Public Hospitals**

Batemans Bay District  
Bega District  
Bombala District  
Boorowa District  
Braidwood Multi-Purpose Service  
Cooma  
Crookwell District  
Delegate Multi-Purpose Service  
Goulburn Base  
Moruya District  
Murrumburrah-Harden District  
Pambula District  
Queanbeyan District  
Yass District  
Young District

#### **Third Schedule Hospitals**

Mercy Care Centre , Young  
St John of God, Goulburn

# Appendix 3

## Three Year Comparison of Key Items of Expenditure

Employee Related Expenses	1997 \$000	% of total Expense	1996 \$000	% of total Expense	1995 \$000	% of total Expense	% Movement in Line Item Expense	
							1996	1997
Salaries and Wages	2,880,881	48.23	2,820,000	49.12	2,650,688	49.51	6.39	2.16
Long Service Leave	101,504	1.70	107,663	1.87	80,264	1.50	34.14	-5.72
Annual Leave	268,247	4.49	267,036	4.65	253,838	4.74	5.20	0.45
Workers comp. Insurance	112,470	1.88	104,700	1.82	72,965	1.36	43.49	7.42
Superannuation	252,375	4.23	228,268	3.98	210,612	3.93	8.38	10.56
<b>Other Operating Expenses</b>								
Food supplies	61,168	1.02	62,062	1.08	58,398	1.09	6.27	-1.44
Drug supplies	191,202	3.20	169,057	2.94	157,293	2.94	7.48	13.1
Medical & Drug Supplies	229,247	3.84	215,479	3.75	197,432	3.69	9.14	6.39
Special Service Departments	123,727	2.07	136,189	2.37	128,101	2.39	6.31	-9.15
Fuel Light and Power	55,815	0.93	59,668	1.04	58,546	1.09	1.92	-6.46
Domestic Charges	71,081	1.19	66,831	1.16	63,966	1.19	4.48	6.36
Administrative Expenses	420,417	7.04	402,379	7.01	331,982	6.20	21.21	4.48
Visiting Medical Officers	260,857	4.37	264,940	4.61	239,524	4.47	10.61	-1.54
<b>Maintenance</b>								
Replacements + Minor Equip.	50,558	0.85	51,178	0.89	48,528	0.91	5.46	-1.21
Repairs and Maintenance	90,381	1.51	87,719	1.53	92,170	1.72	-4.83	3.03
<b>Grants and Subsidies</b>								
Payments to Third Schedule and other Contracted Hospitals	292,240	4.89	287,188	5.00	284,774	5.32	0.85	1.76
<b>TOTAL EXPENSES</b>	<b>5,973,131</b>		<b>5,742,308</b>		<b>5,353,560</b>			

Includes Cross Border Charges, Insurance, Rental Expenses, Postal Expenses, Rates and Charges and Motor Vehicle Expenses

# Appendix 4

## Chief Executive Service and Senior Executive Service

### A. Number of CES/SES positions in the NSW Health Department

CES/SES LEVEL	END OF 1994/95	END OF 1995/96	END OF 1996/97
4	2	2	2
3	4	3	3
2	10	9	9
1	29	22	23
<b>TOTAL</b>	<b>45</b>	<b>36</b>	<b>37</b>

*\*Note: These figures do not include CES/SES staff employed by Area/District Health Services or the NSW Ambulance Service*

Source: Human Resources Management Branch

### B. 1996/97 Performance statements NSW Health Senior Executives

**Name:** Mr Michael Reid  
**Position:** Director-General  
 SES Band 4 upper  
**Period in position:** 4 months

#### RESULTS

##### Strategic Initiatives:

Provided coordinated advice to the Minister on the full range of NSW Health activities. Oversighted liaison with Treasury, Cabinet Office and Premier's Departments. Established a national leadership role for NSW through the Australian Health Ministers Advisory Council.

##### Management Accountabilities:

Provided leadership and direction in planning and delivering comprehensive and coordinated health services throughout the State.

**Name:** Mr Ken Barker  
**Position:** General Manager Finance and Commercial Services  
 SES Band 3 lower  
**Period in position:** Whole year

#### RESULTS

##### Strategic Initiatives:

Under Mr Barker's supervision, the Department of Health fulfilled its internal and external financial reporting requirements. He provided significant input to the 1997/98 Health budget for Parliament, the internal health budget strategy, the health economic reform process and financially managing the competing demands of resource distribution and budgets. Major initiatives included :

Negotiation of additional funds for Health and establishing financial monitoring mechanisms for

additional funds provided, monitoring the management of creditors and cash by Health Services, sponsoring the Networking Committee of Health to enable progress on future reforms in support services; and, especially in respect of pathology, logistics, linen and food.

##### Management Accountabilities:

Mr Barker continued to provide high level financial and accounting advice to the Minister and Director-General and a high level of support to Area Health Services in budgeting and monitoring of income and expenditure.

**Name:** Mr David Gates  
**Position:** General Manager  
 Information and Asset Services  
 SES Band 3 lower

**Period in position:** Whole year

#### RESULTS

##### Achievements

Achieved full expenditure of Government capital funds allocation and managed major works planning and development effectively. Achieved further expansion of the Capital Program with support from additional surplus asset revenue.

Provided leadership in further implementation of the Health system's information management and technology strategy with its mid term revue completed and new activities in data standards, new data collections and the installation of new systems in community health, health information data warehousing and Ambulance Computer Aided Dispatch. Began work on the making of the Health System Year 2000 complaint and on the new means of telecommunications across the state with Internet and Intranet systems.



**Name:** Mr Allan McCarroll  
**Position:** Chief Executive Officer  
Western Sydney Area Health  
Service  
SES Band 4 lower  
**Period in position:** Appointed December 1996

## RESULTS

### Strategic Initiatives:

Implemented clinical streaming across Area with 50,810 women screened by BreastScreen Western and cervical screening program established. Formal communication mechanism established with Western Sydney Division of General Practice. Partnership with Daruk Aboriginal Medical Service agreed. Budget devolution to Area Mental Health Service achieved. Youth Suicide prevention projects established.

### Management Accountabilities:

Achieved Area wide OHS&R numerical score of 78.26per cent. Service delivery targets exceeded while remaining within financial resources and budget for the year. Over 50per cent of elective surgery performed on a same day basis.

**Name:** Mr Ken Brown  
**Position:** Chief Executive Officer  
South Western Sydney Area Health  
Service  
SES Band 4 lower

**Period in position:** Whole year

## RESULTS

### Strategic Initiatives:

Major capital projects at Liverpool, Bankstown/Lidcombe, Campbelltown and Braeside Hospitals were completed. Plans for enhancement of health services in the Macarthur area were developed and since May 1997 have been subject to widespread public consultation. Linkage with sister departments, other health providers including general practitioners, councils, non-government organisations and community groups were enhanced and strengthened. Health Research Foundation established. Development and expansion of a range of services, particularly at Liverpool Hospital as it assumes the role of prime teaching and referral hospital for South Western Sydney.

### Management Accountabilities:

Favourable budgeting and activity performance achieved. Campbelltown Health Service became first major public health facility in Australia to gain ISO 9002 accreditation. Health Promotion Project for Vietnamese gains Australian Health Care National Award: 1995/96. Annual Report received a bronze award in the Australian Annual Report Awards.

**Name:** Mr Tom Hamilton  
**Position:** Chief Executive Officer  
Wentworth Area Health Service  
SES Band 3 lower  
**Period in position:** Whole year

## RESULTS

### Strategic Initiatives:

Progressed the Stage 1 Development of Nepean Hospital in line with budget and approved program. Oversighted commissioning of new health facilities operated in the Hawkesbury under contract with Hawkesbury District Health Service Ltd. Progressed the Health Promoting Hospital project as Lead Agency on behalf of NSW Health. Achieved significant restructure of mental health and community health services to better address the needs of the community. Directed planning activities for the recently approved Stage 2 Development of Nepean Hospital. Deferred completion of an Area Health Improvement Plan in line with non finalisation of the Strategic Directions document by NSW Health Department.

### Management Accountabilities:

Achieved favourable budget and activity performance. Accreditation status of appropriate facilities maintained. Maintained favourable internal and external audits.

**Name:** Dr Stephen Christley  
**Position:** Chief Executive Officer  
Central Coast Area Health Service  
SES Band 3 lower

**Period in position:** Until 28.2.97 when appointed CEO of Northern Sydney Area.

## RESULTS

### Strategic Initiatives:

Successful negotiation of substantial budget enhancements including \$12.1m additional recurrent funds for new or expanded acute inpatient services and community based services, and \$2m capital for new community health centres at Lake Haven and Long Jetty. In partnership with Aboriginal and Torres Strait islander community, the preparation and launch of the Central Coast Aboriginal Health Plan. Establishment of Program Budgeting and Marginal Analysis (PBMA) as a technique for sound economic analysis of services. Preparation of the Mental Health Plan and expansion of mental health services.

Supported the establishment of the Suicide Safety Network. Establishment of Pacific Linen, a joint venture with Hunter Area Health Service. Establishment and expansion of the Purchasing and Contracting Consortium with North Sydney Area Health Service and Hunter Area Health Service. Establishment of the Division of Population Health and Planning, to carry through the health economic reforms. Expanded after hours surgery at Wyong Hospital. Implementation of the most stringent smoke free hospital policy in NSW. Achievement of a nil rate of retailers prepared to sell cigarettes to minors. Achievement of the highest rate of up to date childhood immunisation in NSW.

**Management Accountabilities:**

Achievement of the highest ranking on activity indicators in NSW, through reducing average length of stay, increasing bed occupancy rate, achieving the highest caseload rate, despite very small reductions in admissions and occasions of service due to budget priorities. Achievement of all budget targets resulting in a very marginal budget surplus for 1996/97.

**Name:** Dr Stephen Christley  
**Position:** Chief Executive Officer  
 Northern Sydney Area Health Service  
 SES Band 4 Lower

**Period in position:** 4 Months.3.3.97 to 30.6.97

**RESULTS****Strategic initiatives:**

Restructured the Area Health Service Corporate Executive to better meet the need of the aims of the Caring for Health strategy. Commenced review of the management structure and governance of the Area Health Service as an entity. Commenced development of a planning framework to enable clinical and corporate issues to be co-ordinated. Opened the Lindsay Madew Mental Health Unit at Hornsby Ku-ring-gai Hospital, refurbished Cummins Mental Health Unit at Royal North Shore Hospital and the Maternity Unit at Ryde Hospital. Launched the NSAHS Sports Injury Report. Accreditation of Gladesville Macquarie Hospital and the successful consolidation of Gladesville Macquarie onto the Macquarie campus. Commenced implementation of Workforce human resources information system. Assumed responsibility for Sydney Home Nursing Service.

**Management Accountabilities:**

Achieved financial and activity targets. Continuing accreditation of hospitals by ACHS. Continuing accreditation of resident medical officers program by Post Graduate medical Council. Sponsored the Hornsby Ku-ring-gai Co-ordinated Care Project. Reviewed targets and strategies for bed management.

**Name:** Dr Diana Horvarth  
**Position:** Chief Executive Officer  
 Central Sydney Area Health Service  
 SES Band 4 lower

**Period in position:** Whole year

**RESULTS****Strategic Initiatives:**

Significant progress with planning and implementation of the Areas \$279 million capital asset program. Completion of Service Delivery Plans for each of the Areas clinical streams and for all infrastructure services. Completion of a Procurement Feasibility Plan for Mental Health Services. Continued redevelopment of the new Canterbury Hospital. Implementation of recommendations following the completion of Plans for Women's Health Services, the Health Gain for Children and Youth, the Screening and Surveillance of Tuberculosis, General Medicine, Aged Care and

Rehabilitation, an Area Tobacco Control Strategy, Palliative Care Services and Bed Management. Continued support of health outcomes and health promotion initiatives. Continued development of initiatives in Cancer Services, Acute Care Flows, Fractured neck of Femur Clinical Pathways, Minimisation of LTOs (with a significant reduction over the previous period), Day Surgery and Aboriginal Health. Initiated the development of an Area-wide clinical information system. Continued to facilitate the production of RPA, the television series, to increase public awareness of disease, illness and health issues.

**Management Accountabilities:**

Achieved a favourable budget result with increased activity. Continued to upgrade financial management systems with the extension of Trendstar and HOSBIL. Audit requirements achieved. Debt recovery performance achieved to the satisfaction of the NSW Health Department. Area's Schedule 2 hospitals maintained or attained accreditation status with ACHS. Capital works milestones achieved.

**Name:** Dr John Yu  
**Position:** Chief Executive Officer  
 New Children's Hospital

**Period in Position:** Whole year

**RESULTS****Strategic Initiatives:**

Relocation of RAHC to Westmead completed, new staff integrated and expanded services established. Full accreditation by ACHS. Established the concept of a Total Healing Environment with a child and family focus. Implemented a new Information Technologies with a patient care focus. Professorial academic units established with the University of Sydney, University of Western Sydney, Nepean and Australian Catholic University. Development application approved for Bear Cottage, the first children's hospice in Australia linked to a hospital. Health improvement and disease prevention promoted by the establishment of the Australian Centre for Immunisation Research, Children's Hospital Educational Research Institute, Children's Hospital Institute of Sports Medicine and Centre for Evidenced-based Paediatric Practice. Establishment of a Gene Therapy Unit and an Oncology Research Unit. Developed a community relations program with a high media profile and maintained a high level of community donations.

**Management Accountabilities:**

Increased activity due to a high attendance at Emergency department and an increase in referrals.

**Name:** Mr Michael Moodie  
**Position:** Chief Executive Officer  
Greater Murray Area Health  
Service  
SES Band 3 lower  
**Period in position:** 10 Months from 2 September 1996

## RESULTS

### Strategic Initiatives:

Compilation of a Services Plan for the Greater Murray Health Services which will guide development for the next 5-10 years. Reorientation of health services within the Greater Murray to provide a population health focus based on equity of access and identified needs. Involvement of the community and key stakeholders regarding the delivery of health services in Greater Murray. Establishment of a system and culture of benchmarking of services based on quality, efficiency and demonstrated outcomes. Development of a population based funding model which ensures equitable distribution of resources across the Greater Murray. Development of a long term strategy to address waiting times for elective surgery and piloted an innovative Elective Surgery Management model and Care Co-ordination program.

### Management Accountabilities:

Development of a three year financial management plan which produced a significant reduction in the deficit for 1996/97, is expected to produce a balanced budget in 1997/98 and a favourable outcome for 1998/99. Restructuring of the corporate operations of the Health Service with consolidation of services such as finance, human resources, payroll, linen services, food and hotel services and engineering services. Establishment of a Rural Health Development Unit to plan and guide a skills development program for the Greater Murray workforce to ensure that the strategies identified in the Services Plan can be achieved.

**Name:** Dr Tim Smyth  
**Position:** Chief Executive Officer  
Hunter Area Health Service  
SES Band 4 lower

**Period in Position:** Whole year

## RESULTS

### Strategic Initiatives:

Implementation of the Corporate Plan. Successful implementation of the recommendations of the Organisational Review. Implementation of the Hunter Aboriginal Health Plan is proceeding well. Establishment of the Heart and Stroke Register. Significant progress has been made with the development of health status indicators. Increase staff communication through the Area with FASTNEWS and the Hunter Health News. Capital works are proceeding well. Implementation of the Booked Surgery Purchasing Plan.

### Management Accountabilities:

Internal and external audit reports confirmed a sound system of internal controls. Remained within financial resources and budgets for the year.

The following Senior Executives of Area Health Services have occupied their appointed positions for less than six months during 1996/97:

Ms Deborah Green, CEO, South Eastern Area Health Service. Formally Acting CEO, South Eastern Area Health Service.

Dr Tony Sherbon, CEO, Northern Rivers Area Health Service.

Dr Vasco de Carvalho Acting CEO, Central Coast Area Health Service from 3.3.97 to 29.6.97

Dr Tina Clifton was Acting CEO, Northern Sydney Area Health Service from 1 July 1996 to 28 February 1997.

# Appendix 5

## Selected data for hospitals and health services

**Table 5(A) Key Performance Indicators for NSW public Hospital Services for the Year Ended 30 June 1997**  
State Summary - all Programs by Area Health Services

Services	Average Available Beds	Daily Average of Inpatients	Adjusted Daily Average <sup>1</sup>	Admissions <sup>2</sup>	Non-Admitted Patient Occasions of Service <sup>2,3</sup>	Expenses (\$'000)	Average Staff Employed (EFT) <sup>5</sup>
Central Sydney	2,265	1,906	2,420	137,338	2,060,100	647,459	9,082
Northern Sydney	2,158	1,801	2,347	116,572	1,946,658	550,946	7,736
Western Sydney	1,824	1,640	2,177	123,408	1,885,667	567,727	7,999
Wentworth	854	752	919	49,649	606,306	193,704	2,580
South Western Sydney	1,699	1,497	2,016	127,197	1,858,702	424,791	5,983
Central Coast	706	648	840	56,455	724,599	172,957	2,629
Hunter	2,258	2,000	2,390	106,979	1,428,958	477,044	6,606
Illawarra	812	699	927	64,404	832,998	216,634	3,107
South Eastern Sydney	2,641	2,303	3,131	177,642	2,921,648	838,372	11,512
<b>Total Metropolitan</b>	<b>15,216</b>	<b>13,247</b>	<b>17,167</b>	<b>959,644</b>	<b>14,265,636</b>	<b>4,089,634</b>	<b>57,233</b>
Northern Rivers	949	776	1,016	61,566	904,289	191,961	2,639
Mid North Coast	649	504	662	46,154	593,803	163,340	1,893
New England	896	643	797	44,436	570,906	158,765	2,304
Macquarie	674	456	555	29,067	359,239	100,685	1,477
Mid Western	1,251	891	1,057	42,702	603,122	163,959	2,514
Far West	281	186	259	13,269	266,629	58,391	762
Greater Murray	1,254	942	1,192	56,219	905,332	211,021	3,050
Southern	949	656	811	32,441	575,315	131,637	2,136
<b>Total Rural Areas</b>	<b>6,901</b>	<b>5,055</b>	<b>6,349</b>	<b>325,854</b>	<b>4,778,635</b>	<b>1,179,759</b>	<b>16,775</b>
Corrections Health	105	114	521	1,292	1,496,791	25,834	320
The New Children's Hospital	246	238	380	28,801	520,360	150,944	1,845
Total Other	351	352	901	30,093	2,017,151	176,778	2,164
<b>Total NSW</b>	<b>22,468</b>	<b>18,654</b>	<b>24,417</b>	<b>1,315,591</b>	<b>21,061,422</b>	<b>5,446,171</b>	<b>76,171</b>
<b>1995/96 Total</b>	<b>23,614</b>	<b>19,478</b>	<b>25,386</b>	<b>1,327,132</b>	<b>20,844,899</b>	<b>5,240,754</b>	<b>75,857</b>
<b>1994/95 Total</b>	<b>23,969</b>	<b>19,750</b>	<b>25,577</b>	<b>1,274,528</b>	<b>20,213,500</b>	<b>5,172,093</b>	<b>74,627</b>
<b>1993/94 Total</b>	<b>23,445</b>	<b>20,032</b>	<b>25,605</b>	<b>1,240,095</b>	<b>19,311,075</b>	<b>4,177,677</b>	<b>73,724</b>

<sup>1</sup> A measure of the average daily patient workload of a health care facility. It comprises the daily average of the admitted patient activity

<sup>2</sup> Includes services contracted to private sector.

<sup>3</sup> Includes dental patient flows.

<sup>4</sup> "Total cash payments" are reported in previous annual reports.

<sup>5</sup> Equivalent full time, excludes overtime hours.

Source: DOHRS as at 27th August 1997

**Table 5(B) Number of available beds<sup>1</sup> in public hospitals and nursing homes by Area Health Service for the year ended 30 June 1997**

	Hospitals <sup>2</sup>	Homes	Residentials <sup>3</sup>	Units <sup>4</sup>		Hospitals Total Beds
Central Sydney	1,740	218	19	288		2,265
Northern Sydney	1,676	152	120	210		2,158
Western Sydney	1,367	82	86	290		1,824
Wentworth	558	274	22	0		854
South Western Sydney	1,453	194	52	0		1,699
Central Coast	680	0	10	16		706
Hunter	1,460	457	60	282		2,258
Illawarra	759	0	53	0		812
South Eastern Sydney	2,338	295	0	7		2,641
<b>Total Metropolitan</b>	<b>12,029</b>	<b>1,673</b>	<b>421</b>	<b>1,093</b>	<b>0</b>	<b>15,216</b>
Northern Rivers	831	69	0	49		949
Mid North Coast	624	25	0	0		649
New England	896	0	0	0		896
Macquarie	560	91	16	7		674
Mid Western	908	79	34	229		1,251
Far West	281	0	0	0		281
Greater Murray	1,167	35	23	29		1,254
Southern	614	129	74	132		949
<b>Total Rural Areas</b>	<b>5,880</b>	<b>428</b>	<b>148</b>	<b>446</b>	<b>0</b>	<b>6,901</b>
Corrections Health	0	0	0	105		105
The New Children's Hospital	246	0	0	0		246
Total Other	246	0	0	105	0	351
<b>Total NSW</b>	<b>18,156</b>	<b>2,100</b>	<b>569</b>	<b>1,643</b>	<b>0</b>	<b>22,468</b>
<b>1995/96 Total</b>	<b>18,953</b>	<b>2,290</b>	<b>522</b>	<b>1,890</b>	<b>150</b>	<b>24,805</b>
<b>1994/95 Total</b>	<b>19,021</b>	<b>2,529</b>	<b>493</b>	<b>1,993</b>	<b>150</b>	<b>24,190</b>
<b>1993/94 Total</b>	<b>19,190</b>	<b>2,659</b>	<b>401</b>	<b>2,195</b>	<b>160</b>	<b>24,605</b>
<b>1992/93 Total</b>	<b>19,293</b>	<b>2,674</b>	<b>335</b>	<b>2,415</b>	<b>825</b>	<b>25,542</b>
<b>1991/92 Total</b>	<b>20,115</b>	<b>2,781</b>	-	<b>2,756</b>	<b>879</b>	<b>26,531</b>
<b>1990/91 Total</b>	<b>20,941</b>	<b>2,871</b>	-	<b>2,867</b>	<b>895</b>	<b>27,574</b>

<sup>1</sup> The average of the number of available beds. Calculated as an average of the number of bed days available divided by the number of days in the year.

<sup>2</sup> General Hospitals: includes hospitals recognised under the Medicare Agreement and includes mainly acute hospitals.

<sup>3</sup> Community Residentials: includes Mental Health and drug and alcohol residential beds in the community.

<sup>4</sup> Other Units: includes psychiatric hospitals, CADE units and the Prison Medical Service.

Source: DOHRS as at 27th August 1997

**Table 5(C) Key Performance Indicators for NSW public Hospital Services for the Year Ended 30 June 1997 State Summary - all Programs by Area Health Services**

Services	Bed Occupancy Rate (%)	Average Length of Stay (days) <sup>1</sup>			Same Day as % of Total Admissions	Caseflow Rate <sup>2</sup>
				Rehabilitation		
Central Sydney	84.2	6.4	10.5	13.9	45.1	58.8
Northern Sydney	83.5	5.8	29.7	28.6	41.0	51.3
Western Sydney	89.9	5.7	20.2	17.9	42.9	64.3
Wentworth	88.0	5.1	20.9	89.9	28.6	47.6
South Western Sydney	88.1	4.9	19.6	43.5	36.2	69.5
Central Coast	91.7	5.5	16.0	23.6	39.9	77.7
Hunter	88.6	6.1	40.9	127.5	37.2	45.2
Illawarra	86.1	5.5	9.0	22.4	44.7	74.2
South Eastern Sydney	87.2	6.0	17.1	25.3	42.9	65.2
<b>Total Metropolitan</b>	<b>87.4</b>	<b>5.8</b>	<b>18.3</b>	<b>30.3</b>	<b>40.8</b>	<b>60.3</b>
Northern Rivers	81.8	5.1	15.5	98.8	32.4	60.4
Mid North Coast	77.8	5.2	7.6	70.7	25.4	54.9
New England	71.8	4.8	14.6	62.4	29.0	47.5
Macquarie	67.7	4.6	35.4	64.8	24.5	42.0
Mid Western	71.3	5.2	65.8	127.4	26.2	32.4
Far West	66.1	4.5	4.6	199.9	26.2	46.1
Greater Murray	75.2	5.0	21.3	80.4	27.3	42.7
Southern	69.1	4.9	88.5	96.6	24.5	32.3
<b>Total Rural Areas</b>	<b>73.2</b>	<b>5.0</b>	<b>34.4</b>	<b>85.6</b>	<b>27.5</b>	<b>43.7</b>
Corrections Health	90.8	32.4	0.0	0.0	0.0	12.3
The New Children's Hospital	96.8	4.8	0.0	0.0	48.3	116.9
<b>Total NSW</b>	<b>83.0</b>	<b>5.5</b>	<b>20.1</b>	<b>39.5</b>	<b>37.5</b>	<b>55.2</b>
<b>1995/96 Total</b>	<b>82.5</b>	<b>5.6</b>	<b>21.4</b>	<b>40.5</b>	<b>35.6</b>	<b>53.1</b>
<b>1994/95 Total</b>	<b>82.4</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>33.8</b>	<b>50.2</b>
<b>1993/94 Total</b>	<b>81.8</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>31.9</b>	<b>48.1</b>
<p><sup>1</sup> Includes same day admissions.  <sup>2</sup> Patient throughout per available bed per year.</p> <p>Source: DOHRS as at 27th August 1997</p>						

**Table 5d: Measures of Health Service Utilisation and Need by Area of Residence**

Health Service	SSR <sup>(1)</sup>	SMR <sup>(2)</sup>	Need Index <sup>(3)</sup>	SSR/Need Index
Central Sydney (1)	98.4	111.1	102.9	0.96
Northern Sydney	94.5	89.4	82.5	1.15
South Eastern Sydney	97.4	97.9	93.9	1.04
Western Sydney (2)	97.2	108.0	99.4	0.98
Wentworth	87.1	108.8	97.7	0.89
South Western Sydney	101.0	104.6	101.1	1.00
Central Coast	108.5	108.3	102.9	1.05
Hunter	101.6	111.6	103.2	0.98
Illawarra	103.1	105.8	100.2	1.03
Northern Rivers	98.9	100.0	103.7	0.95
Mid North Coast	95.5	100.1	105.5	0.90
New England	103.5	111.7	113.5	0.91
Macquarie	122.7	130.0	115.3	1.06
Mid Western	117.7	126.3	110.8	1.06
Far West	141.7	140.9	168.1	0.84
Greater Murray	107.1	111.3	108.6	0.99
Southern	93.1	112.6	107.5	0.87

*(1) Standardised Separation Ratio (SSR) is the ratio of actual separations to expected separations in all acute hospitals in Areas in 1994/95.*

*(2) Standardised Mortality Ratio (SMR) is the ratio of observed deaths to expected deaths in Areas in 1994.*

*(3) The Need Index, derived by the NSW Health Services Group for the revised Resource Allocation Formula, is an estimate of health service needs of the population. It takes into account mortality rates, relative spatial distribution of the population and other socio-economic factors such as education and occupation of local population.*

*Source: Epidemiology Branch and Structural Funding Branch*

# Appendix 6

## Hospital Statistics for the State of New South Wales 1995/96

The following data is provided under the Commonwealth/NSW Medicare Agreement under Part 1 of Schedule J. Please note that due to changes in reporting requirements to the Commonwealth, this data is based on separations of service and not admissions. As such it is not compatible with data published in previous annual reports. Data for 1996/97 was unavailable at the time of printing and will be reported at a later date.

	Separations (inclusive of NHTPs <sup>1</sup> )	Weighted Separations (inc NHTPs)	Day Separations	Weighted Day Separations	Bed days (inclusive of NHTPs)
<b>A. RECOGNISED HOSPITALS (excluding Public Patients under contract to private facilities)</b>					
Total Recognised Hospitals					
Public Patients	959,306	945,397	365,949	199,265	4,220,447
Private Patients	180,913	190,976	67,810	33,293	811,757
Other Private Patients	49,593	68,115	17,884	13,873	350,567
Compensable Patients	13,141	16,799	2,964	2,135	74,537
Medicare Ineligible Patients	5,273	6,449	1,890	1,045	22,448
Not stated	20,660	21,298	8,324	4,064	103,111
<b>Total Recognised Hospitals</b>	<b>1,228,886</b>	<b>1,249,034</b>	<b>464,821</b>	<b>253,675</b>	<b>5,582,867</b>
<b>B. i) PRIVATE HOSPITAL FACILITIES (excluding Private Day Hospital Facilities)</b>					
Public Patients treated under contract w/priv. sector	13,494	13,006	4,691	3,030	50,155
Private Patients	312,684	300,418	138,127	82,385	1,207,317
Other Private Patients	31,843	36,408	11,629	6,767	129,845
Compensable Patients	17,310	17,789	6,349	4,909	52,881
Ineligible Patients	574	652	251	134	3,073
Not stated	2,076	1,798	868	526	9,720
<b>Total Private Hospital Facilities</b>	<b>377,981</b>	<b>370,071</b>	<b>161,915</b>	<b>97,751</b>	<b>1,452,991</b>
<b>ii) PRIVATE DAY HOSPITAL FACILITIES</b>					
Public Patients treated under contract w/priv. sector	2,496	2,350	2,496	2,350	2,496
Private Patients	91,401	45,566	91,401	45,566	91,401
Other Private Patients	11,123	5,815	11,123	5,815	11,123
Compensable Patients	764	556	764	556	764
Ineligible Patients	389	166	389	166	389
Not stated	650	333	650	333	650
<b>Total Private Day Hospital Facilities</b>	<b>106,823</b>	<b>54,786</b>	<b>106,823</b>	<b>54,786</b>	<b>106,823</b>
<b>iii) TOTAL PRIVATE HOSPITAL FACILITIES</b>					
Public Patients treated under contract w/priv. sector	15,990	15,356	7,187	5,380	52,651
Private Patients	404,085	345,984	229,528	127,951	1,298,718
Other Private Patients	42,966	42,223	22,752	12,582	140,968
Compensable Patients	18,074	18,345	7,113	5,465	53,645
Ineligible Patients	963	819	640	300	3,462
Not stated	2,726	2,131	1,518	859	10,370
<b>Total Private Hospital Facilities</b>	<b>484,804</b>	<b>424,858</b>	<b>268,738</b>	<b>152,537</b>	<b>1,559,814</b>
<b>C. TOTAL STATE</b>					
Public Patients	959,306	945,397	365,949	199,265	4,220,447
Public Patients treated under contract w/priv. sector	15,990	15,356	7,187	5,380	52,651
Private Patients	584,998	536,960	297,338	161,244	2,110,475
Other Private Patients	92,559	110,337	40,636	26,455	491,535
Compensable Patients	31,215	35,143	10,077	7,600	128,182
Ineligible Patients	6,236	7,268	2,530	1,345	25,910
Not stated	23,386	23,429	9,842	4,924	113,481
<b>TOTAL FOR STATE</b>	<b>1,713,690</b>	<b>1,673,890</b>	<b>733,559</b>	<b>406,213</b>	<b>7,142,681</b>
<b>D. OTHER SERVICES ( Non - Inpatients Occasions of Service ) <sup>2</sup></b>					
Casualty & Emergency Services	2,433,650				
<b>Outpatient Services - Individual</b>					
Diagnostic Services	2,081,134				
Other Medical/Surgical Services	4,683,412				
Mental Health Services	102,668				
Drug & Alcohol Services	589,286				
Dental Services	1,317,551				
Pharmacy Services	368,639				
Group Outpatient Services	80,236				
<b>Other Non - Admitted Patient Services</b>					
Individual Community Health Services	4,469,180				
Individual Outreach Services	78,379				
Group CH/Outreach Services	674,451				

1. NHTP: Nursing Home Type Patient

2 Data extracted from DOHRS



# Appendix 7

## Acts Administered by NSW Minister for Health and Legislative Changes during 1996/97

### LEGAL CHANGES

#### ACTS

##### Passage of the Mental Health (Amendment) Act 1997 to:

- expand the definition of “mentally ill person” used in the Mental Health Act, thereby allowing earlier intervention and more timely care and treatment of persons with mental illness;
- clarify the powers of the Police when dealing with persons who may have a mental illness, allowing them to be taken to a hospital irrespective of where they may have been initially detained;
- make numerous other miscellaneous amendments to the Mental Health Act, including improvements to the Official Visitor Program, extension of Community Treatment Orders and introduction of provisions allowing the transfer of patients across state borders.

##### Passage of the Nurses (Amendment) Act 1996 to:

- increase the size of the Nurses Registration Board from 10 to 13 members; and
- provide for the establishment of impaired nurses panels to deal with issue of impairment.

##### Passage of the Smoking Regulation Act 1997 which:

- prohibits smoking in enclosed public places five years from the date an air quality standard is prescribed by regulation;
- provides that premises may be exempt in certain circumstances;
- imposes duties on occupiers of premises to ensure that premises remain smoke-free unless exempt.

The Bill was introduced as a private members Bill.

##### Passage of the Cancer Council (Amendment) Act 1987 which:

- alters the composition of the Cancer Council Board.

##### Other consequential changes to health legislation include:

- the repeal of the Friendly Societies Dispensaries Enabling Act 1945 and the transfer of provisions to the Pharmacy Act 1964.

### REGULATIONS

##### The following regulations were remade upon their staged repeal under the Subordinate Legislation Act 1989:

Chiropractors and Osteopaths Amendment (Annual Roll Fee) Regulation 1997  
Day Procedure Centres Regulation 1996  
Dentists (Elections) Regulation 1996  
Dentists (General) Regulation 1996  
Nursing Homes Regulation 1996  
Private Hospitals Regulation 1996  
Public Hospitals Regulation 1996

##### Amending Regulations

Chiropractors and Osteopaths Amendment Regulation 1996  
Human Tissue Amendment (Exempt Suppliers) Regulation 1997  
Mental Health Amendment Regulation 1996  
Optical Dispensers Amendment (Ready Made Spectacles) Regulation 1996  
Poisons Amendment (Miscellaneous) Regulation 1996  
Poisons Amendment (Therapeutic Goods) Regulation 1996  
Poisons and Therapeutic Goods Amendment (Fees and

Penalties) Regulation 1996  
Private Hospitals and Day Procedure Centres Amendment (Fees) Regulation 1996  
Public Health Act Amend. (Notifiable Diseases) Regulation 1996  
Public Health Amendment (Fees) Regulation 1996  
Public Health Amendment (Pools) Regulation 1996

### SIGNIFICANT JUDICIAL DECISIONS

Department of Health v. Carcosa Pty Limited  
Appeal from a conviction for an offence under the Tobacco Advertising Prohibition Act 1991. Appeal upheld on a point of law by the Court of Appeal. However, Bell J in his judgement confirmed that section 5(5) of the Tobacco Advertising Prohibition Act prohibited tobacco advertising that was visible from or within retail premises to which the public had access.

### LEGISLATION

Ambulance Services Act 1990 No. 16  
Anatomy Act 1977 No. 126  
Area Health Services Act 1986 No. 50  
Benevolent Society of New South Wales Act 1902 No. 97  
Centenary Institute of Cancer Medicine & Cell Biology Act 1985 No. 192  
Chiropractors and Osteopaths Act 1991 No. 7  
Dental Technicians Registration Act 1975 No. 40  
Dentists Act 1989 No. 139  
Drug Offense Act 1987 No. 119  
Fluoridation of Public Water Supplies Act 1957 No. 58  
Food Act 1989 No. 231  
Friendly Societies Dispensaries Enabling Act 1945 No. 11  
Garvan Institute of Medical Research Act 1984 No. 106  
Gladesville Mental Hospital Cemetery Act 1960 No. 45  
Health Administration Act 1982 No. 135  
Health Care Complaints Act 1993 No. 105  
Human Tissue Act 1983 No. 164  
Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No. 37  
Lunacy (Norfolk Island) Agreement Ratification Act 1943 No. 32  
Medical Practice Act 1992 No. 94  
Mental Health Act 1990 No. 9  
Mental Health (Commonwealth Agreement Ratification) Amendment Act 1962 No. 14  
New South Wales Cancer Council Act 1995 No. 43  
New South Wales Institute of Psychiatry Act 1964 No. 44  
New South Wales State Cancer Council Act 1955 No. 25  
Notification of Births Act 1915 No. 4  
Nurses Act 1991 No. 9  
Nursing Homes Act 1988 No. 124  
Optical Dispensers Act 1963 No. 35  
Optometrists Act 1930 No. 20  
\*\* Pathology Laboratories Accreditation Act 1981 No. 51  
Pharmacy Act 1964 No. 48  
Physiotherapists Registration Act 1945 No. 9  
Podiatrists Act 1989 No. 23  
Poisons and Therapeutic Goods Act 1966 No. 31  
Private Hospitals and Day Procedure Centres Act 1988 No. 123  
Psychologists Act 1989 No. 51  
Public Health Act 1991 No. 10  
Public Hospitals Act 1929 No. 8  
\* Smoking Regulation Act 1997 No. 16  
Sydney Hospital (Trust Property) Act 1984 No. 133  
Tobacco Advertising Prohibition Act 1991 No. 65  
Tuberculosis Act 1970 No. 18  
Walker Trusts Act 1938 No. 31

\* Not commenced.

\*\* Partly commenced.

Source: Legal Branch

# Appendix 8

## Staff Awards

### Margaret Samuel Memorial Scholarship for Women

The Margaret Samuel Memorial Scholarship for Women is a new scholarship scheme to be offered annually to women employed by the Department to further their tertiary studies in an area which is of relevance to the Department's role and functions.

The Department has established the Margaret Samuel Memorial Scholarship for Women as a mark of the highest respect for Margaret Samuel, who provided over twenty seven years continuous and dedicated service to the Department. Margaret's compassion, integrity and genuine affection for her family, friends and colleagues were but some of the personal qualities and attributes which so attracted everyone who knew and worked with her. Her death in August 1996 was a tragic loss.

The Scholarship is designed to assist female officers in the Department to pursue tertiary studies in an area which is relevant to the Department's functions including health and general administration, finance, human resources, information technology and law.

The Scholarship is open to women in the Department who hold permanent positions up to the level of clerk grade 7/8, the grading held by Margaret. The Scholarship is valued at up to \$3000 and will be awarded annually to one or more applicants selected on the basis of a written expression of interest which describes the tertiary course and the benefits anticipated for both the applicant and the Department.

The winners of the inaugural 1997 NSW Health Department Margaret Samuel Scholarship for Women were:

- Jenny Heslop from AIDS/Infectious Branch, received \$1,000 towards fees for her Masters in Health Science.
- Malaka Basilius from Financial Management and Planning, received \$750 towards fees for her Graduate Diploma in Accounting.
- Jutta Sund from health system Human Resource Services, received \$750 towards fees for her Graduate Diploma in Public Policy.
- Sharon Johnstone from Performance Management Branch, received \$500 towards her Academic Literacy Skills and Introduction to Management courses.

### Quality Service

Scholarships - Public Sector Management Course Scholarships

The Department offered twenty scholarships to staff from across the NSW health system to attend the Public Sector Management Course during the 1996/97 financial year. The Public Sector Management Course is conducted by the Public Employment Office and

the course's basic objective is to enhance the existing knowledge and skills of public sector management middle managers in order to improve outcomes in the areas of public sector service delivery, productivity and people management.

Of the twenty scholarships awarded, seven were awarded to Department staff, and thirteen to Area Health Service employees. The successful applicants were from a variety of backgrounds and locations. The names of the Scholarship winners are as follows:

- Mr Phillip Smith, Senior Property Officer, Capital & Asset Management
- Ms Gillian Booth, Senior Policy Analyst, Public Health Division
- Ms Gillian Wood, Library Manager, Information & Asset Services
- Mr David Kenny, Manager Diagnostic Services
- Ms Julie Bargaquast, Project Manager, Information & Data Services
- Ms Louise Cuschieri, Senior Workforce Planner, Corporate Services
- Mrs Carmel Betros, Child Care Program, Corporate Services
- Ms Vijataluxmi Naidoo, Quality Improvement Coordinator, Canterbury Hospital
- Ms Teresa Kresevic, Assistant Management Accountant, Ryde Hospital
- Ms Mariela Graham, Human Resources Manager, St George Hospital
- Ms Angela Ingram, Health Service Manager, Delegate Hospital
- Ms Deanne Quinn, Manager Food Services, Central Coast Area Health Service
- Ms Noeline Bromwich, Supervisor Patient Support, Gosford Hospital
- Dr Lucia Rodrigues, Staff Specialist, Calvary Hospital
- Dr Graham Vimpani, Child & Family Health, Hunter Area Health Service
- Dr Anthony Gill, Director Drug & Alcohol, Central Coast Area Health Service
- Mr Tony Sutherland, Aboriginal Health Education Officer, Macquarie Health Service
- Mr William Johnstone, Regional Director, Far West Health Service
- Mr Michael Witkowycz, Clinical Nurse Consultant, Mid North Coast Health Service
- Ms Marcia Dwonczyk, Planning and Service Development, Northern Rivers Health Service

## Staff Quality Service Awards (SQSA)

Name	Branch	Award/Certificate	Month/Year
Greg Wallin	Employee Relations	SQSA	Jul-96
Leonie Baden	Capital & Technology Services	SQSA	Aug-96
Kirsten Noakes	Health Public Affairs	Commendation	Sep-96
Penny Johns	Private Health Care	Commendation	Sep-96
Mary Crum	Integrated Health Services	Commendation	Sep-96
Leonie Daly	Computer Operations	Commendation	Sep-96
Dianne Harriman	Accounts	Commendation	Sep-96
Andrew Dunger	Library & Resources	SQSA	Sep-96
Barbara Jefferson	Executive Support	SQSA	Oct-96
Anthony Grogan	Office of the Chief Health Officer	Commendation	Nov-96
Paul Bakovic	Accounts	Commendation	Nov-96
Margaret Starr	Health Promotion Strategies	Commendation	Nov-96
Leon Kokkinelis	Microcomputer Support	SQSA	Nov-96
Robert Champion	Innovative Health Services	SQSA	Dec-96
Janene Winning	Pharmaceutical Services Branch	Commendation	Feb-97
Grant Lavender	Area/District Liaison Teams	Commendation	Feb-97
Anne Lawrence	Pharmaceutical Services Branch	Commendation	Feb-97
Glen Murray	Workforce Relations	Commendation	Feb-97
Kathryn Wood	Health Public Affairs	SQSA	Feb-97
Sharon Johnstone	Executive Support	SQSA	Mar-97
Lusia Uepa	Health Public Affairs	Commendation	Mar-97
Grant Parr	Salaries Branch	Commendation	Mar-97
Martha Herewini	Information & Publications	Commendation	Apr-97
Cathryn Cox	Statewide Services	SQSA	Apr-97
Paul Corben	Health Services Evaluation	Commendation	Apr-97
Christina Terpaj	Clinical Program	Commendation	May-97
Steve Garland	Transport	SQSA	May-97
Diana McRae	Capital & Asset Management	Commendation	Jun-97
Anna Kollias	Medical Appeals Tribunal	Commendation	Jun-97
Margaret Riakos	Mental Health	Commendation	Jun-97
Deborah Oong	Projects	Commendation	Jun-97
Karen Trusty	Health Public Affairs	SQSA	Jun-97

# Appendix 9

## Number of Staff Employed in the Public Health System

Number of Staff Employed in the Public Health System				
Full Time Equivalent Positions <sup>1</sup>	1993/94	1994/95	1995/96	1996/97
<b>NSW Health Department Administration<sup>2</sup></b>				
- Central Office	429	438.4	450.9	467 <sup>3</sup>
SUB TOTAL	429	438.4	450.9	467
<b>Ambulance Service<sup>4</sup></b>				
- Uniform	2102	2270	2165.5	2323.7
- Clerical	206	192	194	185
- Other	152	123	139.1	130.6
SUB TOTAL	2460	2585	2498.6	2639.3
<b>Scientific and Regulatory<sup>5</sup></b>				
	255	276	197.8	65
<b>Support Services<sup>6</sup></b>				
	94	73	52.2	49
SUBTOTAL	3238	3558	3199.5	3220.30
<b>Area/District Health Services, Public Hospitals, Community and Other Health Services<sup>7</sup></b>				
	71811	72985	73641.5	75701.3
<b>GRAND TOTAL</b>	<b>75049</b>	<b>76543</b>	<b>76841</b>	<b>78921.60</b>
<p><sup>1</sup> All figures are as at June 30 1997</p> <p><sup>2</sup> Staff of the Institute of Forensic Medicine were transferred to CSAHS effective from May 1 1996</p> <p><sup>3</sup> Figures do not include temporary, agency or contract staff. SES staff in Central Administration are included.</p> <p><sup>4</sup> The Ambulance Service of NSW was established as a separate authority during 1990.</p> <p><sup>5</sup> Figures do not include temporary, agency or contract staff. SES staff are included.</p> <p><sup>6</sup> Figures do not include temporary, agency or contract staff. SES equivalent staff are included.</p> <p><sup>7</sup> 23 District Health Services were amalgamated into eight Rural Health Services effective July 1 1996. Staff figures extracted from DOHRS report as at June 30 1997.</p>				
Source: Human Resource Management				

# Appendix 10

## Equal Employment Opportunity Statistics

### Representation of Women within levels

	1993/94	1994/95	1995/96	1996/97
Below CO1 total staff	78	21	nil	1
Below CO1 female staff	57	18	nil	1
% total female staff Below CO1	7.29	2.3	nil	.24
CO1 - CO7/8 total staff	225	179	157	46
CO1 - CO7/8 female staff	162	124	116	29
% total female staff CO1 - CO7/8	20.72	16	22.64	.24
A&C Grade 1-2 total staff	91	162	36	63
A&C Grade 1-2 female staff	65	122	21	47
% total female staff A&C Grade 1-2	8.31	15.8	4.10	11.08
A&C Grade 3-5 total staff	356	210	132	109
A&C Grade 3-5 female staff	230	138	87	71
% total female staff A&C Grade 3-5	29.41	17.8	17	16.74
A&C Grade 6-9 total staff	300	397	278	241
A&C Grade 6-9 female staff	162	232	159	135
% total female staff A&C Grade 6-9	20.72	30	31.06	31.84
A&C Grade 10-12 total staff	228	289	264	176
A&C Grade 10-12 female staff	89	121	111	96
% total female staff A&C Grade 10-12	11.38	15.6	21.68	22.64
A&C> Grade 12 (non SES) total staff	61	26	17	100
A&C > Grade 12 (non SES) female staff	17	9	7	36
% total female staff (non SES) > Grade 12	2.17	1.2	1.37	8.5
SES total staff	na	41	31	30
SES female staff	na	10	11	9
SES % total female staff	na	1.3	2.5	2.12
<b>TOTAL STAFF</b>	<b>1199</b>	<b>1325</b>	<b>915</b>	<b>766<sup>1</sup></b>
<b>TOTAL FEMALE STAFF</b>	<b>698</b>	<b>774</b>	<b>512</b>	<b>424</b>

Representation and recruitment of Aboriginal employees, employees with a physical disability and employees from a non-English speaking background.

	1993/94	1994/95	1995/96	1996/97
Total employees	1347	1325	915	766
Recruited during year	337	274	188	205
Aboriginal people	18	13	11	11
Recruited during year	5	12	5	3
People with disabilities	6	11	10	31
Recruited during year	0	2	3	31
People from MESB	-	208	186	193
Recruited during year	-	35	22	40

<sup>1</sup> Head count includes full-time and part-time permanent and temporary staff of Central Administration, Health Professional Registration Boards, Toxicology Unit, Pharmaceutical Services, and Public Health Administration and Co-ordination. Division of Analytical Laboratories was transferred to Western Sydney Area Health Service from 1 July 1996.

# Appendix 11

## Personnel Policies and Practices

### Equal Employment Opportunity (EEO)

EEO Advisory Committee: Establishment of an EEO Program Advisory Committee whose role is to advise on, and assist with the design of the EEO Management Plan and the co-ordination of the Plan's implementation from a strategic viewpoint. The Committee includes the Director of Affirmative Action, EEO Coordinator, and representatives from ODEOPE, employee organisations, management and the EEO groups.

### Grievance Resolution and Anti-Harassment Policies:

Grievance Resolution Policy and Procedures and Harassment Free Policy and Procedures issued to all staff as Departmental circulars.

**Employment Equity Contact Officers:** Several staff trained to provide advice and assistance in the resolution of workplace grievances.

**Counselling:** Human Resource Management continued to provide a confidential counselling and support service for staff in conjunction with the IPS Counselling Service.

### Performance Management Progress Review and

**Development Scheme:** Implementation commenced within the Department of a Progress Review and Development System that will identify, develop and evaluate staff performance to assist in the achievement of the Department's goals and objectives.

**Job Evaluation:** Job Evaluation commenced using the Cullen Egan Dell methodology to evaluate positions and enable job redesign to take place to better achieve the Department's objectives and to provide greater job satisfaction for staff.

### Flexible Work Practices

**Flexible Work Practices Policy:** The Department endorsed the guidelines issued by the Public Employment Office and distributed the document throughout the Department.

**Work from Home Policy:** Development and implementation of Work from Home Policy as part of the Department's endorsement of the Government's Flexible Work Practices Policy.

### Organisational Change

#### Implementation Guidelines for Organisation Reviews:

Issue of revised Implementation Guidelines for Organisation Reviews to be used in any future minor or larger scale structural reviews by the Department as part of the Department's commitment to an ongoing process of quality improvement in order to achieve best practice in all of the Department's functional responsibilities.

**Restructures:** Human Resources assisted in the development and implementation of restructures in several Divisions and Branches including the Centre for Disease Prevention and Health Promotion.

### Career Development and Quality Initiatives

#### The Margaret Samuel Memorial Scholarship for Women:

The Scholarship is designed to assist female officers in the Department, up to and including Clerk Grade 7/8, to pursue tertiary studies in an area which is relevant to the Department's functions including health and general administration, finance, human resources, information technology and law. The scholarship was awarded to four staff and presented by the Director-General.

**Staff Quality Service Awards:** Staff are nominated on the basis of their of service to fellow employees and the public. This monthly award continues to be a popular and respected goal for staff.

Public Sector Management Course Scholarships. A total of twenty scholarships were awarded to NSW Health employees to attend the Public Sector Management Course conducted by Premier's Department. The scholarship winners included staff from a variety of Area Health Services as well as the Department. From the total of twenty scholarships, thirteen were awarded to female staff.

### Recruitment

**Job Inquiry Kit:** A new streamlined Job Inquiry Kit was developed to reduce the administrative processes associated with the 300 positions advertised through the year and to provide additional information on EEO, Cultural Diversity and OH&S.

**Recruitment and Selection Manual:** A Recruitment and Selection Manual is currently being developed and is to be included in the COHRS information system.

**Recruitment and Selection Training:** Training has been conducted for staff who participate on selection panels and a register of participants maintained. A Convenor Kit was streamlined for convenors of interview panels.

**Criminal Record Checks:** Were introduced for all appointments to new positions as a means of safeguarding staff and patient welfare.

**Staff Induction Manual:** A Staff Induction Manual is being developed for all staff in the Department.

*Source: Human Resources Management*

### Work and Family Initiatives

#### Child and Family Responsibilities Policy and Initiatives:

Following from a staff survey on family needs, the Department engaged the services of a child care referral agency, the Lady Gowrie Child Centre Corporate Advisory Service, to assist staff who may have an emergency child care need.

# Appendix 12

## Number of Registered Health Professionals in NSW

	1992/93	1993/94	1994/95	1995/96	1996/97
Chiropractors	799	826	821	-	1058
Chiropractors and Osteopaths	90	94	87	1210	101
Dental Technicians	631	634	621	620	622
Dental prosthetists	354	367	378	382	392
Dentists*	3715	3762	3822	3979	3904
Enrolled Nurses	16569	16521	16565	16578	16477
Medical Practitioners*	20779	21016	21624	22231	22863
Optical Dispensers	1197	1218	1242	1282	1332
Optometrists	1078	1122	1150	1187	1224
Osteopaths	177	180	180	-	297
Pharmacists*	6321	6357	6371	6505	6593
Physiotherapists	4240	4381	4587	4772	4960
Podiatrists	546	565	549	606	638
Psychologists	2825	3031	3973	4523	4948
Registered Nurses	71361	71959	73178	74131	74659
<b>Total</b>	<b>130682</b>	<b>132033</b>	<b>135148</b>	<b>138006</b>	<b>140068</b>

\* Information is provided by the NSW Dental, Medical and Pharmacy Boards which are not administered by the Health Administration Corporation.

Source: Health Professional Registration Boards



# Appendix 13

## Overseas Visits by Staff

**Julie Bargaquast**, Manager, CHID, Information & Data Services: Present paper at the Information Technology in Community Health Conference + study tour General Fund

**Alison Barnwell**, Co-ordinator of Bereavement Services NSW Red Cross Blood Transfusion Service: Presenting paper 5th International Grief & Bereavement Conference - Organ Donor Study Fund

**Peter Brophy**, South Eastern Sydney Area Health Service  
AusHealth International: Undertake an overview of the Laos health system + need analysis of hospital facilities - AusHealth International

**Dr John Campbell**, AusHealth International  
Contribute to the Australian Industry Forum - AusHealth Budget

**Dr John Campbell**, AusHealth International: Present Australian hospital capabilities to World Bank - AusHealth Budget

**Dr John Campbell**, AusHealth International: Visit Indonesian Health Authorities, Bogor Project - AusHealth Budget

**Dr John Campbell**, AusHealth International: Attend PERSI Conference Exhibition with Minister - AusHealth Budget

**Sherryn Clinton**, Patient Administration System Manager, Information Strategy Management Branch, Information & Asset Services Division. Attend the 1997 Annual Healthcare Information & Management Systems Society Conference - General Fund

**Richard Coleman**, Research Officer, Aust Agricultural Health Unit, Public Health Division: Present research results at the International Congress on Occupational Health & Safety + visit agricultural health & safety organisation  
Sponsor: RIRDC + personal funds

**Christine Cowie**, Policy Analyst, Environmental Health, Food & Nutrition Branch, Public Health Division: Attend the International Symposium on Waterborne Cryptosporidium + site visits - General Fund

**Jan Dent**, Executive Director, Nurses Registration Board: Attend the 3rd International Conference on Regulation Across Borders + 21st Quadrennial Cong on Sharing the Health Challenge - Nurses Registration Board Budget

**Edwin Devereaux**, President, Chiropractic & Osteopaths Registration Board: Attend the 64th Annual Congress of the Federation of Chiropractic Licensing Boards - Chiropractic & Osteopathic Registration Board Budget

**Trevor Doran**, Senior Hospital Scientist, Tissue Typing

Laboratory, NSW Red Cross Blood Transfusion Service  
Present a paper at the Annual Conference of the American Society for Histocompatibility & Immunogenetics - General Fund

**Wayne Dyer**, Hospital Scientist, HIV R&D Syndicate  
NSW Red Cross Blood Transfusion Service: Present a paper at the XI International Conference on AIDS - Trust Fund

**Joan Englert**, President, Nurses Registration Board: Attend the 3rd International Conference on Regulation Across Borders + 21st Quadrennial congress on Sharing the Health Challenge - Nurses Registration Board Budget

**Graeme Field**, Station Officer  
Ambulance Service of NSW: Presentation on the Ambulance Service + visits to ambulance services - General Fund + sponsor

**Dr Anne Fletcher**, Health of Dept of Cell Biology  
NSW Red Cross Blood Transfusion Service: Present a paper at the Third International Workshop & Symposium on Monoclonal Antibodies + visit collaborators - General Fund

**Dr Anne Fletcher**, Principle Hospital Scientist  
NSW Red Cross Blood Transfusion Service: Attend the International Blood Group Reference Laboratory - Scholarship

**Roberto Forero**, Project Co-ordinator Drug & Alcohol Directorat, Public Health Division: Present a paper at the First International Conference on Health & Culture in Adolescence & visit academic institutions - Personal

**David Fowler**, Manager, Prevention & Education, AIDS/Infectious Diseases Branch, Public Health Division  
Present a paper at the 11th International Conference on AIDS - General Fund

**Ms Cellene Hoogenkamp**, AusHealth International: Attend PERSI Conference Exhibition with Minister - AusHealth Budget

**Jim Hyde**, Director, Health Services Policy, Policy Development Division: Present a paper at the Convention of the Hong Kong Hospital Authority - Sponsor: Hong Kong Hospital Authority

**Dr Robert Hayes**, President Mental Health Review Tribunal: Examine trends in law & psychiatry in key overseas jurisdictions - Self-funded organisation

**Robert Lagaida**, Director, Contract & Service Performance, Performance Management Division: Attend the Telemed '96 Congress - General Fund

**Paul Long**, AusHealth International - Develop business relations in Zhuhai + attend PERSI Conference Exhibition with Minister - AusHealth Budget



**Larissa McIntyre**, Project Officer, LTNP Study - NSW Red Cross Transfusion Service: Present a paper at the XIV International Scientific meeting of the International Epidemiological Association of Nagoya - Trust Fund

**James McLachlan**, State Superintendent - Ambulance Service of NSW: Assess emergency & disaster management operations at the Atlanta Olympics - Ambulance Budget

**James McLachlan**, State Superintendent - Ambulance Service of NSW: Review a pre-hospital care facility & sign an agreement - General Fund

**Dr Lynne Madden**, Manager, Public Health Training & Development Branch, Public Health Division: Examine Public Health training in UK & attend the American Public Health Association Conference - General Fund

**Keith Masnick**, Chairperson, Health Professional Registration Board: Attend the World Council of Optometry/Asian Pacific Optometric Congress Optometrical Registration Board Budget

**Dr Declan O'Neill**, Director, Health Improvement Performance Management Division: Conference speaker at the Royal Society of Medical Epidemiology Division + Lectures + Visits - General Fund

**Peter Payne**, Superintendent  
Ambulance Service of NSW: Inspection & evaluation of operational ambulance sites of CAD tenders - General Fund

**Peter Pilon**, Superintendent  
Ambulance Service of NSW: Inspection & evaluation of operational ambulance sites of CAD tenders - General Fund

**Prof Beverley Raphael**, Director, Mental Health Branch  
Public Health Division: Attend Mtgs on Mental Health Personal

**Alcides Ribeiro**, Senior Hospital Scientist, Quality Control, NSW Red Cross Blood Bank: Attend the 25th International Society for Experimental Haematology Meeting - General Fund

**Dr George Rubin**, General Manager  
Public Health Division: Attend the American Public Health Association 124th Annual Meeting & Exposition - General Fund

**Kym Scanlon**, Mental Health Goals & Targets Co-ordinator, Centre for Mental Health, Public Health Division: Present a paper at the International Mental Health Promotion Conference  
General Fund

**Meno Schilling**, Associate Director, Systems Integration Information & Asset Services Division: Represent Australia at the Health Level 7 plenary meeting in the USA - General Fund

**Maria Visotina**, Acting Manager, Office of the Chief Health Officer, Public Health Division  
Travel to Atlanta for the 1996 Olympic Games as an accredited Departmental representative - Public Health Budget

**Michael Walsh**, Registrar  
Health Professionals Registration Boards  
Attend the 64th Annual Congress of the Federation of Chiropractic Licensing Boards - Chiropractic & Osteopathic Registration Board Budget

**John Wasley**, Divisional Superintendent, Southern Division, Ambulance Service of NSW: Asses the outcome of Australian/Thai ambulance project - Sponsor: (AusAid) - \$3,348

**J Wasley**, Superintendent  
Ambulance Service of NSW: Video production with Thai Ministry of Public Health - General Fund + Sponsor + Personal

**Justine Waters**, Manager, Research & Development Policy, Public Health Division: Visit the Ministry of Public Health  
General Fund

**Anthony Williams**, Director  
Institute of Psychiatry: Invited as an external examiner by the Uni of PNG - Sponsor: MONAHP (Aussie Aid)

**Peter Williams**, Director, Information & Asset Services  
Information & Asset Services Division  
Attend Working Group 2 of the International Health Informatics Group + visit the National Health Service Information Management Executive in the United Kingdom  
General Fund and Standards Australia

**Peter Williams**, Director, Information & Data Services  
Information & Asset Services Division  
Attend the Information Technology in Community Health Conference - General Fund

**Dr Ross Wilson**, Chairperson, Ministerial Health Care Quality Advisory Committee, NSW Health  
Attend the 2nd European Forum on Quality Improvement in Healthcare - General Fund

**Dr Fang Fang Yuan**, Senior Hospital Scientist, Cell Biology, NSW Red Cross Blood Transfusion Service  
Present a paper at the 6th International Workshop & Conference on Human Leukocyte Differentiation Antigens - Grant

Source: Corporate Services

# Appendix 14

## Central Administration - Consultants used 1996/97

Name of Consultant	Title of Project	Actual Cost
Amos Aked Swift Pty Ltd	Review of Telecommunications Strategy	62,880
Coopers & Lybrand	Showcase 2000	30,000
Co-Cam	Workforce & Kronos to ProAct Interface	55,536
DMR Group	Business Process for Community Health Information Development	129,874
Doll Martin	Evaluation of codeset development methodology	38,000
Enuma Elish	Information Technology & Telecommunications Business Case Development	46,852
Family Medicine Research Unit,	International Classification of Primary Care Plus University of Sydney feasibility study	58,000
Fresbout Pty Ltd	Workforce Planning - Nurse Specialty Projection Model Project	61,156
Management & Technology	Conduct NSW Health's Industry Consultation Program	38,166
Meridian Information Services	Clinical Cancer Data Modelling Project	49,100
Reark Research	Consumer research on patient data linkage	50,000
Sedgwick Limited	OH&S Technical Support	143,806
Simsion Bowles and Associates	Complaints data model	36,650
SMS Consulting	Review of Facilities Management Contract with Computer Sciences Corporation	41,000
Octocom Computing	Enterprise E-mail	149,631
Provence Consulting Services	Review of Document & Records Management requirements	51,920
Tooher Gale & Assoc	Gladesville Hospital Master Plan	39,958
Tooher Gale & Assoc	State Government Nursing Homes	63,835
Marlow Hampshire Pty Limited (18th June - 30th Sept. '97)	Plan and facilitate a three day live-in Forum (11-13th August 1997) for Senior Nurse Managers in NSW to develop guidelines for the management of nursing resources	62,980
Centre for Health Services Development	Advice on health economic funding policies and cross border flow arrangements	31,000
University of Wollongong	Evaluation of the National Women's Health Program - NSW	30,000
Aliko Filis	Evaluation of the Innovative Services for Homeless Youth Program	30,000
Market Attitude Research Services	Development of the NSW Aboriginal Health Policy	38,600
Wordmap		
66 consultancies under \$30,000		\$802,673
<b>Total</b>		<b>\$2,140,617</b>

# Appendix 15

## Section 301 of the Mental Health Act

A major commitment of the Centre for Mental Health during 1996/97 was to improve the quality and availability of mental health information for planning and reporting on service provision in line with current mental health policy directions of continuity of service across settings and across the lifespan as well as equity of access for special needs groups.

To monitor the implementation of the National Mental Health Strategy, Australian Health Ministers approved an annual National Survey of Mental Health Services (NSMHS) which is conducted by the Australian Institute of Health and Welfare on behalf of the Commonwealth Department of Health and Family Services. In accordance with undertakings under the Medicare Agreement, NSW participates in this survey which collects details from individual mental health services about finance, staffing and activity and compares States on an agreed range of indicators.

The Centre for Mental Health sought and obtained Ministerial support for the resources needed for the Centre and Areas to conduct an intensive validation to ensure the accuracy of data provided for the 1995/96 survey. In particular, NSMHS returns were reconciled with unaudited annual returns and other Departmental information sources to match actual budgets with expenditure and to describe the activity and resources associated with these funds.

The 1995/96 data reported here is the baseline for future planning data on NSW mental health services. To maintain this supply of quality planning data, existing departmental and area information systems will be modified and new initiatives such as the Community Based Health Information System will be able to collect and report appropriate mental health information. In the meantime the survey process will continue.

Change in reporting format for 1996/97

To give a more complete picture of mental health inpatient services in NSW we have included all services which meet the National criteria for:

- “stand alone” psychiatric hospitals (corresponds to Public Psychiatric Hospitals with Beds Gazetted under the Mental Health Act 1990 and excludes specialist Drug and Alcohol beds).
- “co-located” psychiatric units are physically and organisationally part of a general hospital (corresponds to Public Hospital Psychiatric Units Gazetted under Section 208 of the Mental Health Act 1990, but also includes non gazetted units).

For consistency with previous reports we have also included data on Private Hospitals Authorised under the Mental Health Act 1990.

In the public sector, previous annual reports have supposedly reported numbers and activity for gazetted beds which can accommodate involuntary patients under the Mental Health Act. However it has not been clear whether these numbers, especially in psychiatric hospitals, included non gazetted beds and beds specifically designated for drug and alcohol patients as well.

The new reporting format attempts to clarify the numbers of each bed type for each hospital with footnotes for each table explaining individual features.

Columns corresponding to those present in previous annual reports are in bold type.

For comparison with the current year (1996/97), bed data reported in the previous annual report and in the 1995/96 NSMHS are also presented. Due to extensive verification the NSMHS data are considered correct where the two sources differ.

It should be noted that identified drug and alcohol beds may be located on the campus of a psychiatric hospital but are not available for the admission of psychiatric patients. For this reason they were excluded as out of scope for the NSMHS and have also been excluded from the 1996/97 bed numbers.

Bed numbers represent availability for use on one particular day only and do not always indicate general availability over the whole year. The column headed Available Beds does not refer to empty beds. A bed is available if it is physically able to be used and there are staff to service it whether it is occupied or not. Beds may be temporarily unavailable for occupancy by a patient on a particular day due to renovations or temporary lack of staff (eg. due to illness).

### Psychiatric Hospitals

If all available beds including gazetted and non gazetted are summarised for 1995/96 and 1996/97 there were 1045 gazetted and 118 non gazetted available beds in stand alone psychiatric hospitals at 30 June 1997. This is a reduction of 24 gazetted and 42 non gazetted beds from the corrected totals for 1995/96 (NSMHS) and is in accordance with the National Mental Health Strategy objective of transferring beds from stand alone psychiatric hospitals to co-located facilities. Gazetted beds at Gladesville/Macquarie and Rozelle have been replaced by co-located services at the Missenden Unit in Central Sydney and at Manly and Greenwich hospitals and the Cummins Unit in Northern Sydney (35 beds).

Non gazetted beds from Gladesville/Macquarie and Kenmore have been replaced by psychogeriatric beds at Greenwich hospital and community residential beds at Kenmore (32 beds).

The 1163 beds in Psychiatric Hospitals were 87.5% occupied at 30 June 1997 with 1019 patients in residence. A further 72 patients were on leave on that day so that 94% of beds were actually committed.

Overnight admissions have decreased by about 3% from 8668 to 8415 over the 12 month period. There were 228 day only admissions in 1996/97 but this measure was not reported in 1995/96 for comparison.

### Co-Located Gazetted Units and Other Units

On 30 June 1997 there were 709 available gazetted beds in general hospital psychiatric units compared with 683 on 30 June 1996, an increase of 3.8%. There were increases of 10 at Manly, 10 at RPAH Missenden Unit, 5 at RNS Cummins Unit and 10 at Greenwich Riverglen Unit. 8 beds were unavailable at Westmead Acute Adult Unit and 10 were unavailable at Bankstown due to renovations.

There were 193 non gazetted beds on 30 June 1997 compared to 194 on 30 June 1996. This includes 20 psychogeriatric beds at Bankstown which are part of the Division of Aged Care and Rehabilitation but are for use by psychiatric patients. 10 new non gazetted beds were opened at Greenwich Hospital Rivergleng Unit. Prince Henry Neuropsychiatry unit has dropped from 12 to 3 beds as part of a bed restructure in South Eastern Sydney and 3 beds were unavailable at Redbank House.

As no admission or current occupant numbers were supplied for the psychogeriatric unit at Bankstown or the acute ward at Long Bay, occupancy of co-located units is based on a total of 852 beds not 902. There were 698 patients occupying these 852 beds giving an overall occupancy of 82% (or 83% including those on leave) on 30 June 97. The occupancy for gazetted beds only, was higher at 89.5%. This difference is due largely to the adolescent units where most non gazetted beds were unoccupied due to school holidays at 30 June 1997.

14,324 overnight admissions and 13,329 day only admissions to all units occurred over the 12 month period (excl Bankstown Psychogeriatric and Long Bay acute) .

If co-located units which were not reported in 1995/96 are excluded then there were 13,088 overnight admissions, an increase of 495 or 3.9% and 10,122 day only admissions, an increase of 1475 or 17.1% from 1995/96.

#### Private hospitals

Albury-Wodonga Private Hospital was licensed in November 1996 to treat psychiatric patients. In preparation for the closure of Lynton early in 1996/97, patient numbers were reduced or patients transferred to Northside clinic. Overall, private psychiatric bed numbers fell by 3 to 517 between June 1996 and June 1997 but overnight admissions rose by 15% to 6845.

Private day only admissions increased by 5% to 11938 in 1996/97. This represents 53% of day only admissions to all gazetted or authorised units or 47% of day only admissions to all dedicated psychiatric inpatient units.

#### Changes to the Mental Health Act 1990

Reform of the Mental Health Act was undertaken during the year. A package of amendments was introduced into Parliament by the Minister for Health following a community consultation process. These reforms had a number of significant aspects. One was to vary the criteria for initiation of involuntary treatment away from reliance on the likelihood of "serious physical harm" to broader criteria of "serious harm". The intention of this change was to provide for earlier intervention in episodes of illness deterioration and thus reduce the negative effects on patients and their carers.

Another of the reforms to the Act was to provide a framework for the making of agreements with other State and Territory Governments for patients to receive treatment from the nearest convenient mental health service rather than have to travel long distances for treatment in their home state. Other Governments across Australia are working on the development of similar legislation. It is, of course, necessary that any two states wishing to make an agreement each have the legislative power to do so.

The amendments to the NSW Mental Health Act will be brought into operation in the latter part of 1997.

#### Early Psychosis

A NSW co-ordinator was appointed for the National Early Psychosis program which is a collaborative endeavour between the Commonwealth, State and territory Governments which has been designed to develop and promote best practice for early intervention in psychosis. Special emphasis is given to identifying signs of early psychosis in young people.

Consultation has been provided to all area health services and workshops have been conducted in rural areas.

Six areas received funding for early intervention programs and training videos have been produced for mental health professionals. In NSW there are four working parties for best practice guidelines for early psychosis, education and training, research and evaluation and information dissemination through the NSW Network in Early Intervention.

#### Depression Guidelines

NSW assisted in the compilation of the NH&MRC Clinical Practice Guidelines for Depression in Young People and prepared and distributed a booklet for consumers. A pamphlet was also prepared for psychologists as part of the Department of School Education Implementation of these guidelines.

#### Suicide Prevention

A description of all NSW activity under the National Youth Suicide initiative and Education and Training was commenced for the Rural and Regional Youth Counselling project. Development of several Suicide Prevention Policy documents was started.

#### Policy Review

To continue the review of policy and strategic directions in mental health commenced in 1995/96, there was an extensive program of consultation and discussion with clinicians, service providers, consumers, area planners, academics and other interested parties. The Mental Health Economic Task Force and the Child and Adolescent task Force completed the bulk of their reviews and will be reporting by the end of 1997. Other Working Groups were convened on Mental Health in relation to Emergency Services, Acute Services, Long Term and Extended Care, Older People, People of Non-English Speaking Background, Primary Care and Rural Areas. One aspect of the reports from these groups will be to examine the information requirements to effectively plan, monitor and evaluate proposed strategies in the areas of service provision and funding.

Other projects were commenced to set up a memorandum of understanding with the Police Department on the management of mental health crisis situations, and with the Housing Department to examine the issue of providing accommodation and community support for people living with mental illness.

Public Hospital Psychiatric Units gazetted under section 208 of the mental health act 1990 and other non gazetted psychiatric units

Hospital/Unit	Annual Report Avail. Beds 30/6/96		National Survey of Mental Health Services Avail. Beds 30/6/96		Beds Available 30/06/1997		In Residence 30/06/1997		In Residence 30/6/96		Admitted During 12 months to 30/6/97		On Leave 30/6/97		Deaths During 12 Mths to 30/6/97	
	gazetted	non gazetted	gazetted	non gazetted	gazetted	non gazetted	gazetted	non gazetted	total	total	Overnight	Day Only				
Albury Base - Nolan House	16		16		16		13		18	349	0	0	0	0	0	0
Arndell Adolescent Unit (non gazetted) (a)	not reported		20		20		3		not reported	268	2,021	0	0	0	0	0
Bankstown - Banks House	30	20(b)	30	20(b)	20(b)		13		27	433	24	0	0	0	0	0
Blacktown - Bungarbee House	30		20		30		28		24	15	0	0	0	0	0	0
Broken Hill Base - Special Care Suite	2		2		2		0		2	101	0	0	0	0	0	0
Campbelltown - Waratah House	14		19		19		15		14	357	11	0	0	0	0	0
Coffs Harbour Base	10		10		10		10		10	471	0	0	0	0	0	0
Concord - Wards 24 & 34	44		44		44		42		35	451	5,584	0	0	0	0	0
Dubbo Base - Special Care Unit	2		2		2		1		2	79	0	1	0	0	0	0
Gosford - Mandala Clinic	30		30		30		29		24	714	0	0	0	0	1	0
Greenwich - Riverglen Unit (c)	na	na	na	na	10		10	10	0	149	16	0	0	0	0	0
Hornsby & Kuring-gai - Madew Unit	25		25		25		23		19	619	42	0	0	0	1	0
Illawarra Regional - Mirrabook Unit (d)	10		10		10		10		7	254	0	0	0	0	1	0
Kempsey District (non gazetted) (e)	not reported		4		4		4		not reported	201	0	0	0	0	0	0
Lismore Base - Richmond Clinic	23		23		23		26		16	655	0	1	0	0	0	0
Liverpool Mental Health Unit	30		30		30		26		23	787	38	0	0	0	0	0
Long Bay Prison Hospital - Ward A	30		30		30(f)		25		29	41	0	0	0	0	0	0
Long Bay Prison Hospital - Ward C	14		14		14(f)		14		12	297	0	0	0	0	0	0
Long Bay Prison Hospital - Ward D (non gazetted)	not reported		32		30		30		not reported	unknown		0	0	0	0	0
Manly - East Wing	20		20		30(g)		24		19	666	0	0	0	0	0	0
Nepean - Piata Unit	30		30		30		26		26	655	39	0	0	0	0	0
Prince Henry npi (non gazetted)(h)	not reported		12		3		3		not reported	73	0	0	0	0	0	0
Prince Henry - psych	34		36		36		33		34	504	153	0	0	0	0	0
Prince Henry - psychoger (non gazetted)(h)	not reported		10		10		7		not reported	84	0	0	0	0	2	0
Prince of Wales	39		39		39		37		33	677	19	1	0	0	0	0
Royal North Shore - Cummins Unit	15		15		20(i)		15		11	195	249	0	0	0	0	0
Royal Prince Alfred - Missenden Unit	30		30		40(j)		31		23	572	53	2	1	0	1	0
Shellharbour - Eloura Unit	34		34		34		31		31	1,212	0	0	0	0	1	0
Shellharbour - Lakeview House	20		20		20		16		19	77	0	0	0	0	0	0

Hospital/Unit	Annual Report				National Survey of				Deaths During					
	Avail. Beds		Mental Health		Beds Available		In Residence		Admitted During		On Leave		12 Mths to	
	30/6/96	Services Avail. Beds	30/6/1997	30/6/1997	30/06/1997	30/06/1997	30/06/96	30/06/96	12 months	30/6/97	30/6/97	30/6/97	30/6/97	
	gazetted	non gazetted	gazetted	non gazetted	gazetted	non gazetted	gazetted	non gazetted	total	Overnight	Day Only			
Shortland Clinic	not reported		22	22			22	14	not reported	315	7	0	0	
St George - Pacific House	18	18		18			18	18	17	342	0	0	0	
St Joseph's - Psychogeriatric Unit	15	15		15			15	15	15	158	812	0	0	
St Vincent's - Caritas Centre	27	28		27	1(k)		28	23	22	619	137	1	0	
Sutherland	27	27		27			27	27	26	198	0	2	0	
Tamworth Base - Banksia Unit	15	15		15			15	13	15	455	0	0	0	
Thomas Walker - Rivendell (non gazetted)(l)	not reported		27	27			27	15	not reported	295	1,186	4	0	
Wagga Wagga Base- Gissing House	15	15		15			15	14	15	404	0	0	0	
Westmead - Redbank House	8	8	33	8	30(m)		38	7	8	270	2,938	0	0	
Westmead - Adult Acute Unit	20	20		12(m)			12	13	15	209	0	0	0	
Westmead - Psychogeriatric Unit	8	8		8			8	8	8	103	0	0	0	
<b>TOTAL 1996/97</b>	<b>685</b>	<b>683</b>	<b>194</b>	<b>709</b>	<b>193</b>	<b>902</b>	<b>635</b>	<b>63</b>	<b>618</b>	<b>14,324</b>	<b>13,329</b>	<b>12</b>	<b>7</b>	
<b>TOTAL 1995/96</b>				<b>685</b>			<b>599</b>			<b>12,593</b>	<b>8,640</b>	<b>21</b>	<b>9</b>	
<b>TOTAL 1994/95</b>				<b>663</b>			<b>531</b>			<b>11,672</b>	<b>9,589</b>	<b>68</b>	<b>9</b>	
<b>TOTAL 1993/94</b>				<b>596</b>			<b>482</b>			<b>10,358</b>	<b>2,816</b>	<b>11</b>	<b>11</b>	

(a) Arndell  
(b) Bankstown  
(c) Greenwich  
(d) Illawarra Regional  
(e) Kempsey  
(f) Long Bay  
(g) Manly  
(h) Prince Henry  
(i) Royal North Shore  
(j) Royal Prince Alfred  
(k) St Vincents  
(l) Thomas Walker  
(m) Westmead

- a non gazetted child and adolescent mental health inpatient service  
- 10 of 30 gazetted beds unavailable in 1997 due to renovations. The 20 non gazetted beds reported in the National Survey are psychiatric beds within the Division of aged care and rehabilitation. They are not included in occupancy estimates as corresponding residence figures for these beds were not supplied.  
- The Riverglen psychogeriatric unit opened in November 1996.  
- The Mirabook unit was moved from Wollongong to Port Kembla Hospital in December 1996.  
- Not a gazetted hospital but beds are specifically for psychiatric patients (voluntary only).  
- Ward A and 14 beds in Ward C are for forensic patients. 16 beds in ward C are non acute non gazetted. Ward D is a 30 bed acute but non gazetted unit.  
- East Wing has increased by 10 beds to 30.  
- Neuropsychiatry institute is non gazetted and part of an extensive psychiatric bed replanning exercise in SESAHs.  
- Psychogeriatric unit is non gazetted and also part of replanning process.  
- Cummins Unit has increased from 15 to 20 gazetted beds.  
- Missenden Unit has increased from 30 to 40 gazetted beds.  
- One seclusion bed is maintained.  
- Rivendell is a 27 bed non gazetted child and adolescent mental health inpatient service.  
- 3 non gazetted beds in Redbank House and 8 gazetted beds in the Adult Acute ward were unavailable at 30/6/97.

- A bed is available if it is physically able to be used and there are staff to service it, whether it is occupied or not. Beds may be temporarily unavailable for occupancy by a patient on a particular day due to renovations or temporary lack of staff (eg. due to illness).  
- only beds which are formally approved by order published in the Government Gazette may be used to accommodate involuntary patients.

**Available Beds**  
**Gazetted Beds**

SOURCE: Centre for Mental Health

## Public Psychiatric Hospitals with beds gazetted under the Mental Health Act 1990

Hospital/Unit	Annual Report Avail. Beds 30/6/96		National Survey of Mental Health Services Avail. Beds 30/6/96		Beds Available 30/06/1997		In Residence 30/06/1997		In Residence 30/6/96		Admitted During 12 months to 30/6/97		Deaths During 12 Mths to 30/6/97
	gazetted	non gazetted	gazetted	non gazetted	total	gazetted	non gazetted	total	total	Overnight	Day Only		
Bloomfield (a)	175	154	21	175	0	175	133	140	685	0	16	6	
Cumberland	242 (b)	222	222	222	222	206	206	216	2166	0	15	0	
Gladesville/Macquarie	222 (c)	212	10	183	0	183	161	202	391	0	8	1	
James Fletcher Morisset	172	134	38	134	38	172	83	158	375	8	2	4	
James Fletcher Newcastle	88	70	18	70	18	88	61	74	1708	90	5	11	
Kenmore	84	84	11(d)	84	0	84	61	67	405	0	7	4	
Rozelle	290	193	62	177(e)	62	239	209	236	2685	130	19	16	
TOTAL 1996/97	1273	1069	160	1045	118	1163	1019	1093	8415	228	72	42	
TOTAL 1995/96						1273	1093	8668	not reported	93	72		
TOTAL 1994/95						1430	1140	8434	86	115	73		
TOTAL 1993/94						1701	1364	8143	not reported	95	90		
(a) Bloomfield	- 21 beds reported as non gazetted in 1996 are reported as gazetted in 1997.												
(b) Cumberland	- 20 drug and alcohol beds were included in 1996 Annual Report figures. These are excluded from the NSMHS and 1997 totals as they are not available for admission of psychiatric patients..												
(c) Gladesville/Macquarie	- 39 beds replaced by co-located services at Greenwich, Manly and Royal North Shore in 1996/97.												
(d) Kenmore	- 11 non gazetted beds moved to community residential with an additional 11 beds in 1996/97.												
(e) Rozelle	- 16 beds replaced by co-located services at Royal Prince Alfred Missenden Unit. 35 drug and alcohol beds were included in 1996 Annual Report figures. These are excluded from the NSMHS and 1997 totals as they are not available for admission of psychiatric patients.												
Available Beds	- A bed is available if it is physically able to be used and there are staff to service it, whether it is occupied or not. Beds may be temporarily unavailable for occupancy by a patient on a particular day due to renovations or temporary lack of staff (eg. due to illness).												
Gazetted Beds	- only beds which are formally approved by order published in the Government Gazette may be used to accommodate involuntary patients.												

SOURCE: Centre for Mental Health



## Private Hospitals in NSW authorised under the Mental Health Act 1990

Hospital/Unit	Beds Available 30/06/1997	In Residence 30/06/1997	In Residence 30/06/1996	Admitted During		On Leave 30/6/97	Deaths During 12Mths to 30/6/97
				12 Mths to 30/6/97			
				Overnight	Day Only		
Albury/Wodonga (a)	6	4	0	51	0	0	0
Evesham Clinic	36	24	25	351	1142	0	0
Lingard	35	17	14	331	905	1	0
Lynton	22	6(b)	19	121	243	0	0
Northside Clinic	94	55	64	984	2710	0	0
Port Macquarie Base (c)	10	10	9	232	0	0	0
South Pacific	31	16	29	388	0	0	0
St Edmund's	31	21	21	488	624	0	0
St John of God Burwood	77	60	49	979	2958	0	1
St John of God Richmond(c)	68	58	52	857	1430	1	0
Sydney Private Clinic	39	33	20	1360	540	0	0
Wandene	30	27	25	410	619	0	0
Wesley	38	32	23	293	767	0	2
			350				
TOTAL 1996/97	517	363		6845	11938	2	3
TOTAL 1995/96	520	350		5933	11395	7	1
TOTAL 1994/95	516	319		6077	10540	20	4
TOTAL 1993/94	482	334		6200	7756	1	1
(a) Albury-Wodonga Private Hospital	Licensed in November 1996						
(b) Lynton	Low patient numbers due to proposed closure early in 1996/97						
(c) Port Macquarie Base and St John of God Richmond	These hospitals also provide contract psychiatric services for public patients.						
SOURCE: Centre for Mental Health							



# Appendix 16

## Capital Works Projects

Major Capital Works Projects in Progress	Est. Total Cost \$'000	Cost To Date \$'000	Est. Completion
Albury Hospital Redevelopment	47,516	47,497	Jul-97
Ambulance Communications	11,700	287	Jun-98
Armidale Emergency Department	1,404	1,404	Oct-97
Ballina Redevelopment	3,930	3,688	Oct-97
Bankstown Acute Mental Health –	1,000	500	Aug-97
Bankstown/Lidcombe Redevelopment	76,972	76,972	May-97
Bellbrook CHP	480	165	Aug-97
Blacktown LGA Strategy	92,694	5,683	Nov-99
Blue Mountains Upgrade	4,428	306	Mar-99
Braeside/Fairfield Palliative Care	10,068	10,055	Nov-96
Broken Hill Redevelopment	27,500	1,063	Feb-00
Byron Bay Hospital Redevelopment	3,490	3,489	Jul-96
Calvary Redevelopment	17,000	30	May-00
Campbelltown Hospital Waratah House	3,373	2,987	Apr-97
Central Sydney RTP	287,400	8,726	Feb-03
Coffs Harbour Redevelopment	53,579	2,270	Jun-01
Cowra Redevelopment	1,650	737	Jun-98
Culcairn MPS	1,639	194	Jun-98
Cumberland Drug & Alcohol Unit	3,510	220	Aug-98
Cumberland Educ/Library/Canteen	2,633	2,460	Apr-97
Cumberland Recreation Hall	943	943	Sep-96
Cumberland Roads/Landscape	1,615	885	Feb-98
Cumberland Secure Unit	4,540	807	Mar-98
Cumberland Ward 19	1,279	1,279	Jul-96
Delegate MPS	1,625	321	May-98
Dorrigo MPS	2,453	127	Dec-97
Dubbo Redevelopment	18,100	2,871	Jun-00
Eastern Sydney Aids Relocation	7,270	695	Apr-99
Fairfield Detoxification Unit	3,300	16	Nov-98
Goulburn Hosp. Acute Admission (20B)	3,400	2,145	Nov-97
Grafton Redevelopment	2,470	1,802	Jun-98
Grenfell MPS	1,650	35	Aug-98
IAHS Digital Subtraction Angio.	1,884	1,884	Apr-98
IAHS Nuclear Medicine	973	861	Dec-95
Illawarra Regional Hospital CSB	50,209	34,222	Mar-98
Inner West New Canterbury Hospital	74,786	42,184	Feb-99
Inverell Emergency Department	1,000	50	Oct-98
John Hunter Cardiac Catheter	2,000	1,400	Sep-97
Kiama Upgrade	1,408	100	Apr-98
Lake Cargelligo MPS	1,430	0	Aug-98
Lithgow Redevelopment	23,602	2,678	Jun-98
Liverpool Cardiothoracic Unit	3,000	1,200	Sep-97
Liverpool Redevelopment	192,808	181,328	Dec-96
Lower North Coast Strategies	26,330	560	Dec-00
Macarthur Sector Community Health	6,600	461	Dec-98
Magnetic Resonance Research Institute	2 000	150	Feb-98
Maitland Hospital Acute Admission Unit	3,000	3,000	Dec-96
Maitland Hospital Redevelop Stage 1	28,071	23,368	Dec-96
Mudgee District Hospital Upgrade	2,075	124	Jun-98
Muli Muli CHP	505	32	Apr-98
Murwillumbah Co-Location	1,300	13	Jun-99
Narrabri Community Health Centre	1,342	634	Jul-97
Neonatal Emergency Transport Service	3,691	287	Jun-98
Nepean Hospital Development/Refurb.	99,000	87,945	Nov-98
New Hospital for Women (POW)	46,403	41,720	Jun-96
North Sydney Psychogeriatric Unit	3,552	1,785	Sep-97
Nowra Community Health Centre	2,801	2,297	Jul-97
NSW Breast Cancer Institute	2,540	100	Oct-98

## Capital Works Projects (cont.)

Major Capital Works Projects in Progress	Est. Total Cost \$'000	Cost To Date \$'000	Est. Completion
Oberon MPS	2,600	35	Jun-98
POW Acute Care Service Upgrade	36,582	32,684	Dec-96
POW Ambulatory Care Clinic/Car Park	100,493	83,708	Jan-98
POW Psychiatric Unit Redevelopment	9,500	50	Nov-99
Queen Victoria Mem. Picton Redev.	7,600	386	Nov-98
RAHC & CMRF Relocation	311,496	311,496	Oct-95
RNSH Emergency Renovations	2,400	441	Jun-98
RNSH PABX Replacement	1,017	1,017	Dec-96
RNSH Replacement Gamma Camera	1,117	1,117	Feb-97
RNSH Replacement Spiral CT	1,675	1,675	Jul-97
Royal North Shore Cummins Unit	1,252	1,252	Dec-97
Royal Prince Alfred Emergency Upgrade	7,110	7,403	Dec-96
Royal Prince Alfred Missenden Unit	4,851	4,727	May-96
Shoalhaven Redevelopment	8,456	8,155	Jul-97
St George CT Scanner	1,108	1,068	Aug-96
St George Hosp. Psych. Admission Unit	6,500	623	Jun-99
St George Hospital Education Centre	5,800	560	Nov-98
St George Hospital Hydrotherapy Pool	1,580	1,489	Oct-96
St George Hospital Stage 4 A/B	155,269	153,878	Jul-97
St Vincent's Redevelopment	95,963	2,646	Dec-01
Sutherland Hospital Upgrade	6,023	879	Nov-98
Sydney Children's Redevelopment	41,265	41,265	Dec-96
Sydney/Sydney Eye	31,880	29,686	Mar-98
Trangie MPS	1,060	3	Oct-98
Trundle MPS	1,130	0	Aug-98
Tumbarumba MPS	1,732	74	Jun-98
Tweed Heads Stage 2	5,048	5,048	Dec-96
Wagga Wagga CT Scanner	778	684	Nov-97
Wagga Wagga Stage 2A	2,246	2,103	Apr-97
Walgett Hospital Redevelopment	8,454	8,454	May-96
Warren MPS	1,850	5	Oct-98
Weilmoringle CHP	492	417	Jan-97
Wentworth Community Health Centres	9,317	7,146	Jan-98
Wentworth MPS	2,100	0	Jan-99
West Wyalong Redevelopment	6,400	630	Dec-98
Westlakes Polyclinic	4,950	980	Jul-98
Westmead Emergency	3,430	2,800	Jan-98
Westmead Hospital Secure Unit	1,450	12	Jun-98
Wilcannia MPS	3,000	0	Jul-99
<b>TOTAL</b>	<b>2,175,895</b>	<b>1,318,911</b>	

## Reasons for Significant Delays to Major Capital Works or Programs

### Nepean Cancer Care Centre

Reason for Delay - Progress was delayed due to estimates of cost exceeding the then approved funds. This required a review of the documentation and scope of works.

### West Wyalong Hospital Development

Reason for Delay - With the formation of the Greater Murray Health Service, the proposed services were reviewed within the new Health Services context. This delayed the commencement of construction by approximately eight months.

### Westmead Breast Cancer Institute

Reason for Delay - Planning works were delayed due to the integration of the overall State breast management function with the Breast Cancer Institute this required the upgrading of documentation for the service.

### Multi-Purpose Service Program

Reason for Delay - Establishment of agreed services profiles with the various stakeholders including the community took time to resolve. Also, agreement with Commonwealth regarding acceptable accommodation standards also delayed the program.

### Eastern Sydney HIV/AIDS

Delay in resolution of service procurement model.

### POW Psychiatric

Delay in resolution of service procurement model.

### Prince Henry Upgrade

Delay in resolution to scope of work

### Lithgow Hospital Redevelopment

Delay due to extended user consultation and tender received being over budget.

## Major Information Technology Projects in Progress

Project	Cost to Date(\$)	Est Completion	Overruns
Ambulance CAD	1.2m	June 1999	n/a
Clinical Costing	11.4m	June 1999	n/a
Community Health	7.7m	June 2000	n/a
Development Platform (Sybase)	3.8m	completed June 97	n/a
Dietary/Food Services	7.2m	June 1999	n/a
Health Information Exchange	6.6m	June 2000	n/a
Enterprise E-mail Project	0.75m	December 1997	n/a
Interface development	2.0m	June 2000	n/a
Laboratory systems	30m	completed June 97	n/a
Pharmacy	2.4m	June 2000	n/a
Staff Scheduling	5.4m	June 1999	n/a
Telecommunications Strategy	1.7m	June 1998	n/a
Telecommunications Strategy Review	0.06m	August 1997	n/a
Telemedicine	2.0m	June 1998	n/a

## Reasons for significant delays to Major Information Technology Projects

### Patient Administration System

The new Patient Administration System did not receive funding during the year, causing acquisition to be delayed.

### Amfac Medrecord Pharmacy System

The implementation of the Amfac Micro-Pharmacy product was delayed due to technical problems with the new application. These have been remedied to the extent that roll out is now commencing in 1997/98.

# Appendix 17

## Recommendations from The Royal Commission into Aboriginal Deaths in Custody

Key recommendations arising from the Royal Commission and Departmental actions taken in response are as follows:

- **Improved access to health services by Aboriginal people:** The Department has allocated seeding grants for the employment of Aboriginal Hospital Liaison Officers.
- **Aboriginal people to be involved in designing health services where there is a large Aboriginal population:** The Department has involved local Aboriginal communities in the Community Health Post Program. Community Health Posts have now been completed at Griffith, Jali, Tingha, Walhallow and Orana Haven.
- **Aboriginal people be involved in decision making processes relating to Aboriginal health:** The Department continues to work in partnership with the Aboriginal Health Resource Co-operative and Aboriginal people are being appointed to Area Health Boards.
- **Non-Aboriginal people to receive training and education in cultural awareness:** NSW Health has finalised a Cultural Awareness package designed to sensitise non-Aboriginal people to the specific needs of the Aboriginal community in attaining equity in all aspects of health.
- **Aboriginal people to be employed throughout the public health system:** The Department has reviewed and revised the Aboriginal Employment Strategy.
- **Aboriginal Medical Services to be better resourced:** The Department has consulted with Aboriginal services on the recommendations arising from the Non Government review. This will result in triennial funding, thus providing services to improve their forward planning of services.
- **Mental health services to be made available to Aboriginal people:** NSW Health is finalising an Aboriginal Mental Health Policy: A Strategy for the delivery of Mental Health Services for Aboriginal People in NSW. The Department has actively supported the development of a number of Aboriginal mental health training and education programs.
- In March 1997, a coordinator was appointed to implement the Aboriginal Family Health Strategy. The **overall objective** of the Strategy is to reduce family violence and sexual assault in Aboriginal communities.
- **Processes for obtaining accurate health data for Aboriginal people to be improved:** The Department is developing an Aboriginal Health Information System to address this issue, with the assistance of Aboriginal Medical Services, Public Health Units and divisions within the NSW Health Department. The Aboriginal Health Information System (AHIS) will be developed in partnership with the AHRC.

# Appendix 18

## Wood Royal Commission into Police Corruption - Paedophile Reference

The NSW Health Department believes that all parts of the health system must be aware of and responsive to the protective needs of children. Given the high incidence of child abuse in our community, this issue is best approached by ensuring it becomes a mainstream health concern. NSW Health has also responded quickly and effectively to hearings of the Wood Royal Commission by undertaking a number of widespread initiatives in the area of child protection.

The NSW Health Child Protection Policy and Procedure Manual was distributed through the health system in early 1997. It is an integrated child protection manual which brings together existing sexual assault policies with newly developed, evidence-based policies regarding the physical and emotional abuse and neglect of children. The manual contains child-focused policies which are easy to read for the thousands of health workers who come into contact with children or their parents or caregivers in a caring capacity.

The document was developed through extensive consultation with practitioners and policy advisors in Area Health Services. The manual was also the subject of review by a number of other relevant Government Departments, ensuring consistency of procedural guidelines across the key agencies with child protection responsibilities.

NSW Health has also revised the policy circular regarding the notification of suspected child abuse and neglect and the exchange of information in child protection matters. Significant legislative changes in this area have been accurately and promptly relayed to all health workers in the NSW system.

Senior executive staff have been briefed on the implications of the NSW Interagency Guidelines for Child Protection Intervention and the practice changes required to ensure high quality compliance to this new set of guidelines endorsed by the Premier in 1997.

A training strategy has also been developed to ensure that as many health workers as possible are aware of their responsibilities in this important area. The Education Centre Against Violence, a Statewide training facility based in Western Sydney Area Health Service, was given funding to appoint a Statewide education officer position to develop training for staff across Area Health Services. This internationally recognised Unit has contributed to a number of child protection education strategies, including the development of training modules to educate doctors, nurses and welfare workers about child abuse.

Within the expanded terms of reference of the NSW Police Royal Commission was included consideration of 'whether Government Departments and agencies have sufficiently effective monitoring and screening processes to protect children in the care of or under the supervision of Government Departments or agencies in this respect'. The Royal Commission accepted that the screening of staff for criminal convictions is a basic element of effective processes.

From August 1996 NSW Health implemented a series of measures to ensure probity screening of employees, students, volunteers, visiting practitioners and persons engaged in any other capacity (eg academics, clergy, contractors, official visitors). These include the preparation of a set of policies and procedures entitled "Procedures for Recruitment and Employment of Staff and other persons - Vetting and Management of Allegations and Improper Conduct".

Also included is the establishment of a small unit known as the Staff Records Management Unit, located in a secure environment which conducts criminal record checks for NSW Health and related non-government organisations. The Unit also maintains records of serious incidents which occur in the health system and monitors investigations of allegations, charges or criminal convictions concerning employees or other persons engaged in various capacities in the system.

To date approximately 37,000 criminal record checks have been conducted. Shortly the Unit will connect with the Police Department via modem allowing a twenty-four hour turn around of negative checks.

The Staff Records Management Unit regularly liaises with area health services, NGOs and other government departments both as part of its educational role in enhancing procedures for maintaining probity policies and procedures and to ensure a common approach across Government.

# Appendix 19

## Freedom of information statistical summary

### Freedom of Information Requests:

These statistics are set out in accordance with the requirements of the FOI Act of NSW and in the format prescribed by the Premier's FOI Procedure Manual.

### New requests

FOI requests	Personal		Other		Total			% variance
	95/96	96/97	95/96	96/97	95/96	96/97		
New requests (inc transferred in)	37	22	46	67	83	89	+	7%
Brought forward	-	5	7	11	7	16	+	128%
Total to be processed	37	27	53	78	90	105	+	17%
Completed	21	21	64	33	54	85	+	57%
Transferred out	13	5	3	5	16	10	-	37%
Withdrawn	1	1	4	4	5	5	=	
Total processed	35	27	40	73	75	100	+	33%
Ongoing (carried forward)	2	0	13	5	15	5	-	66%

### Results of FOI requests

Result of FOI Request	Personal		Other		Total			
	95/96	96/97	95/96	96/97	95/96	% of all apps	96/97	% of all apps
Granted in full	14	15	20	33	34	62%	48	56%
Granted in part	6	4	3	19	9	16%	23	27%
Refused	1	2	11	12	12	22%	14	16%
Deferred	-	-	-	-	-	-	-	-
Completed	21	21	34	64	55	100%	85	100%

### Formal Consultations

	Initial		Total	
	95/96	96/97	95/96	96/97
Number of requests requiring formal consultations	22	24	83	77

### FOI requests granted in part or refused

Basis of disallowing or restricting access	Personal		Other		Total	
	95/96	96/97	95/96	96/97	95/96	96/97
Section 19 (applic incomplete, wrongly directed)	-	-	-	-	-	-
Section 22 ( deposit not paid)	-	-	5	3	5	3
Section 25(1)(a1) ( diversion of resources)	-	-	-	-	-	-
Section 25 (1)(a) (exempt)	8	8	11	38	19	46
Section 25 (1) (b), (c), (d) (otherwise available)	1	-	-	-	1	-
Section 28 (1)(b) (documents not held)	1	1	4	8	5	9
Section 24(2) deemed refused, over 21 days	-	-	-	-	-	-
Section 31 (4) ( released to medical practitioner)	-	1	-	-	-	1
<b>Totals</b>	<b>10</b>	<b>10</b>	<b>20</b>	<b>46</b>	<b>30</b>	<b>46</b>

## Costs and Fees of requests processed

Costs and Fees	Incurred Costs				FOI Fees Received			
	95/96		96/97		95/96		96/97	
All completed requests	\$7,772.40	\$9,621.89	\$1,825.00	\$2,255.00				
Discount Allowed								
Type of discount allowed	Personal		Other		Total		% variance	
	95/96	96/97	95/96	96/97	95/96	96/97		
Public Interest	-	0	-	2	-	2	+	200%
Financial Hardship	8	9	4	1	12	10	-	16%
Financial Hardship (non profit organisation)	4	0	-	0	4	0	+	400%
Under 18 yrs of age	-	0	-	0	-	0	=	
<b>Total</b>	<b>12</b>	<b>9</b>	<b>4</b>	<b>3</b>	<b>16</b>	<b>12</b>	-	<b>25%</b>
Significant correction of personal records	-	-	-	-	-	-	=	
Days to Process								
Elapsed time	Personal		Other		Total		% of all apps	
	95/96	96/97	95/96	96/97	95/96	96/97		
0 - 21 days	5	10	9	24	14	34	23%	38%
22 - 35 days								
(consultation period over 35 days	13	5	25	7	38	12	62%	13%
(extended consultation over 21 days	-	-	-	2	-	2	-	2%
(out of time determination) over 35 days	1	5	-	27	1	32	2%	35%
(out of time determinations) over 35 days	3	2	5	8	8	10	13%	11%
<b>Total</b>	<b>22</b>	<b>22</b>	<b>39</b>	<b>68</b>	<b>61</b>	<b>90</b>	<b>100%</b>	<b>100%</b>
Processing Time								
Processing Hours	Personal		Other		Total			
	95/96	96/97	95/96	96/97	95/96	96/97		
0 - 10 hrs	18	18	30	60	48	78		
11 - 20 hrs	3	4	4	6	7	10		
21 - 40 hrs	1	0	3	2	4	2		
Over 40 hrs	-	-	-	-	-	-		
Reviews and Appeals								
			95/96	96/97				
Number of Internal Reviews finalised			4	6				
Number of Ombudsman Reviews finalised			3	2				
Number of District Court appeals finalised			-	0				

## Grounds on which

Internal Review requested	Personal				Other			
	Upheld		Varied		Upheld		Varied	
	95/96	96/97	95/96	96/97	95/96	96/97	95/96	96/97
Access refused	-	-	-	-	-	3	-	-
deferred	-	-	-	-	-	-	-	-
Exempt matter	-	-	-	-	-	1	-	-
Unreasonable charges	-	-	-	-	-	-	-	-
Charges unreasonably incurred	-	-	-	-	-	2	-	-
Amendment refused	-	-	-	-	-	-	-	-
Third party	-	-	-	-	2	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>6</b>	<b>-</b>	<b>-</b>

Source: Freedom of Information Co-ordinator

# Appendix 20

## Infectious disease notification in NSW number of cases notified 1990 to 1996

Condition	1990	1991	1992	1993	1994	1995	1996
Adverse event after immunisation	-	-	-	-	-	28	52
AIDS deaths	316	343	274	270	366	n/a	220
AIDS	413	433	410	355	467	366	298
Arbovirus	285	474	344	660	384	555	1277
Brucellosis	5	2	4	4	4	2	1
Cholera	*	*	*	1	0	1	4
Diphtheria	*	*	*	*	*	0	0
Foodborne illness	*	*	*	*	*	286	214
Gastroenteritis	*	*	*	*	*	1372	567
Gonorrhoea	403	416	504	376	364	434	526
H. Influenzae b	n/a	222	221	133	61	n/a	14
Hepatitis A - acute	36	1106	983	599	593	630	973
Hepatitis B - acute	*	37	126	102	84	n/a	43
Hepatitis B - chronic/carrier	*	26	400	534	631	n/a	1228
Hepatitis B - unspecified	426	1400	3060	3465	4038	4999	3184
Hepatitis C - acute	n/a	42	46	27	32	n/a	22
Hepatitis C - unspecified	41	799	4249	6695	9350	8386	8588
Hepatitis D	*	*	*	*	*	20	8
Hepatitis - viral unspecified	13	214	17	6	2	2	3
HIV infection	786	819	677	556	432	451	408
Hydatid disease	2	8	5	4	20	20	13
Legionnaires' disease	27	28	103	71	61	76	71
Leprosy	5	*	5	3	3	2	2
Leptospirosis	49	31	22	17	14	6	32
Listeriosis	*	*	*	*	*	14	22
Malaria	193	202	164	164	187	98	213
Measles	388	431	830	2397	1504	604	190
Meningococcal infection	84	115	120	154	143	115	165
Mumps	*	*	*	*	*	14	28
Mycobacterial atypical	190	212	371	417	527	455	533
Mycobacterial tuberculosis	340	412	424	406	409	481	438
Tuberculosis (all)	*	*	*	*	*	n/a	n/a
Pertussis	149	49	222	1546	1421	1386	1167
Poliomyelitis	*	*	*	*	*	*	*
Q Fever	156	181	216	400	268	206	295
Rubella	*	*	340	825	232	1216	271
Salmonella infection (NOS)	1486	1243	860	950	1086	1405	1248
Syphilis	333	637	948	786	1074	915	730
Tetanus	2	6	2	5	4	*	1
Typhoid & paratyphoid	44	59	29	31	36	39	36
Viral haemorrhagic fever	*	*	*	*	*	*	*

n/a = not available  
 \* = none recorded  
 NB All Data subject to change due to late reports or changes in case classification  
 Source: NSW Health, Infectious Diseases Surveillance System, NSW Malaria Register, NSW HIV Database

Source AIDS and Infectious Diseases Branch



# Appendix 21

## Research Grants made by the Department 1996/97

University of Sydney, Family Medicine Research Unit.	\$58,000	Research into feasibility of International Classification of Primary Care for use in Community Health.
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# Appendix 22

## Research and Development Undertaken by the Department 1996/97

### Completed research including resources allocated.

Asset Strategic Planning Benchmark Support.	\$19,000
Development of CEO Guidelines to Systems Implementation.	\$13,650
Developing and standardising IASD business processes, in accordance TQM principles.	\$40,000
Consumer research into attitudes to patient data linkage.	\$50,000
Research into feasibility of International Classification of Primary Care for use in Community Health.	\$58,000

### Continuing research including resources allocated.

Internal Walling for Health Care Buildings (Revision).	\$4,850
Building and Equipment Manual.	\$9,500
Reference Code for a Cook Freeze Food System.	\$15,000
Reference Code for a Cook Service Food System.	\$7,250

# Appendix 23

## Non Government Organisations Funded by the Department during 1996/97

### Program:

#### 50.02 Ambulatory, Primary and (General) Community Based Services

#### 50.2.1 Primary and Community Based Services

#### Drug & Alcohol

Life Education NSW – Mobiles & Centres	\$1,553,400	A health oriented audio visual program for primary school children.
School of Behavioural Sciences (Macquarie University)	\$50,800	Specialist clinical studies courses on drug and alcohol dependence.
Network of Alcohol & Other Drugs Agencies Inc	\$107,500	Peak body for non government organisations providing alcohol and other drug services.
Operation Tuned In P/L	\$800	One off grant for youth services
The Oolong Aboriginal Corporation Inc	\$136,900	A residential drug and alcohol treatment and referral service for Aboriginal people.
The Peer Support Foundation Ltd	\$163,600	Youth service providing education and training for youth, parents and teachers, on a range of issues including substance abuse.
University of Sydney - Health Education Unit	\$181,300	Provides consultancy, library resources, training and education to schools, universities, government departments, parents, community groups and others interested in drug/health education.
<b>TOTAL</b>	<b>\$2,194,300</b>	

**Program:****50.02 Ambulatory, Primary and (General) Community Based Services****50.2.1 Primary and community Based Services****AIDS**

Aboriginal Medical Service C0-operative Ltd	\$65,650	HIV community education and counselling service for the local Aboriginal community, and statewide where appropriate. Statewide distribution of condoms via Aboriginal Medical Services.
AIDS Council of NSW Inc	\$5,774,100	Community based education, prevention and support services for HIV infected people and those at high risk. Includes the Sex Worker Outreach Project (SWOP) and People Living With HIV/AIDS Association (PLWHA).
Australian Federation of AIDS Organisations (AFAO)	\$22,900	A grant towards the operating costs of the HIV/AIDS Social Research newsletter and a one off for a conference speaker.
Biripi Aboriginal Corporation Medical Centre	\$130,800	AIDS education project for Aboriginal communities in the mid north coast to north coast area of NSW.
Bourke Aboriginal Health Service Ltd	\$43,900	AIDS awareness project for the Aboriginal communities of Bourke, Brewarrina and Engongnia.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$43,900	HIV/AIDS education program and needle/syringe exchange service for Aboriginal communities in the Western Sydney and Wentworth Health areas.
Hepatitis C Council of NSW	\$134,300	Support, information and referral services for people affected by Hepatitis C.
Illawarra Aboriginal Medical Service	\$24,300	AIDS education and support service for Aboriginal communities in the Illawarra area.
Katungul Aboriginal Corporation Community & Medical Services	\$59,600	AIDS education and support project for Aboriginal communities in the Nowra - Eden area of the South Coast.
National Centre in HIV Social Research School of Behavioural Sciences	\$66,800	Contribution towards the costs of the Six Monthly Sydney Gay Community Surveillance Report.
NSW Aboriginal Health Resource Committee Co-op Ltd	\$20,000	Advice on the AIDS Strategy for Aboriginal communities in NSW. Conduct of AIDS conferences. Development of an HIV/AIDS Aboriginal Health Worker education kit.
NSW Users & AIDS Association Inc	\$900,100	Community based HIV/AIDS education, prevention, referral and support services for injecting drug users.
Pharmacy Guild of Australia (NSW Branch)	\$980,650	Co-ordination of private needle and syringe exchange scheme in chemist shops and pharmacies throughout NSW.
Pius X Aboriginal Corporation Medical Service	\$43,900	AIDS education and support service for the Aboriginal community in the Moree area.
Redfern Aboriginal Corporation	\$13,748	One off grant for needle and syringe litter clean up project.
Rozelle Neighbourhood Centre Inc	\$261,014	Supported accommodation for HIV positive clients with special needs.
South Coast Medical Service Aboriginal Corporation	\$21,950	AIDS education and support project for Aboriginal communities in the Nowra - Eden area of the South Coast.
Stanford House Inc	\$20,000	One off grant for respite accommodation for people living with HIV/AIDS.
Tharawal Aboriginal Corporation	\$32,400	AIDS education and support service for Aboriginal communities in the Campbelltown area.
Walgett Aboriginal Medical Service Co-op Ltd	\$43,900	AIDS awareness project for the Walgett Aboriginal community.
Wellington Aboriginal Corporation Health Service	\$43,900	Aboriginal HIV/AIDS sexual health project.

**TOTAL****\$8,747,812**

**Program:**

**50.02 Ambulatory, Primary and (General) Community Based Services  
50.2.1 Primary and Community Based Services  
Alternative Birthing Services**

Durri Aboriginal Corporation Medical	\$96,750	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area.
Illawarra Aboriginal Medical Service	\$51,750	Provision of outreach ante/postnatal services to Aboriginal women in the Illawarra area.
Tharawal Aboriginal Corporation	\$38,814	Provision of outreach ante/postnatal services to Aboriginal women in the Campbelltown area.
Walgett Aboriginal Medical Service Co-op Ltd	\$96,750	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area.
<b>TOTAL</b>	<b>\$284,064</b>	

**Program:**

**50.02 Ambulatory, Primary and (General) Community Based Services  
50.2.1 Primary and Community Based Services  
Innovative Health Services for Homeless Youth**

Australian Association for Adolescent Health (NSW) Inc	\$30,000	One off grant for best practice model.
CHAIN - Community Health for Adolescents in Need, Inc	\$261,970	Preventative, early intervention and primary health care to young homeless people and young people at risk of homelessness.
The Settlement Neighbourhood Centre (Muralappi Program)	\$39,650	A program providing culturally appropriate health promotion and health referral services for young Aboriginal people.
<b>TOTAL</b>	<b>\$331,620</b>	

**Program:****50.02 Ambulatory, Primary and (General) Community Based Services****50.2.1 Primary and Community Based Services****National Women's Health Program**

Bankstown Women's Health Centre	\$75,000	Counselling and support services for women in the Bankstown area.
Coffs Harbour Women's Health Centre Co-op Ltd	\$50,000	Counselling support services and stress management clinics and to provide accessible health services to all women in the Coffs Harbour area.
Cumberland Women's Health Association Inc	\$25,000	Health education, information referral and resourcing on a wide range of women's health issues for women in the Parramatta Holroyd and Baulkham Hills areas.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$106,600	Antenatal and postnatal outreach service for Aboriginal women with gestational diabetes.
Family Planning NSW Ltd	\$370,000	Family planning services for NESB women in the Fairfield area.
Immigrant Women's Health Service Inc	\$140,000	Health education/promotion and information programs to immigrant and refugee women, includes a one off grant of \$60,000.
Lismore & District Women's Health Centre Inc	\$50,000	Clinics on stress management, pain management, nurse practitioner programs, crisis counselling and an incest survivor group.
Mallee Sexual Assault Unit Inc	\$46,000	Counselling and support services to adult and child victims of sexual assault living in border communities.
Older Women's Network	\$100,000	A pilot project aimed at developing a health promotion and wellness model for older women living in South Western Sydney Area.
SANDS (NSW) Inc	\$40,000	Support and information to women and families who have experienced miscarriage, stillbirth, neonatal death and infant death.
Sydney Rape Crisis Centre Inc	\$100,000	Counselling, information and support for survivors of rape, attempted rape, sexual abuse and harassment.
Women's Incest Survivors Network	\$7,400	Grant to assist in the publication and distribution of a newsletter.
<b>TOTAL</b>	<b>\$1,110,000</b>	

**Program:****50.2 Ambulatory, Primary and (General) Community Based Services****50.2.1 Primary and Community Based Services****Rural Doctors Program**

The Rural Doctors Resource Network Inc – Cadetship	\$375,000	The Rural Medical Cadetship Scheme provides financial support for medical undergraduates in exchange for their agreement to work two years after graduation in rural NSW.
The Rural Doctors Resource Network Inc – Core Funding	\$422,600	The Rural Doctors' Resource Network provides on-going support for rural and remote general practitioners, including continuing medical education and locum relief.
The Rural Doctors Resource Network Inc – Medical Undergraduate	\$151,000	The Rural Medical Undergraduate Scheme coordinates and financially supports undergraduate placements in rural hospitals and general practices.
<b>TOTAL</b>	<b>\$948,600</b>	

**Program:****50.2 Ambulatory, Primary and (General) Community Based Services****50.2.2 Aboriginal Health Services**

Aboriginal Early Childhood Services Support Unit	\$5,000	One off grant for early childhood training workshop (Funded through Aboriginal Health Branch).
Aboriginal Medical Service Co-op Ltd	\$158,488	Preventative health care and drug and alcohol services for Aboriginal community in the Sydney inner city area.
Armidale & District Services Inc	\$287,600	Dental services and education for Aboriginals in the New England and north west NSW areas.
Australian & New Zealand College of Mental Health Nurses	\$4,685	One off grant for Aboriginal delegation to attend annual Mental Health Conference (NZ Oct 1996) (Funded through Aboriginal Health Branch).
Australian College of Health Service Executives	\$76,750	Coordinator for Australian Aboriginal Trainee Health Service Management Program.
Biripi Aboriginal Corporation Medical Centre	\$240,525	Preventative health care and drug and alcohol services for Aboriginal community in the Taree area.
Bourke Aboriginal Health Service Ltd	\$149,300	Preventative health care, cervical cancer screening and drug and alcohol services for Aboriginal community in Bourke and surrounding areas.
Brewarrina Aboriginal Health Service	\$52,400	Public health services for Aboriginal community in the Brewarrina district.
Bulgarr Ngaru Medical Aboriginal Corporation	\$111,300	Dental Health Best Practice project for Aboriginal community in the Grafton area.
Burns Aldis Engineers	\$36,898	One off grant to support the employment of a trainee project manager for the Health Infrastructure Priority Project at Dareton (Funded through Aboriginal Health Branch).
Coomoalla Youth Development Aboriginal Corporation	\$75,600	Drug and alcohol services for Aboriginal community in the Dareton/Wentworth area.
Cummeragunja Housing & Development Aboriginal Corporation	\$67,300	Preventative health services for Aboriginal community in the Moama/Echuca area.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$349,594	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Sydney Western Metropolitan area.
Durri Aboriginal Corporation Medical Service	\$240,200	Drug and alcohol , preventative health services and Dental Health Best Practice project for Aboriginal community in the Kempsey area.
Eastern Zone House Aboriginal Corporation	\$62,400	Drug and alcohol services for Aboriginal community in the Matraville area.
Gillawarna Aboriginal Corporation	\$500	One off grant for NAIDOC celebrations (Funded through Aboriginal Health Branch).
Illaroo Cooperative Aboriginal Corporation	\$48,843	Personal Care Worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	\$315,400	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Illawarra area.
Katungul Aboriginal Corporation Community & Medical Services	\$121,300	Dental Health Best Practice project.
MDEA & Nureen Aboriginal Women's Cooperative	\$31,700	Counselling and support service for women and children in stress from domestic violence.
Munjuwa Queanbeyan Aboriginal Corporation	\$37,400	Drug and alcohol project.

NSW Aboriginal Health Resource Committee Co-op Ltd	\$630,893	Peak body advising State and Federal Governments on Aboriginal health matters and supporting Aboriginal community controlled health initiatives.
NSW Aboriginal Rugby League Association (NARLA)	\$14,000	One off grant to sponsor NARLA squad uniforms 1996 (Funded through Aboriginal Health Branch).
NSW Rugby League Western Division	\$5,000	One off grant for Ricky Walford Shield promotion (Funded through Aboriginal Health Branch).
The Oolong Aboriginal Corporation Inc	\$42,400	Drug and alcohol residential treatment services for Aboriginal clients.
Orana Haven Aboriginal Corporation (Rehabilitation Centre)	\$58,700	Establishment of a drug and alcohol service for Aboriginal community in Brewarrina.
Riverina Medical & Dental Aboriginal Corporation	\$254,200	Preventative health care and dental services for Aboriginal community in the South Western area of the state.
South Coast Medical Service Aboriginal Corporation	\$47,150	Preventative health care and drug and alcohol services for Aboriginal community in the Nowra area.
St John Ambulance Australia	\$300	One off grant for attendance at Griffith Aboriginal Football Health Promotion (Funded through Aboriginal Health Branch).
Tharawal Aboriginal Corporation	\$205,425	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Campbelltown area.
Thubbo Aboriginal Medical Cooperative Ltd	\$59,400	Preventative health services for Aboriginal community in the Dubbo area.
Walgett Aboriginal Medical Service Co-op Ltd	\$213,117	Preventative health care and drug and alcohol services for Aboriginal community in Walgett and surrounding areas.
Wellington Aboriginal Corporation Health Service	\$60,400	Drug and alcohol services for Aboriginal community in Wellington.
<b>TOTAL</b>	<b>\$4,064,168</b>	

### Program:

#### 50.2 Ambulatory, Primary and (General) Community Based Services

##### 50.2.1 Primary and Community Based Services

##### Women's Health

South Coast Women's Health & Welfare Aboriginal Corp (Waminda)	\$132,700	Clinical, counselling and health education services for Aboriginal women and girls in the Shoalhaven area.
Women's Health Information Resource & Crisis Centres Association NSW	\$129,550	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non government women's health services, the Health Department and other government and non government services.
<b>TOTAL</b>	<b>\$262,250</b>	

**Program:****50.02 Ambulatory, Primary and (General) Community Based Services****50.2.1 Primary and Community Based Services****Community Services**

Australian Association for Adolescent Health (NSW) Inc		\$51,700	Provision of policy advice on adolescent health and promotion of adolescent health issues to the community and to health professionals.
Australian Association for the Welfare of Child Health Inc	\$101,000		Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals.
Cochlear Implant Club and Advisory Association	\$800		One off grant contribution towards a facsimile service for the Association.
Contact Inc	\$4,000		One off grant to assist with printing and distribution of resource information for isolated children and their families.
Hepatitis C Council of NSW	\$43,600		Support and information services for people affected by Hepatitis C.
Homicide Victims' Support Group	\$6,000		One off grant to sponsor the visit of parents whose children were killed in the Dunblane massacre.
NSW Council of Social Services	\$4,000		One off grant for the establishment of a rural policy advisory group (Funded through PB).
NSW Community and Health Accreditation and Standards Program (CHASP) Inc	\$180,100		Implementation of Community and Health Accreditation and Standards Program (CHASP) in health services and NGOs in NSW.
NSW Community Health Association	\$5,000		One off grant to assist in printing of the proceedings of the Community Health Conference.
Royal College of Nursing	\$50,000		One off grant for establishment of Australian Nurses' National Memorial to honour Australian Service Nurses.
United Hospital Auxiliaries of NSW	\$108,300		Coordination and central administration of the United Hospital Auxiliaries spread throughout NSW.
University of Sydney – Postgraduate Committee in Medicine	\$26,250		Continuing medical education to improve the standard of perinatal care.
<b>TOTAL</b>		<b>\$580,750</b>	



**Program:****50.2 Ambulatory, Primary and (General) Community Based Services****50.2.1 Mental Health Services**

Australian & New Zealand College of Mental Health Nurses	\$2,677	One off co-funded grant for Aboriginal delegation to attend Annual Mental Health conference (Funded through Centre for Mental Health).
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$1,650	One off grant to assist guest speaker to attend Pacific Islands Peoples Forum in NZ.
Mental Health Co-ordinating Council NSW	\$199,600	Peak organisation providing support to NGO's sector efforts for the efficient and effective delivery of mental health services.
Mental Illness Education	\$183,750	School education pilot project and evaluation.
Neuroscience Institute for Schizophrenia & Allied Disorders	\$400,000	Funding of an "Institute without Walls" to research schizophrenia and allied disorders.
NSW Consumer Advisory Group (CAG)	\$20,000	Contribution to consumer input into mental health policy making process.
Safety for Women in Mental Health Services	\$12,000	Research into nature of sexual abuse of female psychiatric institution patients.
University of Sydney	\$167,000	Rural Mental Health Skills Development project.
<b>TOTAL</b>	<b>\$986,677</b>	

**Program:****50.02 Ambulatory, Primary and (General) Community Based Services****50.2.1 Primary and Community Based Services****Services for the Aged and Disabled**

Ageing and Disability Department, NSW Office on Ageing	\$218,850	Transfer of Independent Living Centre grant (6/12 for 96/97)
Independent Living Centre NSW (INC)	\$198,850	Products display and information service to promote the independence of people with disabilities (part year grant).
<b>TOTAL</b>	<b>\$417,700</b>	

**Program:****50.02 Ambulatory, Primary and (General) Community Based Services****50.2.1 Primary and Community Based Services****Home and Community Care Program**

Age Concern	\$12,000	Provision of podiatry services to the frail aged at Adamshurst Day Hospital.
Anglican Home Mission Society (Chesalon - Barrenjoey)	\$203,350	Day Care Centre for dementia clients.
Auburn Municipal Council - Mobile Nursing Service	\$30,925	Home nursing services for the frail aged and disabled in the Auburn area.
Bankstown Frail Aged Persons' Homes Trust	\$155,200	Day care centre for dementia clients.
Canterbury City Council	\$156,500	Home nursing services for the frail aged and disabled in the Canterbury area.
Ethnic Communities Council of Newcastle & the Hunter Region Inc	\$128,800	Day care centre for Italian, Polish, Greek and Macedonian communities and an ethnic food service.
Far West HACC Services Inc	\$9,000	Podiatry services.
Forster Neighbourhood Centre Inc.	\$35,900	Podiatry services for the frail aged and disabled.
Gosford City Community & Information Services Ltd	\$62,200	Centre based respite for dementia sufferers.
Gunning District Home Support Service Inc	\$57,300	Community nursing, Meals on wheels, education and occasional transport services.
Hurstville City Council	\$99,800	Home nursing services for the frail aged and disabled in the Hurstville area.
Kiama Municipal Council	\$53,300	Home nursing services for the frail aged and disabled in the Kiama area.
Kingsgrove Community Aid Centre Inc	\$11,400	Podiatry service for the frail aged and disabled in the Kingsgrove area.
Kogarah Community Mobile Nursing Service	\$148,500	Home nursing services for the frail aged and disabled in the Kogarah area.
Lane Cove Community Aid Service	\$181,600	Home nursing service to frail aged and disabled.
Myrtle Cottage Group Inc	\$36,600	A centre based program which provides activities designed to stimulate and challenge frail aged and physically disabled adults.
Newcastle City Council	\$19,500	Home nursing service for the frail aged and disabled in the Newcastle area.
Port Kembla Uniting Blue Nursing Service	\$27,700	Home nursing services for frail aged and disabled people in Port Kembla.
St Vincent de Paul Society, Frail Aged & Respite Day Centre	\$133,200	Centre day respite for the frail aged and disabled.
Tamworth Dementia Respite Service Inc	\$71,400	Short term home based respite and centre based respite to clients who have dementia.
The Hammond Village	\$143,200	Provision of Personal Care Assistants for the Hammondville Day Care Centre.
United Protestant Assoc. Murray Vale Dementia Day Care Centre	\$20,000	Day Care Centre for dementia clients.
Warringah Shire Council	\$72,100	Home nursing services for the frail aged and disabled in the Warringah Shire.
Wollondilly Senior Friendship Group Inc	\$99,300	Day care service for the frail aged and younger disabled residents of Wollondilly LGA.
<b>TOTAL</b>	<b>\$1,968,775</b>	

**Program:**

**50.02 Ambulatory, Primary and (General) Community Based Services  
50.2.1 Primary and Community Based Services  
Health Promotion & Education**

National Heart Foundation (NSW) Division	\$170,000	Program to encourage physical activity through provision of training and resources for General Practitioners. Includes one off grant of \$50,000.
<b>TOTAL</b>	<b>\$170,000</b>	

**Program:**

**50.02 Ambulatory, Primary and (General) Community Based Services  
50.2.1 Primary and Community Based Services  
Palliative Care Program**

Sydney Adventist Hospital	\$40,228	Enhancement of cancer support centre services to palliative care clients and their carers.
<b>TOTAL</b>	<b>\$40,228</b>	

# Appendix 24

## Selected Significant Publications

- Enterprise Information Manual.  
Nursing Recruitment and Retention Taskforce-Final Report.  
NSW Public Health Bulletin - September 1996.  
Food and Nutrition: Directions for NSW 1996-2000; Child Care Centres.  
Food and Nutrition: Directions for NSW; School Canteens.  
Food and Nutrition: Directions for NSW 1996-2000; Healthy Food Choices for Hospitals.  
NSW Health Annual Report; 1995/1996.  
NSW Public Health Bulletin; Version 2.0.  
Evidence for the Guidelines.  
Workforce Planning Study, for Midwifery, Adult Critical, Intensive Care & Operating Room Nurses.  
Guidelines for Diskettes.  
Toying with their Talking.  
Public Health Bulletin Supplement; Third NSW Public Health Network Conference.  
Audit of the follow-up System for Pap test in NSW Health Services - Audit of Tests taken by Women's Health.  
The General Practice Physical Activity Project: a component of the moves' physical activity.  
Caring for Health Caring NSW Vision for M Health.  
1995-1996 Annual Report Summary.  
Public Hospital in NSW.  
Improving Diabetes Care and Outcomes - Principles of Care and Guidelines for .  
Good food for Children 0-5.  
Census of Community Drug and Alcohol Clinics.  
Genetic Services Counselling.  
NSW Midwives Data Collection.  
Modelling the Benefits and harms of Screening Mammography.  
Good Food for Children 0-5 Years - Project Report.  
Public Health Bulletin.  
Caring for Health: Caring for Youth - Health Policy.  
IBIS Newsletter.  
Improving Health Care and Outcomes - Method for Evaluating Research Guideline Evidence.  
Improving Diabetes Care and Outcomes - Evidence for the Guidelines for Clinical Management of Diabetes Melitus Part 1.  
New South Wales State Trauma System: Rural New South Wales 1997.  
Caring for Health: Benchmarking Activities for the NSW Health System.  
Health Calender - 1997.  
Profile of the Registered and Enrolled Nurse Workforce NSW 1995.  
Optimising Cancer Management.  
Guidelines for the Handling of Medication in Community Based Health Services.  
Final Draft of Memorandum of Understanding of between NSW Health and Sydney Water Corporation.  
Report on the Findings of the NSW Nosocomial Infection Taskforce.  
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2 Operation Summer Kamp (Evaluation).  
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NSW Public Health Bulletin - December 1996.  
HIV Infection and Patient Care in the New England Health Service (Results of NEHS Public Hospital Workers Survey)  
A Simple Operation that Could Save a Child's Life - Hot Water Burns Like Fire.  
Child Protection Policy and Procedures Manual.  
Information Privacy Matters: Computer Systems.  
Guidelines for Completing the DOHRS Human Resources management Report Nursing Staff Details.  
Recognising and Notifying Child abuse and Neglect. Procedures for frontline Professionals.  
A Policy for Protecting Children and Young People from Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect.  
Information Privacy Matters: Safeguards at work Information Privacy Matters: Disclosure of Personal Information.  
Information Privacy Matters: Your obligations under law.  
When should we Develop Clinical Practice Guidelines?  
Immunisation Story.  
Information for Court Support Persons.  
Breast feeding.  
Immunisation Fridge Magnet.  
Falls Prevention (Chinese) Taking steps to prevent a fall, your home safety checklist.  
Falls Prevention (Italian) Taking steps to prevent a fall, your home safety checklist.  
Falls Prevention (ARABIC) Taking steps to prevent a fall, your home safety checklist.  
NSW Radiotherapy Management Information.  
NSW Public Health Bulletin (April 1997).  
Peak Nursing Council Consultative Forum Report.  
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Pregnancy Care.  
Our Code of Conduct and Ethics.  
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Key Points for Health Professionals from Asthma and the Environment Perspectives on the prevention of Asthma  
Asthma and the Environment: Perspectives on the Prevention of Asthma: Report of the Working Group on prevention of asthma for the NSW Health Asthma  
Secondary Student Alcohol and other Substances Survey (SSASS)  
Technical Report

A full list of NSW Health Department publications is available from the Department's library, Tel: (02) 9391 9058  
Fax: (02) 9391 9267.

Order forms for copies of popular publications are available from the Better Health Centre 162 Blues Point Road  
North Sydney Ph: (02) 9954 1193 Fax: (02) 9955 5196

# Appendix 25

## Selected Significant Committees of the Department

### Executive Committee

Mr M Reid, Director-General NSW Health  
Mr R McGregor, Deputy DG Operations (Chair).  
Dr T Smyth, Deputy DG Policy  
Dr A Wilson, Deputy DG Public Health  
Ms R Milkins, Director, Executive Support Unit  
Ms D Hyland, Director, Health Public Affairs

### Senior Executive Council

Mr M Reid, Director-General NSW Health  
Mr D Gates, GM, Information & Asset Services  
Ms C Doepel, GM, Organisation Development  
Mr C Pace, GM, Performance Management  
Mr K Barker, GM, Finance & Commercial Management  
Ms R Milkins, Director, Executive Support Unit  
Ms D Hyland, Director, Health Public Affairs  
Dr A Wilson, DD-G Public Health and Chief Health Officer  
Dr S Christley, Chief Executive Officer (CEO), Northern Sydney (AHS)  
Dr D Horvath, CEO, Central Sydney AHS  
Dr T Smyth, CEO, Hunter AHS  
Mr I Southwell, CEO, Illawarra AHS  
Ms D Green, CEO, South Eastern Sydney AHS  
Mr J Blackwell, CEO Central Coast AHS  
Mr K Brown, South Western Sydney AHS  
Mr T Hamilton, Wentworth AHS  
Mr A McCarroll, Western Sydney AHS  
Superintendent J McLachlan, State Superintendent, Ambulance Service  
Dr J Yu, CEO, The New Children's Hospital  
Ms J Meppem, Chief Nursing Officer, NSW Health

### Information Systems Steering Committee (ISSC)

Robert McGregor, Deputy DG Operations (Chair).  
Tim Smyth, Deputy DG Policy  
Andrew Wilson, Deputy DG Public Health  
David Gates GM, IASD  
Judith Meppem Chief Nursing Officer  
Ken Barker GM, FACS  
Charles Pace GM, Performance Mngmnt  
Jim Pearse Director, Structural & Funding  
Diana Horvath CEO CSAHS  
Val Coughlin-West a/CEO HAHS  
David Briggs CEO NEHS  
Stephen Christley CEO NSAHS  
Deborah Green CEO SESAHS  
Denis Nosworthy IT Director SWSAHS  
Tom Hamilton CEO WAHS  
Allan McCarroll CEO WSAHS  
John Yu CEO New Children's Hospital  
Denise Robinson CEO St Vincent's Hospital  
Ron Tindale a/CEO NSW Ambulance

### Safety and Security Steering Committee

Ms C Doepel (Chair), NSW Health  
Mr B Johnston, Mid Western  
Mr K Brown, SWSAHS  
Mr N Gerrand, NSW Health  
Superintendent N Hazzard, NSW Police  
Ms P Butret, NSW Nurses' Association  
Ms N Bradbury, HREA & representing Labor Council  
Senior Constable R Simpson, NSW Police

### Aboriginal Health Partnership Forum

Ms Christine Giles, Policy Development Division  
Tim Agius, Director, Aboriginal Health Branch

Mr Keith Hall, Aboriginal Health Branch  
Mr Beau Thorne, Aboriginal Health Branch

### NSW Strategy for Mental Health Services for Aboriginal People Working Group

Ms Pat Swan, Redfern Aboriginal Medical Service  
Dr Phil Brown, CEO Correctional Health Services  
Ms Judy Westerway, Mental Health Co-ordinator  
Ms Leonie Manns, Mental Health Co-ordinating Council  
Ms Sandra Bailey, Aboriginal Health Resource Coop Ltd  
Ms Elena Katrakis, Mental Health Branch  
Prof Marie Bashir, Director, Mental Health Services, CSAHS  
Ms Mavis Golds, Aboriginal Health Co-ordinator  
Ms Margaret McMullen, Commonwealth Health  
Ms Gillian Booth, Drug and Alcohol Directorate  
Ms Meg Smith, NSW Consumer Advisory Group  
Mr John Hemming, Far West Mental Health Services  
Ms Claire Croumbie-Brown, Aboriginal Health Branch  
Ms Dee Thiele, Daruk AMS  
Ms Joanne Delaney, Daruk AMS  
Mr Steven Blunden, Durri AMS  
Mr Ray Jackson, Deaths in Custody Watch Committee  
Prof Beverley Raphael, Centre for Mental Health  
Ms Elena Katrakis, Centre for Mental Health

### Critical Care Advisory Committee (Updated policy)

Dr Tony O'Connell, (Chair) Lower Todman Intensive Care  
Dr Tony Burrell, Rural Intensivist, Orange Base Hospital  
Mr Jim McLachlan, State Superintendent, Ambulance Service  
Dr Marianne Vonau, Neurologist, The Randwick Centre  
Mr Wayne Jones, Confederation of Critical Care Nurses  
Dr Heather Low, Australian and NZ College of Anaesthetists, ICU Faculty  
Ms Elizabeth Cloughessy, Emergency Nurses Association  
Dr Paul Cunningham, Australasian College for Emergency Medicine  
Dr Barry Duffy, Paediatric Intensivist, Sydney Children's Hospital  
Mr J M Wyllie, Royal College of Surgeons  
Dr Barbara-Ann Adelstein, Medical Director, NSW Ambulance Service  
Dr Ron Manning, Chairman, Trauma System Advisory Committee  
Dr Rob Edwards, Emergency Department, Westmead Hospital  
Ms Lynda Smart, Clinical Services Planning, NSW Health  
Dr Joe McGirr, Director, Emergency Department, Wagga Wagga Base Hospital

### Consultative Committee on the Implementation of NGO Grant Policy

Mr Michael Reid (Chair), Chief General Manager  
Mr Gary Moore, NSW Council of Social Services  
Mr Peter Connie, Network of Drug and Other Agencies Inc  
Ms Leonie Manns, Mental Health Coordinating Council  
Ms Max Thompson, Women's Health Agencies  
Ms Virginia Pidcock, Women's Health Agencies  
Mr Kevin Golding, AIDS Council of NSW  
Ms Sue Fardy, HAHS  
Mr Alan Momberg, CSAHS  
Mr Mark Cormack, Richmond District Health Service  
Mr Paul Verdich, Health Services Policy Branch  
Mr David Fowler, AIDS and Infectious Diseases

Ms Gillian Booth, Drug and Alcohol Directorate  
Mrs Lea Samuels, Centre for Mental Health  
Ms Claire Vernon, Health Services Policy Branch  
Ms C Giles GM PPD

#### Health Economic Reform Committee

Mr Michael Reid, Chair Chief General Manager, NSW Health  
Mr Ron Rowland, Chairman WSAHS  
Dr Jane Hall, CHERE, Westmead  
Ms Reta Cregan, SESAHS  
Mr Ken Barker, GM, Finance and Commercial Services  
Ms Deborah Green, GM Performance Management  
Dr George Rubin, GM Public Health and CHO  
Dr Diana Horvath, CEO, CSAHS  
Professor John Hickie, Chair ACCC, St Vincent's Clinic  
Ms Sheri Dudley, Premier's Department  
Mr Emilio Ferrer, Minister's Office  
Ms Christine Giles, GM, Policy Development Division  
Mr David Gates, GM, Information and Asset Services  
Ms Trish Oakley, Minister's Office  
Dr Stuart Spring, CEO, SESAHS  
Mr Robert Gore, CEO, Mid North Coast Health Service  
Dr Tim Smyth, CEO, HAHS  
Mr Jim Pearse, Director Structural and Funding Policy  
Mr Ken Brown, CEO, SWSAHS

#### Ministerial Committee On AIDS Strategy (Cas)

Prof Ron Penny (Chair), Director, Centre for Immunology, St Vincent's Hospital  
Nominee, Aboriginal Health Resources Cooperative  
Mr Bill Whitaker, People Living With HIV/AIDS Inc  
Mr Don Baxter, Executive Director, AIDS Council of NSW  
Dr Andrew Penman, Director, Centre for Disease Prevention and Health Promotion, NSW Health (ex officio)  
Prof John Dwyer, Clinical Director, Prince of Wales Hospital  
Dr Roger Garsia, Director, Clinical AIDS Services, Central Sydney AHS  
Dr Julian Gold, Director, Albion Street (AIDS) Centre  
Dr Marilyn McMurchie, President Australian Society for HIV Medicine (ASHM)  
Professor Adrian Mindel, Academic Unit of Sexual Health, Sydney Hospital  
Mr Ross O'Donoghue, Director, AIDS/Infectious Diseases Branch, NSW Health (ex officio)  
Dr John Rooney, Specialist Medical Adviser, AIDS Infectious Diseases Branch  
Dr George Rubin, Chief Health Officer, NSW Health (ex officio)  
Professor Tania Sorrel, Director, Centre for Infectious Diseases & Microbiology, Westmead Hospital  
Ass Prof Sue Kippax, Director, National Centre for HIV Social Research, Macquarie University  
Dr Alex Wodak, Director, Drug and Alcohol Services, St Vincent's Hospital

#### Health Services Disaster Planning Committee

Dr Ken Abrahams, Representative of the NSW Medical Controllers  
Dr Barbara-Ann Adelstein, Medical Director, NSW Ambulance Service  
Dr Grahame Ambrose, Officer in Charge, Disaster Medical Planning  
Dr Tony Burrell, Representative of the Rural Critical Care Committee

Ms Liz Cloughessy, Representative from the Emergency Nurse's Association  
Dr Paul Cunningham, Representative of the NSW Branch of the Australasian College for Emergency Medicine  
Ms Ann Hawkins, Representative from the Rural Critical Care Nurse Consultants  
Dr Cait Lonie, Manager, Injury Epidemiology Unit, NSW Health Department  
Mr James McLachlan, State Superintendent, NSW Ambulance Service  
Dr Andrew Wilson, Director, Centre for Clinical Policy and Practice, NSW Health Department  
Mr Dennis Bale, Centre for Mental Health PHU Director, (to be nominated)

#### General Practitioner Liaison Committee

Representing Urban Divisions of General Practice (DGP):  
Dr Michael Mira, Central Sydney DGP  
Dr H Lindsay Thompson, Canterbury DGP  
Dr Gerard Barold, Eastern Sydney DGP  
Representing the Royal Australian College of General Practitioners:  
Dr Peter Clyne  
Representing NSW Rural Divisions Co-ordinating Unit:  
Dr Nigel Humphreys  
Dr Paul Collett  
Dr Ken Mackey  
I Wheatley, Industry Representative  
Dr A Wilson, Departmental nominee\*  
Dr O Thomas, Medical Services Committee  
Mr R Birchall, Catholic Health Care

#### Ministerial Advisory Committee on Rural Health

Professor Sandra Speedy –Southern Cross University (Chair)  
Mr John Cobb, NSW Farmers Association  
Ms Karen Cochrane, NSW Aboriginal Health Resource Co-op Ltd, Taree  
Mr Bob Davis, NSW Aboriginal Health Resource Co-op, Redfern  
Dr John Humphreys, Council of Social Services NSW  
Ms Deborah Hyland, Director, Health Public Affairs, NSW Health  
Mrs Val Keed, NSW Aboriginal Health Resource Co-op, Peak Hill  
Ms Bernadette Kelly, Ethnic Communities Council  
Mrs Jan Maskill, United Hospitals Association  
Mrs Margaret Mauro, Combined Pensioners and Superannuants Association  
Mrs Margaret Smith, Country Womens Association  
Cr Wearne, The Shires Association  
Mrs Joyce Williams, NSW Aboriginal Health Resource Co-op, Wellington  
Mr Rod Young, Health Services Association

#### Health Economic Reform Committee

Mick Reid, Director-General, NSW Health  
Mr Ken Barker, General Manager, Finance and Commercial Services  
Mr Ken Brown, CEO, SWSAHS  
Ms Reta Cregan, SESAHS  
Ms Colleen Doepel, GM, Corporate Services  
Mr Emilio Ferrer, Minister's Office  
Mr David Gates, GM, Information and Asset Services  
Mr Robert Gore, CEO, Mid North Coast AHS  
Dr Jane Hall, CHERE  
Prof John Hickie, Chair, ACCC

Dr Diana Horvath, CEO, CSAHS  
Ms Caroline King, The Cabinet Office  
Ms Trish Oakley, Minister's Office  
Mr Charles Pace, GM, Performance Management  
Mr Jim Pearse, Director, Structural and Funding  
Mr Chris Puplick, Chairman, CSAHS  
Dr George Rubin, CHO & Public Health  
Dr Tim Smyth, CEO, HAHS  
Mr Philip Wheeler, Premier's Department

#### Non-Government Organisation Advisory Committee

Dr Jim Hyde, Director, Health Services Policy Branch  
Mr Tim Agius, Director, Aboriginal Health Branch  
Ms Sandra Bailey, NSW Aboriginal Health Resource Co-op  
Ms Ros Bragg, NSW Council Of Social Services  
Mr Maurie Breust, South Western Sydney Area Health Service  
Mr Bob Champion, Health Services Policy Branch  
Mr Peter Connie, Network of Alcohol & Other Drugs Agencies  
Mr Mark Cormack, Northern Rivers Health Service  
Ms Sue Fardy, Hunter Area Health Service  
Mr Bill Heiler, Performance Management Division  
Mr Paul Kinder, AIDS Council of NSW  
Mr Wil Maehler, Financial Management & Planning Branch  
Ms Leonie Manns, Mental Health Co-ordinating Council NSW  
Ms Irene Maya, Illawarra Area Health Service  
Ms Maz Thomson, WHIRCCA  
Ms Jan Whalan, Central Sydney Area Health Services  
Ms Maria Visotina, Public Health Division

#### Other Department Committees include:

Aboriginal Health Key Focus Areas Committee  
Ambulatory Care Committee  
Brain Injury Advisory Committee  
Brain Injury Outcome Indicator Development Group  
Burns Indicator Development Group  
Burns Management Working Group  
Capital Works & Infrastructure Services Research Committee  
Cardiac Rehabilitation Project Management Committee  
Casemix Standards Policy Group  
Child Health Policy Advisory Committee  
Community Health Steering Committee  
Departmental Health Outcomes Coordinating Committee  
Emergency Department Strategy Implementation Group  
Enterprise Information System Steering Committee  
Environmental Health Expert Forum  
Established Under Section 30(A) Of The Poisons Act 1966  
Facilities Management Steering Committee  
Guidelines for the Hospitalisation of Children Working Party  
Hepatitis Advisory Committee  
Immunisation Advisory Committee

Infection Control Advisory Group  
Infectious Diseases Advisory Committee  
Information Policy Committee  
Innovative Services for Homeless Youth Advisory Committee  
Isolated Patients Traven and Accommodation Assistance Scheme Steering Committee  
Medical Committee Established Under Section 30 Of The Poisons Act  
Medicare Renegotiation Steering Committee  
Men's Health Policy Advisory Committee  
Mental Health Goals and Targets Reference Group Poisons Advisory Committee  
Minor Burns Working Group  
Neuroblastoma Management Committee  
New South Wales Genetics Service Advisory Committee  
NSW Casemix Clinical Committee  
NSW Birth Defects Register Advisory Committee  
NSW Breast Cancer Outcomes Advisory Group  
NSW Casemix Policy Advisory Committee  
NSW Food Advisory Committee  
NSW Genetic Services Advisory Committee  
NSW Health Outcomes Forum Membership  
NSW Injury Lead Agency Forum  
NSW Local Management Committee  
NSW Maternal And Perinatal Committee  
NSW Newborn Screening Advisory Committee  
NSW Sudden Infant Death Syndrome Advisory Committee  
Nuclear Medicine Advisory Committee  
Occupational Health, Safety and Rehabilitation Committee  
Official Visitors' Advisory Committee  
Peak Nursing Council  
Physical Access Improvement Plan for Health Care Facilities Steering Committee  
Privacy of Information Committee  
Public Health Officer Training Program Advisory Committee  
Radiology Advisory Committee  
Renal Dialysis Funding Model Steering Committee  
Research And Development Advisory Committee  
Resource Distribution Formula Advisory Committee  
Review of Renal Dialysis Service in NSW Working Group  
Rural Casemix Committee  
Rural Critical Care Committee  
Sexual Health Advisory Committee  
Social Health Research Committee  
State Government Nursing Home Committee  
Stimulants Subcommittee Of The Medical Committee  
Takeaway Food Product Advisory Committee  
Teaching and Research Working Group  
Telecommunication Strategy Implementation Steering Committee  
Trauma Systems Advisory Committee  
Tuberculosis Advisory Committee  
Youth Health Policy Advisory Committee



# Appendix 26

## Significant Circulars Released by NSW Health During 1996/97

96/1	Birth Registration Forms	96/51	Section 100 Highly Specialised Drugs
96/2	Recommendation Of Service Providers To Patients By Staff Of Health Organisations	96/52	Transfer Of Patient From Public Hospital To Private Facilities
96/3	S100 Highly Specialised Drugs	96/53	Discharge Type Summaries For Coronial Cases In Hospitals
96/4	Policy For Flexible Work Practices	96/54	Official Travel
96/5	Chaplains - Subsidy	96/55	Colour Coding Of Cleaning Equipment
96/6	The De-accessing Of Non Coring Needles From Internal Catheter Ports	96/56	Procedures For Process And Issue Of Department Of Health Circulars And Information Bulletins
96/7	Day Only Procedure Arrangements - Day Only Procedures Manual	96/57	Award Of NSW Service Medallion To Employees Of Health Services
96/8	Brain Injury Rehabilitation Program - Schedule Of Fees	96/58	Private Health Insurance Reforms
96/9	Rental And Management Aspects Of Public Sector Housing	96/59	Payment Of Leave During Periods Of Relieving Higher Grade Duty
96/10	Government Policy On Advertising In The Ethnic Media	96/60	Section 100 Highly Specialised Drugs
96/11	Pre-registration Assessment Of Overseas Qualified Nurses	96/61	Salary Rates For Nurses Campaign Of Immunisation And Medical Examinations Of Children In Connection With School Medical Services
96/12	Insurance Of Nurses Undertaking Courses Which Are Funded By Or Conducted On Behalf Of The Nsw Health Department	96/62	Australian Childhood Immunisation Register - Guidelines For The Active Follow-up Of Children Overdue For Immunisation
96/13	Public Sector Employees Contesting Federal Elections	96/63	Management Guidelines For People With Burn Injury
96/14	Prescribing And Labelling Of Non-standard Pharmaceutical Preparations	96/64	Transfer Guidelines For People With Burn Injury
96/15	Outpatient Pharmaceutical Charges & Safety Net Arrangements	96/65	Nsw Burns Transfer Information Chart
96/17	Circumcision Of Male Neonates And Infants	96/66	Neonatal Facilities For The Treatment Of Newly Born Children Approval Under The Health Insurance Act 1973
96/18	Section 100 Highly Specialised Drugs	96/67	Recruitment Advertising Procedures
96/19	Public Hospitals Act 1929 - Scale Of Fees For Relief	96/68	Subsidy To Country Delegates Attending The Annual General Conference Of The United Hospital Auxiliaries Of Nsw
96/20	Transfer Of Departmental Records From Central Office To Areas, Districts And Other Organisations	96/69	Critical Incident Reporting
96/21	Principles Of Discharge Planning	96/70	Vancomycin Resistant Enterococci (Vre)
96/22	Policy For Submission Of Overseas Travel Applications	96/71	Public Sector Staff Mobility
96/23	The Occupational Health, Safety And Rehabilitation Numerical Profile - Accreditation Requirements	96/72	Nsw Health Child Care Policy
96/24	Public Hospital Charges For Prostheses	96/73	Access To Department Of Health Records By The Child Death Review Team
96/25	Participation And Attendance At External Seminars	96/74	Guidelines For Protocol Development For The Security Of Children In Hospitals
96/26	Section 100 Highly Specialised Drugs	96/75	Participation At External Seminars
96/27	Guidelines For The Management Of Allegations Of Sexual Assault, Physical Or Emotional Abuse Of A Child By Nsw Health Employees	96/76	Orthodontic Care In Public Dental Clinics
96/28	NSW Nurses Association Annual Conference& Seminar Day	96/77	Use Of Cabcharge
96/29	Shop Employees (State) Award	96/78	The Locking Of Patients Bedrooms In Psychiatric In-patient Facilities
96/30	Purchasing Under State Government Contracts - Exemption Applications	96/79	Provision Of Services Under The Pensioners Dentures Scheme By Private Dental Providers (Dental Practitioners And Dental Prosthetists)
96/31	Public Sector Vacancies - Exemptions From Circular 96/27	96/80	Public Hospitals Act 1929 - Scale Of Fees For Relief
96/32	Inpatient Statistics Collection - Public Hospitals - Modifications To Be Introduced From 1 July 1996	96/81	Charges For Health Records And Medical Reports
96/33	Inpatient Statistics Collection - Private Hospital and Day Procedure Centres - Modifications To Be Introduced, 1/7/96	96/82	Dental Therapists (State) Award
96/35	Recruitment Moratorium - Positions At Or Above Grade 12 Or Equivalent	96/83	Public Sector Staff Mobility - Senior Executive Service - Notional Salary
96/36	Low Temperature Sterilisation	96/84	Day Only Procedure Arrangements - Same Day Procedures Manual
96/37	Public Holidays 1996/97 - Employees In Area Health Services And Rural Area Health Services	96/85	Fees Payable To Lecturers
96/38	March 1996 Prostheses Amendments	96/86	Creation And Grading Of Management Positions
96/39	Government Risk Management And Insurance Arrangements - Guidelines On The Use Of Risk Management Consultants	96/87	Work From Home Policy
96/40	Hepatitis B And Health Care Workers	96/88	Retention Of Medical Records
96/41	1996/97 Dohrs Activity Reporting Requirements - Activity Performance Returns	96/89	Public Hospital Charges For Prostheses
96/42	Out Of Pocket Expenses	96/90	Managing Displaced Employees - Policies On Priority Of Employment, Salary Maintenance, Conditions Of Employment And Voluntary Redundancy Provisions For Excess Staff In The Health System
96/43	Provision Of Denture Services	96/91	Public Hospital Charges For Prostheses
96/44	Provision Of Services Under The Pensioners Dentures Scheme By Private Dental Providers (Dental Practitioners And Dental Prosthetists)	96/92	1997 Hospay, Micropay And Workforce Update Deadlines
96/45	Day Only Arrangements - Amendments To The Type B And Type C Lists	96/93	Co-operation With The Film And Television Industry
96/46	Health Program Grants For Radiation Oncology Equipment	96/94	Circumcision Policy
96/47	Variation To Expense Related Allowances For Crown Employees (Skilled Tradesmen) Award And Public Hospital Skilled Tradesmen Enterprise Agreements	96/95	Meal Allowances On Overtime - Clause 5 - Crown Employees
96/48	Payment Of Shift Penalties And Other Work Related Allowances Whilst Subject To Misconduct/disciplinary Enquiries	96/97	Official Travel
96/49	Public Hospitals Act 1929 - Scale Of Fees For Relief	96/98	Reciprocal Health Care Agreements
96/50	Recognition Of Services - Australian Capital Territory (Act) Public Service	96/99	Nsw Government Work Scholarships For Olympians
		96/100	Public Hospital (Training) (State) Award
		96/101	Day Only Arrangements - Amendments To The Type B (Day Only) And Type C (Exclusion) Lists
		96/102	Out-of-pocket Expenses And Christmas Season Parties
		96/103	Day Only Arrangements - Amendments To The Type B (Day Only) Lists
		96/104	Information And Treatment Recommendations For Health Workers, Nurses And Doctors On The Bat Lyssavirus



- 96/105 Sales Tax And Motor Vehicles  
96/106 Ambulance Employees (Wages) State Award  
96/107 Apnoea Monitors  
97/1 Purchasing Under State Government Contracts - Carpet Floor Coverings  
97/2 Unpaid Maternity/adoption Leave - Effect On Leave Accrual And Increments  
97/3 Charges For Cremation Certificates Issued By Salaried Medical Officers Of Public Hospitals  
97/4 Charges In Respect Of Newborn Babies  
97/5 Section 100 Highly Specialised Drugs  
97/6 Public Health Act 1991 - Regulation - Review Of Fees/charges  
97/7 Official Travel  
97/8 Inter Hospital Mini Olympics  
97/9 Outpatient Pharmaceutical Charges And Safety Net Arrangements  
97/10 Guidelines For The Handling Of Medication In Community-based Health Services And Residential Facilities In Nsw  
97/11 Not Issued Yet  
97/12 Blood Borne Infections - Management Of Health Care Workers Potentially Exposed To HIV, Hepatitis B And Hepatitis C  
97/13 National Health And Medical Research Council - Research Personnel Salary Scales  
97/14 Notification Of Suspected Child Abuse And Neglect And Exchanging Of Information In Child Protection Investigations  
97/15 Funding Arrangements For Outpatient Use Of High Cost Drugs Not Funded By The Commonwealth  
97/16 Use Of Licensed Property Conveyancers For Purposes Of The Crown Employees (Transferred Officers Compensation) Award  
97/17 Public Hospital Employees Skilled Tradesmen (State) Award Expense Related Allowances  
97/18 Inter-hospital Mini-olympics  
97/19 Charges In Respect Of Newborn Babies  
97/20 Public Hospital Nurses (State) Award Clinical Nurse Specialist Classification  
97/21 New Consent Award For Nurses Employed In The Public Health System  
97/22 Professional Development Year Policy - Radiographers  
97/23 M4 And M5 Cashback  
97/24 Shop Employees (State) Award  
97/25 Hairdressers Employed In Public Hospitals And Area Health Services  
97/26 Not Issued Yet  
97/27 HIV Antibody Testing For Pregnant Women  
97/28 Purchasing Under State Government Contracts - Carpet Floor Coverings  
97/29 Coroners Cases And Amendments To Coroners Act 1980 1) Jurisdiction, Anaesthetic Deaths, Obligation To Report Death 4) Inquests 5) Guidelines For Nursing Staff And Medical Officers 6) Release Of Medical Records For Post Mortems  
97/30 Teachers Non-government (State) Award  
97/31 Use Of Private Motor Vehicles On Official Business - Guidelines For Area/Rural Health Services And Independent 2nd, 3rd And 4th Schedule Organisations Under The Public Hospitals Act  
97/32 Public Hospitals Act 1929 - Scale Of Fees For Relief  
97/33 NSW Nurses Association Annual Conference And Professional Day  
97/34 Nsw Haemophilia Advisory Group - Guidelines On Factor VIII Usage January 1997  
97/35 Policy And Guidelines For The Prevention Of Manual Handling Incidents In Nsw  
97/36 Visiting Dental Officers - Rates Of Pay  
97/37 Fire Safety In Health Care Facilities  
97/38 Guidelines For Facilities For The Stabilisation Of Newborns Prior To Transport  
97/39 Long Service Leave Re-employment  
97/40 Annual Leave And Ado's - Staff Covered By The Health And Research Employees Association  
97/41 Cleaning Of Babies Teats  
97/42 Use Of Private Motor Vehicles On Official Business - Allowances For The Employees Of The Nsw Health Department And The Ambulance Service Of Nsw  
97/43 Review Of Allowances - Personnel Handbook - Division 2, / Part 2 - Determinations - Allowances  
97/44 Public Hospital Charges For Prostheses  
97/45 Coroners Cases And Amendments To Coroners Act 1980 1) Jurisdiction, Anaesthetic Deaths, Obligation To Report Death 4) Inquests 5) Guidelines For Nursing Staff And Medical Officers 6) Release Of Medical Records For Post Mortems -Amendment To 97/2  
97/46 Student Training And Rights Of Patients  
97/47 Chaplains - Subsidy  
97/48 Guidelines For Testing For Genetic Disorders  
97/49 Ethical Guidelines On Assisted Reproductive Technology  
97/50 Section 100 Highly Specialised Drugs  
97/51 Neonatal Hepatitis B Immunisation Program  
97/52 Fire Safety In Health Care Facilities - Amendment To Circular 97/37  
97/53 Use Of Private Motor Vehicles On Official Business - Amendment To Circular 97/31  
97/54 Rural Trauma Policy And Activation Of Rural Trauma Triage  
97/55 Protection Provided To Those Who Notify Instances Of Child Abuse  
97/56 Coordination Of Perinatal Transfer; Guidelines For Advice And Transfer  
97/57 Salary Rates For Nurses Campaign Of Immunisation And Medical Examination Of Children  
97/58 Incidents Reportable To The Department  
97/59 Implementation Guidelines For Organisation Reviews  
97/60 1997/98 Dohrs Reporting Requirements  
97/61 Policy And Guidelines For The Safe Use Of Glutaraldehyde In Nsw Public Health Care Facilities  
97/62 Inpatient Statistics Collection - Public Hospitals  
97/63 Inpatient Statistics Collection - Private Hospitals  
97/64 Provision Of Denture Services  
97/65 Provision Of Services Under The Pensioners Dentures Scheme By Private Dental Providers (Dental Practitioners And Dental Prosthetists)  
97/66 Day Only Arrangements - Amendments To The Type B (Day Only) And Type C (Exclusion) Lists  
97/67 Amendments To New Consent Award For Nurses Employed In The Public Hospital System  
97/68 Nsw Cervical Screening Program Pap Test List For Women's Health Nurses Employed By Area Health Services  
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# Appendix 27

## Code of Conduct

The people of New South Wales have a right to expect that all Government services are conducted with efficiency, impartiality and integrity. This obligation requires that all health system staff perform their duties at a high standard and that any conflict of interest between private activities and official duties must be resolved in favour of the public interest.

Some of the requirements which come under this Code of Conduct are the subject of specific provisions of various Acts and Regulations. Some are generally acknowledged conventions which reflect community expectations of people employed in Government services. Others are particular applications of general principles which are considered appropriate and necessary to ensure that integrity is maintained within Government employment. Requirements and standards change, and consequently Codes such as this may require regular revision and amendment.

Staff should be aware that a Code can provide assistance for both employers and employees when they are required to decide what are acceptable standards of behaviour.

It is not a replacement for any Act or Regulation, and the provisions of criminal codes and legislation such as the Public Finance and Audit Act, 1983 and the Independent Commission Against Corruption Act, 1988 still apply to all workers in the health system. If there is any conflict between the Code and the provisions of any Act or Regulation, the latter provisions prevail.

Staff should familiarise themselves with the contents of this Code of Conduct, and should ensure they observe its provisions. They should also realise that departure from the provisions of this Code and the Acts on which it is based could be grounds for disciplinary action.

All health system staff have the normal rights of all employees, including common law rights. These are set out in various Acts and Regulations, including the Anti-Discrimination Act, 1977 and the two Acts mentioned above.

Bodies such as the Anti-Discrimination Board, the ICAC, the Department's Human Resources Branch and privately operated ethics committees can provide further advice on these matters.

Chief Executive Officers, District General Managers and Executive Directors are advised to ensure that this Code of Conduct is brought to the notice of all staff. Employees are expected to observe the Circular's contents as part of the conditions of their employment.

### Conflict of Interest

When at work, staff should act in the general public interest and not in a manner designed primarily to gain unfair advantage for themselves or other individuals, in areas such as the letting of contracts or purchasing of goods and services.

Staff should disclose in writing to a senior officer any pecuniary or other definite interest held by them which could lead to a potential conflict between personal interest and official duty.

Staff who exercise a regulatory, inspectorial, or other discretionary function in relation to members of the public should notify a senior officer when dealing with relatives and

close friends and, wherever possible, disqualify themselves from the dealing.

### Acceptance of Gifts and Benefits

Staff may accept token gifts or benefits, such as a box of chocolates or flowers from a grateful patient. However, if the gift or benefit is intended to influence decisions about how work is done, contracts let or goods purchased (or if it could reasonably be perceived as such), it should not be accepted.

An offer of such a gift should be politely declined and any unsolicited gift be promptly and publicly returned. Gifts include acceptance of subsidised or free travel or accommodation arrangements from companies supplying goods or services.

### Personal and Professional Behaviour

Staff should refrain from any form of conduct, in relation to other staff or public, intended to cause any person offence or embarrassment.

In the performance of their duties staff:

- Should not wilfully disobey or wilfully disregard any lawful order given by any person having the authority to make or give the order.
- In cases of dispute arising from compliance or non-compliance with an order, staff may appeal to the department head, district general manager or chief executive officer against being required to carry out the order.
- However, as far as it is possible and practical, they should comply with the order until the department head, district general manager or chief executive officer decides on the appeal.
- Should observe the strictest practices of honesty and integrity, and avoid conduct which could suggest any departure. This may include a duty to bring to notice dishonesty on the part of other staff.
- Should ensure their work is carried out efficiently, economically and effectively, and that the standard of work reflects favourably on their organisation.
- Should follow the policies of their organisation, whether or not they approve of these policies. Should an extreme situation arise in which a staff member finds a policy at major variance with his or her personal views, the matter should be discussed with a senior officer, the department head, district general manager or the chief executive officer with a view to having the situation resolved. If that is not possible, the staff member should consider requesting transfer to another position in which the Conflict does not arise or, as a last resort, resigning.
- Must not seek to influence any person in order to obtain promotion, or other advantage.

### Fairness

Staff should deal with issues or cases in a consistent, prompt, fair and non-discriminatory manner.

### Public Comment and Disclosure of Official Information

Individuals have the right to make public comment and publicly debate political and social issues.

However, staff should make it clear that other than in the course of duty or when giving evidence in court, they are not

making an official comment nor speaking as health system employees representing an official position of the health system.

Contents of official documents or privileged knowledge may only be released by staff with the authority to do so, and personal opinions should not be offered in place of facts.

Official information must not be used for personal gain, for example to obtain rewards from a successful tenderer supplied with inside information.

#### Use of Official Resources

Staff should ensure that resources, funds, staff or equipment under their control, are used effectively and economically in the course of their duties for the purposes of health system business. Official facilities and equipment include, for example, typing facilities, photocopiers and computers.

Requests to use resources outside of core business, for example to aid in a charitable activity, should be referred to an appropriate senior officer.

Unless permission has been granted, staff must not use the services of other staff or official facilities for private purposes. Where there are specific directions on the use of official facilities for private purposes or conditions for their use, these must be strictly complied with.

#### Outside Employment

Full-time staff who wish to engage in paid employment outside their official duties should obtain the prior approval of their chief executive officer or equivalent. This requirement does not apply to part-time or casual staff.

Staff must also establish if there is to be any conflict of interest between the duties of their health system job and the other work they wish to do. The duties of their Health job must come first.

Approving officers should consider the effects of second jobs on performance when considering whether to approve or not. An after-hours part-time job may not affect primary performance; a second full-time job could, and if so judged should not be approved.

#### Political Participation

Staff who participate in political activities need to ensure that this involvement does not conflict with their responsibility to serve the government of the day in a politically neutral manner when engaging in their work duties.

If a staff member becomes aware that a potential conflict has arisen or is likely to arise, then they should inform the chief executive officer or equivalent in their organisation.

#### Security of Official Information

All staff are to ensure that confidential and sensitive documents cannot be accessed by unauthorised persons. Such papers should be retained in secure storage overnight or when otherwise unattended. Chief executive officers, district general managers and senior managers are responsible for seeing that premises are secure and that suitable arrangements are in place to maintain security of confidential and sensitive documents, including transferring these by hand when necessary.

Where appropriate, chief executive officers, district general managers and senior managers should ensure that confidential papers are tabled at board meetings rather than circulated, and that any copies are collected and destroyed under supervision at the end of the meeting.

The deliberate release of confidential documents or information to unauthorised persons constitutes a serious offence.

#### What is Corrupt Conduct?

- "Corrupt Conduct" is defined in the Independent Commission Against Corruption Act. The definition is intentionally as broad as possible to avoid loopholes.
- A key notion is misuse of public office in the public sector of NSW.

#### Corrupt conduct happens when:

- A public official carries out public duties dishonestly or unfairly;
- Anyone (including a public official) does something that could result in a public official carrying out public duties dishonestly or unfairly;
- Anyone (including a public official) does something that has a detrimental effect on official functions, and which involves any of a wide range of matters, including (for example) fraud, bribery, official misconduct, violence;
- A public official (or former public official) breaches public trust; or
- A public official (or former public official) misuses information or material obtained in the course of duty.

#### It's not corrupt conduct unless:-

- It involves (or could involve):
  - a criminal offence;
  - a disciplinary offence; or
  - reasonable grounds to dismiss a public official.

"Corrupt conduct" is not itself a criminal offence.

#### Reporting Corrupt Conduct

Section 11 of the ICAC Act, 1988, requires the principal officer of a public authority (the Director-General, and Chief Executives of Area Health Service, the Ambulance Service, and of public hospitals and institutions designated under the Public Hospitals Act 1929) to report instances of suspected corrupt conduct to the Commission.

Principal officers can only fulfil this requirement if staff convey this information to them.

Departmental Circulars 92/99 and 93/70 outline mechanisms through which staff should report instances of corrupt conduct to the principal officer. Local policies have also been developed and should be consulted where available.

Reports made within the organisation will be treated in confidence and measures will be taken to avoid victimisation of those who report from within the organisation.

The principal officer will provide some feedback on the actions taken to the person who reports; staff have the alternative option of reporting instances of corrupt conduct directly to the Commission.

# Appendix 28

## Fraud Policy

The Department has developed a fraud control strategy in accordance with the NSW Government's policy to limit fraud exposure. Circular 93/70 was issued to all employees of the Department to significantly raise the awareness of employees about the need for fraud prevention, detection, reporting and deterrence. It is included in the Information for Employees manual issued to each employee. If fraudulent behaviour is minimised the risk of scarce resources being diverted from appropriate use in providing health services to the public will be significantly reduced.

### Fraud Defined

The term "fraud" is used in many contexts and the following are two general definitions: Fraud, briefly stated, is a false representation or concealment of a material fact to induce someone to part with something of value. Fraud is dishonesty, generally in the context of a false representation made by means of a statement or conduct, with the intention of gaining a material advantage.

Some examples of fraudulent behaviour could include:

- Improper use of a corporate credit card.
- An excessive claim for expenses or a subsistence allowance.
- Payment of salary or wages to a fictitious employee.
- False recording of work attendance and time.
- Not recording leave taken or the false classification of leave.
- Using a Departmental petrol supply card for a petrol purchase for a private purpose.
- Acceptance of offers of kickbacks for preferential treatment.

Indicators of involvement in fraudulent behaviour could include:

- Refusing to take leave or only taking leave for very short periods or shunning promotion or transfer for fear of detection.
- Gambling in any form beyond ability to stand the loss.
- A lavish lifestyle beyond apparent means.
- Excessive altering of manual or computerised records under the guise of making authorised corrections.
- Refusing other employees access to manual or computerised records without reasonable grounds.
- Bragging about exploits, and/or carrying unusual amounts of money.

### Responsibility for Fraud Control

Responsibility for fraud control which includes fraud prevention, detection and deterrence is primarily a management responsibility. While the Director-General has overall responsibility, General Managers are responsible for their respective divisions, Directors are responsible for their branches and this responsibility is delegated through lower levels of management to first line managers. Internal audit has a role in fraud prevention, detection, reporting and deterrence. It provides a constructive service to management by assessing the adequacy and effectiveness of the system of internal control in the Department and reports on omissions, weaknesses or deficiencies to management to facilitate corrective action. The Audit Branch investigates possible fraud that it detects and allegations of fraudulent activity reported to the Branch Managers should ensure that they

monitor performance and supervise their staff adequately and effectively to prevent and detect fraud.

### Risk Assessment Reviews

As managers at all levels in the Department are primarily responsible for fraud prevention and detection they should conduct fraud risk analysis on an ongoing basis in their areas of responsibility, owing to changes in their environment, and take appropriate counter measures to limit that risk to a minimum level.

### Whistleblower Protection for Employees

Employees of the Department are encouraged to come forward and report suspected cases of fraud or other forms of corrupt conduct without prejudice under the provisions of the Protected Disclosures Act 1994. If an employee makes a report it will be treated as confidential and the employee will be notified of the outcome. Circular 95/60 provides further information about protected disclosures.

### Reporting Possible Corrupt Conduction

If an employee of the Department knows about or has good reasons to suspect possible corrupt conduct, including fraudulent activity, the employee must report it immediately to his/her manager. If an employee feels that he/she cannot report it to his/her manager or the manager does not act on the report promptly, he/she can report it to:

- a manager at a higher level; or
- a senior officer of the Audit Branch of the Department;
- directly to the Independent Commission Against Corruption.

### Fraud Deterrence

All employees should be aware that the Department will vigorously investigate suspected instances of fraud. Investigations are usually conducted by the Audit Branch. This may involve investigations in cooperation with the NSW Police Service and/or the ICAC. Where there is evidence of fraud, appropriate disciplinary action in accordance with the provisions of the Public Sector Management Act 1988 and the Regulations thereunder will be implemented. Criminal prosecution may also be instituted as well as civil action to recover any losses of public money or property.

### Fraud Awareness and Training

This strategy document applies and has been issued to all employees of the Department. Managers should ensure that copies of this document are available to staff to enable staff to remain aware of its contents. The Audit Branch intends to conduct fraud awareness training for managers and other staff to help maintain fraud awareness.

### Code of Conduct and Ethics

All staff of the Department are expected to be aware of the contents of the Code of Conduct Appendix 27 in this Annual Report

*This is an excerpt from Circular 93/70.*

# Appendix 29

## NSW Health Commitment to Service

This Commitment to Service explains what you can expect from the NSW public health system, no matter where you live in NSW.

The public health system is committed to giving you the best possible health care. It includes many services and facilities to safeguard and improve your health:

- Large and small public hospitals
- Community health services such as early childhood centres
- Ambulances
- Mental health services
- Some nursing homes
- Scientific and laboratory services
- Health promotion activities such as "Me No Fry"
- Illness prevention programs such as immunisation

We protect the health of the community through public health measures such as investigating and controlling infectious disease outbreaks.

We encourage environmentally friendly practices and responsible waste disposal in our facilities.

The people of NSW play an important part in improving their own health. We provide information, through health promotion and illness prevention campaigns, to help maintain a high level of health in the community. More information about services is available through your Area or District Health Service (these are listed below).

### **OUR COMMITMENT TO YOU IS: Access to Health Services**

As an Australian resident:

- We will offer you access to a range of public hospital and community-based health services.
- You will receive health care on the basis of health need, regardless of your financial situation or whether you have health insurance.
- In an emergency, when urgent treatment is required to prevent loss of life, we will give you immediate treatment in a public hospital. Non-emergency health needs will be treated within a reasonable time, according to the condition.

Non-residents should inquire about charges before receiving health care.

### **Individual Care**

- Our staff will look after you with care and skill that meet recognised standards, practices and ethics.
- We will respect your dignity. We will treat you, your family, friends and carers courteously and with full acknowledgment of your culture, religious beliefs and conscientious convictions, and your right to privacy.
- You will be treated with fairness, regardless of race or nationality, language, age, sex, sexual preference or disability.

### **Information about your Health and Available Services**

- We will provide information about your current health condition, the names and responsibilities of the professionals involved in your care, where relevant, your expected hospital admission date, and general information about services available to you.
- Free interpreter services will be arranged if you need them.
- We will respect the privacy and confidentiality of the information we hold about you. Confidential information will be given to another person only if this is important to your health or if it is required by law. There are strict rules about the way we deal with this information.
- You can see your medical records, subject to some legal provisions.
- We will do our best to answer any questions you have about other health services and professionals in your area. We can also advise you about community organisations which may be able to help you.

### **Taking Part in Decisions about Your Health**

- You choose whether to be treated in hospital as a private or public patient (unless your treatment is an insurance matter involving an injury at work or in a motor vehicle accident). The choice will be explained to you and you will be told about any costs you may have to pay.



- We will clearly explain the proposed health care, significant risks and alternatives, in language you will understand, before you agree to treatment.
- We will encourage you to take part in planning your health care.
- We will obtain your consent before treatment, except in emergencies or where legally restricted.
- You can decide whether or not to take part in medical research.
- You can decide if you do not wish to take part in health student education.
- We will obtain a second opinion for you on request. Tell the person who is caring for you, whether in a hospital or community setting, that you would like another opinion and a consultation will be arranged.
- We will discuss your continuing health care with you before you are discharged from a health service.

### **A Chance to Have Your Say**

- Staff at all levels in NSW Health are interested in your suggestions and feedback. We need you to tell us what you think and give us your ideas so that we can continue to improve our services. You can give your views, make suggestions or express concerns to your hospital administrator or community centre manager.

### **If You Are Not Happy with the Service**

- Local Health staff want to resolve problems quickly. Do not hesitate to tell them about any concerns. People such as the patient representative or advocate, ethnic health worker, hospital or centre manager can help.
- If you are not satisfied with the local response or wish to offer general comments, Area and District Health Service managers can assist you. The telephone numbers and addresses of Area or District Health Service appear below.
- If you believe further action is needed, you can contact the NSW Health Department by writing to:

The Director-General  
NSW Health Department

73 Miller Street  
North Sydney NSW 2060

- If you still have difficulties, you can contact the Health Care Complaints Commission. The Commission is independent of the Health Department and all other public health facilities, and was set up especially to review people's complaints about health services in NSW.

Health Care Complaints Commission  
Level 5, 28-36 Foveaux Street,  
Surry Hills NSW 2010  
Telephone (02) 9219 7444

- The NSW Health Commitment to Service incorporates the Public Patients' Hospital Charter, which is required under the Medicare Agreement between the NSW and Commonwealth Governments.
- If you would like more information about the Commitment to Service, such as how to choose between public and private patient status when you are admitted to hospital, or what charges for services to expect, you can obtain a copy of "Guide to the NSW Health Commitment to Service" by contacting:

Better Health Centre  
162 Blues Point Road  
North Sydney NSW 2060  
Telephone (02) 9391 9010  
Fax (02) 9955 5196

- If you have any questions about the Commitment to Service, we have established The NSW HealthLine to help you:

NSW HealthLine

Telephone : 132 329

(cost of a local call from anywhere in NSW)

# Appendix 30

## NSW Health Department 1996/97 Business Plan

### OBJECTIVES

### SIGNIFICANT ACHIEVEMENTS

#### 1. Improve Health

Guidelines were developed for health workers so that they can improve the quality of care they give to people with burns, cancer, fractured hips, asthma, heart attacks and diabetes. Pilot projects were initiated for nutrition and skin cancer prevention and guidelines were drawn up for a physical activity program.

#### 2. Improve Aboriginal Health

The NSW Aboriginal Health Resource Cooperative and NSW Health signed a Partnership Agreement. The aim of the Partnership is to ensure that the expertise of Aboriginal communities is incorporated into the way healthcare is planned and provided. A strategy was finalised for recruiting and training Aboriginal staff within the NSW public health system. The NSW Aboriginal Health Management Working Group was established to oversee development of an Aboriginal health information strategy.

#### 3. Improve mental health

During the year an extra \$14 million was allocated towards suicide prevention programs. Major findings of the Mental Health Economic Reform Task Force have now been implemented. A report on the implementation of the Aboriginal and Torres Strait Islander mental health program was submitted to Cabinet and was subsequently approved. A Consumer Mental Health forum was held involving carers, consumers and mental health workers to discuss directions for mental health services in NSW.

#### 4. Implement the Economic Statement

Guidelines for the Area Health Service funding/budgetary models were released in accordance with the timetable. A Casemix Development Strategy was developed. Advances were made in the development of funding arrangements for cross-boundary patient flows.

#### 5. Equity in Health

There have been substantial advances in Aboriginal and Mental Health, together with further progress in aligning Area Health Service budget allocations with the target Resource Distribution Formula percentage share, this has brought NSW Health closer to reaching equity targets.

#### 6. Create an Informed Community

The Ministerial Community Advisory Group on Rural Health made up of representatives from community groups from throughout NSW, recommended the formation of Health Councils or other ways to involve the community in the local health decision making process.

#### 7. Ensure Quality in Health Care

Successfully developed ways to evaluate quality improvement strategies in healthcare, that are consistent and complementary to other systems such as EQUIP. The establishment and support of a Ministerial Advisory Committee on Quality Health Care with membership consisting of key consumers, clinicians and others with a particular interest in the area.

#### 8. Improve performance management

A performance monitoring system was used to monitor key focus areas of the business plan. This was done on a bi-monthly basis to check that objectives of the business plan were being achieved.

#### 9. Improve Quality Management

A training and development strategy was developed and initiated. After participating in the Guided Self Assessment (GSA) process the Department took the results of the May GSA to help improve customer service, efficiency, effectiveness and work satisfaction for employees.

#### 10. Reform Commonwealth/State Roles and Relationships

The impact of Commonwealth policy changes on aged care, medicare benefits, pharmaceuticals and the medical workforce during the year greatly affected health funding and service delivery. The urgent need to rebalance roles, risks and responsibilities within the Australian health care system remains.

# The future

*The Business Plan identifies areas that directly affect and are critical to the Department's success in progressing towards its goals.*

## KEY FOCUS AREAS 1997/98

## OBJECTIVES

- 1. Improve Health**

Improve health through improving the effectiveness and quality of health care delivery. In a climate of rising community expectations and health costs there is a need to identify and adopt a more systematic approach to improving the effectiveness and the quality of health care available to the people of NSW. The Department will continue to develop clinical guidelines and better practice models to improve the effectiveness of health care delivery in the key priority areas of cancer, injury, coronary heart disease, mental health, diabetes and asthma.

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- 2. Improve Aboriginal Health**

Aboriginal people have significantly poorer health than the population as a whole. Deficiencies in the health status of this group need to be addressed by focussing on their particular needs. Ensuring equitable access to appropriate services is a key element in improving the health status of Aboriginal people. The Department will work in cooperation with Aboriginal groups and health services to develop policies and programs to raise the health status of Aboriginal people.

---

- 3. Improve mental health**

Mental illness is a widespread cause of morbidity; for example, approximately one in five adults will have a major mental disorder at some time in their lives which affects their emotional, relational or cognitive abilities. The Department will increase the focus on prevention of mental illness, targeting in particular Aboriginal and Torres Strait Islander people, children and young people.

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- 4. Improve access to and integration of services**

People from lower socio-economic backgrounds, Aboriginal people, some ethnic groups and people with disabilities generally have poorer health than the population as a whole. Ensuring equitable access to appropriate services is a key element in improving the health status of these people. The Department will ensure health resources are provided where the need is greatest.

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- 5. Ensure health resources are used efficiently**

In order for NSW Health to improve health and promote equity of access, limited health resources need to be used to maximum efficiency. The Department will continue to develop economic initiatives including structural reforms, casemix budgeting, bench marking and networking of support services, negotiate the Medicare Agreement and work towards reform of Commonwealth/State financial relationships.

---

- 6. Create an Informed Community**

An important strategy for both improving the health status of the community and ensuring operational effectiveness is to increase individual and community understanding of health care options and associated costs, risks and benefits. Effective community consultation and involvement of consumers in decision-making can potentially enhance health service quality and outcomes. The Department will establish ways to inform the community about health, health issues and health services.

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- 7. Improve resource and performance management**

The effective implementation of NSW Health policies and acceptable performance by Health Services are critical for meeting NSW Health's objectives. The Department will negotiate Performance Agreements with Area Health Services and Statewide Services to provide an effective basis for policy implementation and performance evaluation.

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- 8. Improve quality management of all services in the Department**

Quality is a relevant concept for the whole health system; promotion of quality management develops a continuous improvement culture. The Department will continue to implement Continuous Quality Improvement training.

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- 9. Strategic workforce issues**

In order to provide health services on an equitable basis to people throughout NSW an adequate, appropriate and well-balanced health workforce is essential. Professional roles need to be reviewed on an ongoing basis and industrial issues systematically addressed. The Department will implement systematic human resource and industrial strategies across the NSW health system particularly in the areas of rural workforce, medical and specialty workforce, nurse practitioners and provider numbers.



# Glossary of Terms

## Adjusted Daily Average (ADA)

Is a comprehensive measure of the average daily patient workload of a health care facility. You take the daily average of the admitted patients plus an equivalent conversion factor for non-inpatient occasions of service and neo-natal activity.

## Admission

Is the process by which a person commences a period of residential care.

## Average Length of Stay (ALOS)

Is the average number of days each admitted patient stays in hospital. This is calculated by dividing the total number of occupied bed days for the period by the number of actual separations in the period.

## Accrual Accounting

Recognises revenues and expenses in the accounting period in which goods and services are provided or consumed, rather than in periods when cash is received or paid. In addition, it provides information on the assets and liabilities of an economic entity.

## Ambulatory Care

Is any form of care other than as a hospital inpatient.

## Best Practice

Is identifying and matching the best performance of others.

## Bed Days

The total number of bed days of all admitted patients accommodated during the period being reported 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.

## Casemix

Building useful classifications of patient care episodes and making use of patient care classifications to manage health care - part of a scientific approach to producing good information about health care (see DRGs - Diagnosis Related Groups)

## Clinical Pathways

Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of case.

## Chargeable Patients

Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

## Continuous Quality Improvement (CQI)

Organisational ethos of continuous improvement by seeking users' service requirements and ensuring the organisation is capable of meeting them. Quality management focuses on improving the processes by which services or products are produced, as well as the quality of the service or product itself.

## Diagnosis Related Groups (DRG's)

The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

## FTE

Full time equivalent.

## Inpatient

An inpatient is a person who is admitted to hospital.

## Non-Inpatient Occasions of Service (NIOOS)

Services provided to clients/patients without being admitted to hospital for example emergency department services, outpatient department services and community health services.

## Quality Indicator

A measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

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# Quick Reference to NSW Health Services

## **NSW Health Department - North Sydney**

73 Miller Street  
North Sydney NSW 2060  
(Locked Bag 961, North Sydney 2059)  
Telephone: (02) 9391 9000  
Facsimile: (02) 9391 9101

## **Ambulance Service of NSW**

Balmain Road  
Rozelle NSW 2039  
Telephone: (02) 9320 7777  
Facsimile: (02) 9320 7800

## **Corrections Health Service**

Long Bay Prison Complex  
Anzac Parade  
Malabar NSW 2036  
Telephone (02) 9289 2977  
Facsimile: (02) 9311 3005

## **The New Children's Hospital \*\***

Hawkesbury Road  
Westmead NSW 2145  
Telephone: (02) 9845 0000  
Facsimile: (02) 9845 0510

## **CENTRAL COAST AREA HEALTH SERVICE**

Gosford Hospital  
Racecourse Road Gosford NSW 2250  
Telephone: (02) 4320 2111  
Facsimile: (02) 4325 0566

## **CENTRAL SYDNEY AREA HEALTH SERVICE**

Level 1, Queen Elizabeth II Centre  
Missenden Road, Camperdown NSW 2050  
Telephone: (02) 9515 9600  
Facsimile: (02) 9515 9611

## **HUNTER AREA HEALTH SERVICE**

Lookout Road  
New Lambton Heights NSW 2305  
Telephone: (02) 4921 4960  
Facsimile: (02) 4921 4969

## **ILLAWARRA AREA HEALTH SERVICE**

33 Five Islands Road  
Port Kembla NSW 2505  
Telephone: (02) 4275 5111  
Facsimile: (02) 4276 1447

## **NORTHERN SYDNEY AREA HEALTH SERVICE**

c/- Royal North Shore Hospital, Pacific Highway  
St Leonards NSW 2065  
Telephone: (02) 9926 8418  
Facsimile: (02) 9926 6025

## **SOUTH EASTERN SYDNEY AREA HEALTH SERVICE**

1st Floor, Primrose House  
Cnr Russell Avenue and Malua Street  
Dolls Point NSW 2219  
Monday to Friday

## **SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

Eastern Campus  
Liverpool Hospital  
Elizabeth Street  
Liverpool NSW 2170  
Telephone: (02) 9828 5701  
Facsimile: (02) 9828 5704

## **WENTWORTH AREA HEALTH SERVICE**

The Nepean Hospital  
Derby Street  
Penrith NSW 2751  
Telephone: (02) 4724 2120  
Facsimile: (02) 4721 0610

## **WESTERN SYDNEY AREA HEALTH SERVICE**

Westmead Hospital  
Cnr Darcy and Hawkesbury Road  
Westmead NSW 2145  
Telephone: (02) 9845 7000  
Facsimile: (02) 9689 2041

## **FAR WEST HEALTH SERVICE**

PO Box 457  
Broken Hill 2880  
Phone: (02) 8088 0333  
Facsimile: (02) 8088 1715

## **GREATER MURRAY HEALTH SERVICE**

Locked Mail Bag 10  
Wagga Wagga 2650  
Phone: (02) 6921 5588  
Facsimile: (02) 6921 5856

## **MACQUARIE HEALTH SERVICE**

PO Box M61  
Dubbo 2830  
Phone: (02) 6881 2221  
Facsimile: (02) 6881 2225

## **MID NORTH COAST HEALTH SERVICE**

PO Box 1044  
Taree 2430  
Phone: (02) 6551 5111  
Facsimile: (02) 6552 1798

## **MID WESTERN HEALTH SERVICE**

PO Box 143  
Bathurst 2795  
Phone: (02) 6332 8501  
Facsimile: (02) 6332 8521

## **NEW ENGLAND HEALTH SERVICE**

PO Box 83  
Tamworth 2340  
Phone: (02) 6768 3222  
Facsimile: (02) 6766 6638

## **NORTHERN RIVERS HEALTH SERVICE**

PO Box 419  
Lismore 2480  
Phone: (02) 6620 2217  
Facsimile: (02) 6620 2166  
Chief Executive Officer: Dr Tony Sherbon

## **SOUTHERN HEALTH SERVICE**

PO Box 1845  
Queanbeyan 2620  
Phone: (02) 6299 6199  
Facsimile: (02) 6299 6363

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# Each Day in NSW Health



**3,604**

*people are admitted for treatment*



**19,228**

*people are undergoing inpatient treatment*



**57,703**

*receive non-inpatient services*



**4,531**

*people are treated in emergency departments*



**22,448**

*people receive outpatient treatment*