NSW HEALTH

Annual Report 2011–12

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Cover image: Children at a NSW Health Go4Fun program.

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October 2012

LETTER TO THE MINISTER

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

Dear Minister

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Reports (Departments) Regulation 2010* and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of NSW Health program reports of selected NSW Health entities, for the financial year ended 30 June 2012, for presentation to Parliament.

The Financial Statements of the entities are presented in separate volumes as *Financial Statements of Public Health Organisations under the control of NSW Health 2011-12*.

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

Yours sincerely

Dr Mary Foley
Director-General

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DIRECTOR-GENERAL'S YEAR IN REVIEW 2011-12

This year saw the implementation of the comprehensive governance review of the NSW public health system as outlined in my *Future Governance Arrangements for NSW Health Report* released in August 2011. These changes implement NSW Government policy on the devolution of decision-making to the local level and the need for increased clinician engagement and empowerment across the NSW Health system.

To support local decision-making, 15 Local Health Districts (LHDs) and three Specialty Health Networks (SHNs) have been established, supported by local boards. Greater control of operational matters and planning for service delivery now rests with them and we have provided tools to assist them in exercising these roles. The three Health Reform Transition Organisations have been abolished, removing a middle layer of administration with these resources transferred to the LHDs.

To support more active engagement of clinicians, the 'Pillar' organisations comprising the Agency for Clinical Innovation (ACI), the Bureau of Health Information (BHI), the Clinical Excellence Commission (CEC) and the Health Education and Training Institute (HETI) have been strengthened, with resources and functions transferred from the Department of Health. Initiatives such as Clinical Redesign and the Chronic Care program are now located with the ACI. The CEC has responsibility for clinical quality and safety matters and HETI is the system leader for the development of education and training to support the public health workforce.

The Department of Health has been restructured to form a smaller and more strategic central agency, renamed the NSW Ministry of Health. Eliminating duplication of functions and stepping back from operational matters has allowed the Ministry to focus on its role as system manager, purchaser and regulator, coordinating the public health function and on its executive role providing policy, planning and funding advice to Government.

New funding and performance model for NSW Health

A key focus for the year has been the introduction of a new funding model that incorporates Activity Based Funding (ABF). The introduction of ABF – under which budgets are built up from consideration of the costs of individual episodes of patient care – provides important information for District Boards, management, clinicians, staff and communities to plan and deliver better health care.

NSW Health has played a key role in negotiating with the Commonwealth and also in informing the Independent Hospital Pricing Authority with respect to the operation of this new funding model, which came into effect on 1 July.

ABF presents an opportunity to provide an unparalleled level of transparency to our funding arrangements, which will highlight resource allocation and costs across the system. This is the first time that NSW Health services have been funded on the basis of ABF, which in this first year covers 70% of LHD expenditure including admitted patients, emergency department attendances and outpatient services. Mental health and subacute services, which are block funded in 2012-13, will also move to ABF in 2013-14.

For the first time, Local Heath District Service Agreements include budgets which clearly relate funding to patient volumes and service levels using ABF and block grants for specific service streams. Each LHD has published their Service Agreement so that their staff and communities can better understand what health care services are provided and how they are funded.

For 2012-13 financial year, notwithstanding the current tight fiscal environment, all LHDs received significant growth funding to support higher levels of patient activity. This includes:

- 1.2m acute patient admissions, an increase of 2.6% or 30,000 additional acute inpatient episodes
- 2.6m ED attendances, an increase of 2% or 50,000 attendances.

LHDs have also received specific enhancements within the budget for new services and facilities. These have included enhancement for statewide services such as adult and neonatal intensive care beds and funding to meet commitments to increase the nursing workforce.

Within the Service Agreements, growth in patient activity levels takes into account factors such as population growth, patient flows and other factors which are specific to each LHD.

This year has also seen the introduction of a new collaborative performance management framework. The performance management framework operates in conjunction with the revised funding and purchasing model for NSW Health in which the Ministry fulfils the role of system manager. This framework actively engages the LHDs and SHNs in the management of performance and more clearly articulates the responsibilities of the Ministry of Health, the Pillar organisations and the LHDs and SHNs. The Boards of the LHDs play a major role in the performance management framework, and are actively involved in critical stages, including meeting performance measures for quality, access, financial management and population health.

Budget and the Capital Program

The 2011-12 Budget saw a record $17.3 billion invested in NSW public health care, with $1 billion of this budget allocated to capital works to expand and support our health infrastructure. Health achieved an on budget (combined operating and asset) result in 2011-12 against the revised budget. This was achieved while delivering 53,113 more patient separations than in 2010-11.

A range of capital initiatives were commenced and completed across the state including:

- the completion of the new car park at Wagga Wagga Base Hospital, signalling the start of the main capital works for the $270 million redevelopment at the hospital
- the official opening of the new $1.69 million Cessnock Ambulance Station, where 15 paramedics are based and provide 24 hour coverage, together with a fleet of four ambulances
- release of concept plans for the redevelopment of Hornsby Ku-ring-gai Hospital
- successful tender announced for construction of the new $6.6 million mental health facility at Broken Hill
- building on last year's applications, coordination and management of five more successful applications for funding under the Regional Priority Round of the Health and Hospitals Fund. These included: Lismore Base Hospital redevelopment; Hillston Multipurpose Service; Kempsey Hospital redevelopment; Peak Hill Multipurpose Service; and Yamba Community Health Service.

Delivering on our commitments

The past year has seen a concerted effort across the system to deliver against the two NSW Health led targets in the NSW 2021 Plan – to keep people healthy and out of hospital and to provide world-class clinical services with timely access and effective infrastructure. Key achievements include:

- 5,186 more elective surgery procedures have been performed above the 2010-11 level of activity
- Aboriginal infant mortality rates have fallen from 6.8 (2007-2009) to 4.5 (2009-2011) deaths per 1,000 live births
- *Staphylococcus aureus* bloodstream infection rates remain well below the national benchmark of 2 per 10,000 occupied bed days.

Health has also delivered on a range of key government priorities.

The NSW Pain Management Plan was released in July 2012, outlining a blueprint for developing pain management services across the state. An additional $26 million over the next four years has been committed to support the development of new pain management services in regional areas, to enhance existing teaching hospital services, and to support research into chronic pain.

The Office of Health and Medical Research has been established, which will be driving the implementation of the Ten Year NSW Health and Medical Research Strategic Plan developed by the taskforce chaired by Mr Peter Wills AC. Medical research will be further supported through the Medical Devices Fund, which has been established as a competitive technology development and commercialisation program.

The Mental Health Commission commenced operations on 2 July 2012 as an independent statutory organisation. The Commission will be central to better managing the experience of people with mental illness, their families and carers. The inaugural Commissioner Mr John Feneley commenced on 1 August 2012.

This year also saw the opening of the Office of Preventive Health in Western Sydney, which will oversee the NSW Government's $120 million Preventive Health Fighting Fund.

A 10-Year Health Professionals Workforce Plan has also been developed and released to guide the development of our health workforce into the future.

NSW now has one of the most progressive tobacco reforms in Australia, with the passing of landmark legislation to ban smoking in playgrounds, public sports grounds, swimming pools, public transport stops and the entrances to public buildings. This reinforces the commitment to keeping people healthy and out of hospital.

Once again, a special thank you to all those who work within the NSW public health system, whether at the frontline or in supporting roles, for your continued dedication and hard work over the past year as we implemented considerable reform across the system. I look forward to the twelve months ahead as we shift our focus to implementing new models of care, continuing devolution beyond the LHDs to the facilities and developing a more integrated and innovative health care system.

Dr Mary Foley
Director-General

FINANCIAL HIGHLIGHTS 2011-12

The NSW Health Statement of Comprehensive Income reports a net result of $89 million favourable compared to the initial budget result of $365 million. Information detailing the reasons for this variance is contained in the 2011-12 audited financial statements (Note 39).

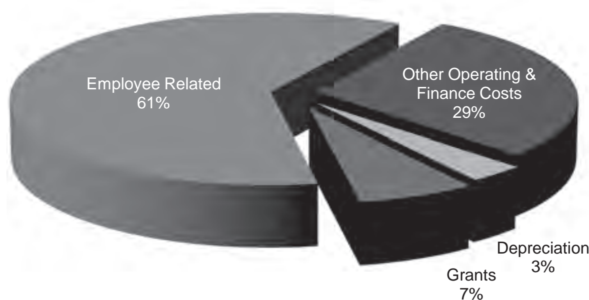
In respect of NSW Health's financial performance against NSW Treasury's revised 2011-12 Net Cost of Service, NSW Health recorded a $58 million favourable to revised budget result. With respect to capital works NSW Health full year result was $17 million more than the revised budget estimates largely due to better than expected performance in the delivery of elements within the Council of Australian Governments (COAG) sub-acute building program and early receipt of major equipment from overseas ahead of expectations.

Based on the combined operating and asset results above, NSW Health has been assessed by NSW Treasury as achieving its overall budget responsibilities in 2011-12.

Expenses

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

NSW Health Expenses by Category for the Year 2011-12



Overall, expenditure incurred during 2011-12 followed a similar expenditure pattern historically incurred.

As NSW Health is a provider of patient related health services, around 61% or $10.1 billion in costs during 2011-12 were employee related. Of these, more than $7.7 billion were for salary related costs to employees of the NSW health system.

Other operating costs included $633 million attributable to contract fees paid to Visiting Medical Officers providing clinical services across Local Health Districts and Specialty Networks in multiple clinical disciplines. Other significant costs within this category included drug, medical and surgical supplies of over $1.3 billion in 2011-12.

Grants to third parties providing a range of public health related services were over $1.1 billion in 2011-12, with more than $540 million of operating grants being paid to Affiliated Health Organisations.

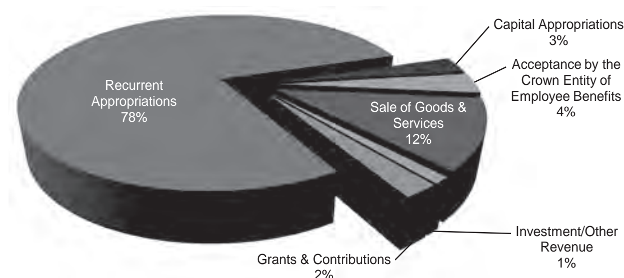
On average, each month during 2011-12, NSW Health:

- spent $1.37 billion
- processed 208,000 invoices received from suppliers of goods and services
- paid $340 million to suppliers of goods and services
- made 375,000 payroll payments to Health staff.

Revenue

Retained user revenue of $2.5 billion – largely from private and compensable patient fees – was received by reporting entities during 2011-12. NSW Treasury introduced a change in the treatment and recognition of Government appropriations and Crown accepted liabilities for the 2011-12 financial statements for Budget sector agencies. This change requires NSW Health to recognise $14.1 billion of Government contributions comprising recurrent allocations, capital allocations and Crown acceptance of employee benefits as revenue to NSW Health. The reporting format used in preparing NSW Health's 2011-12 Statement of Comprehensive Income is consistent with the reporting format adopted by NSW Treasury when preparing the 2012-13 State Budget papers.

NSW Health Revenue by Category for the Year 2011-12



Details of revenue received from the Sale of Goods and Services are at Note 8 of the 2011-12 audited financial statements. Key items included recovery of patient fees from private health funds for privately insured patients ($580 million), Department of Veterans' Affairs for the provision of services to entitled veterans ($334 million), recoup of costs from the Commonwealth through Medicare for high cost drugs ($209 million) and compensable payments received from motor vehicle insurers for the hospital costs of persons hospitalised or receiving treatment as a result of motor vehicle accidents ($93 million).

Net Assets

The net assets of NSW Health as at 30 June 2012 are $9.8 billion. This is made up of total assets of $13.1 billion partly offset by total liabilities of $3.3 billion. The net assets are represented by accumulated funds of $7.3 billion and an asset revaluation reserve of $2.5 billion.

The consolidated audited financial statements for NSW Health are provided in this report. Audited financial statements have been prepared in respect of each of these reporting entities. These statements have been included in a separate volume of the *2011-12 Annual Report*.

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ABOUT NSW HEALTH

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

NSW Health employs over 100,000 staff (FTE). The scope of work undertaken across the State ranges from acute hospital care to policy development, health promotion and community health initiatives.

The NSW Department of Health was established in 1982 under section 6 of the *Health Administration Act 1982*. The name of the Department changed to the NSW Ministry of Health on 5 October 2011.

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

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

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

At 30 June 2012, NSW Health comprised:

- Minister for Health, Minister for Medical Research
- Minister for Mental Health, Minister for Healthy Lifestyles
- Director-General
- Ministry of Health
- Local Health Districts
- Sydney Children's Hospitals Network
- Justice and Forensic Mental Health Network
- Ambulance Service of NSW
- Health Administration Corporation
- Agency for Clinical Innovation
- Bureau of Health Information
- Clinical Excellence Commission
- Health Education and Training Institute

There are also Affiliated Health Organisations.

Health Portfolio Ministers

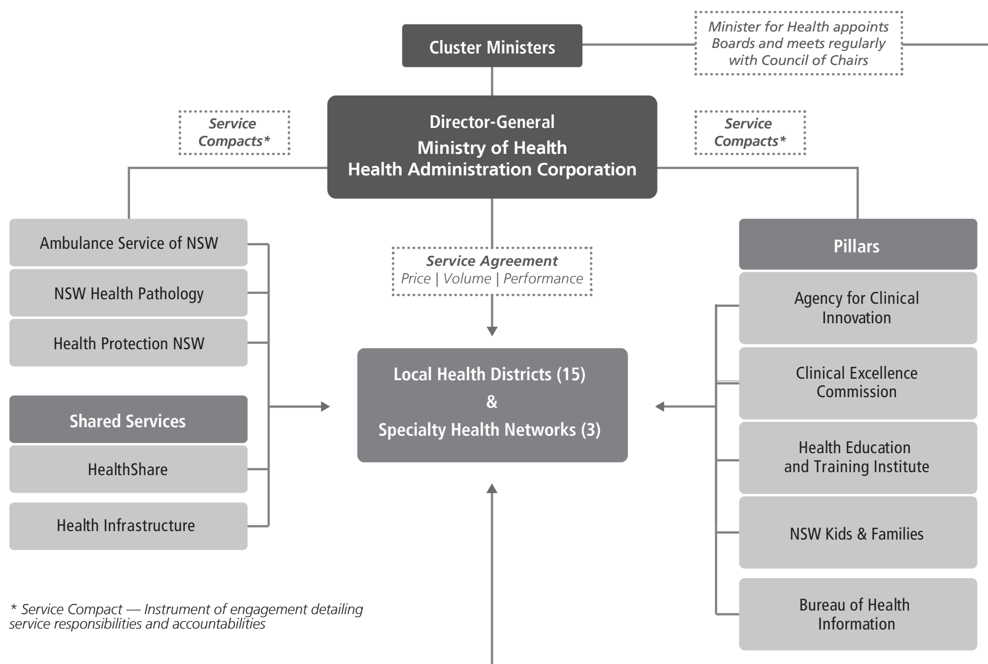
The Hon. Jillian Skinner MP was appointed the Minister for Health and Minister for Medical Research on 3 April 2011.

The Hon. Kevin Humphries MP was appointed Minister for Mental Health and Minister for Healthy Lifestyles on 3 April 2011.

ORGANISATIONAL CHART – NSW HEALTH

30 June 2012

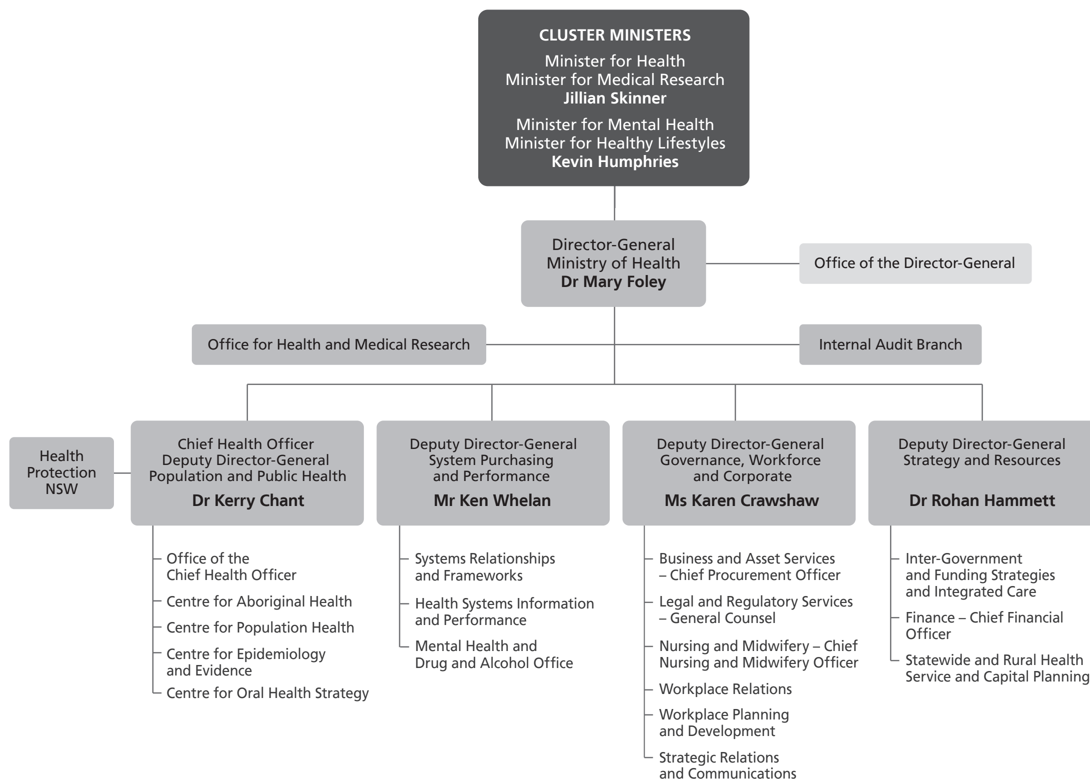
The Organisation Chart below details how NSW Health is structured to provide health services to the community of NSW.



ORGANISATIONAL CHART – MINISTRY OF HEALTH

30 June 2012

The Organisation Chart below details the structure of the Ministry of Health and the relationship between the Divisions and Branches.



NSW MINISTRY OF HEALTH

On 5 October 2011, the NSW Department of Health became the NSW Ministry of Health. Head of the agency, the Director-General has a range of functions and powers under the *Health Services Act 1997*, the *Health Administration Act 1982*, and other legislation. These functions and powers include responsibility for the provision of ambulance services, provision of health support services to public health organisations and exercising, on behalf of the Government of NSW, the employer functions in relation to the staff employed in the NSW Health Service.

Director-General, Dr Mary Foley

The Director-General has overall responsibility for the management and oversight of NSW Health. The Director-General chairs key management meetings for the system including the NSW Health Senior Executive Forum and the Executive Leadership Team. The NSW Health Senior Executive Forum brings together Chief Executives from across the health system, while the Executive Leadership Team is a smaller group comprising the NSW Ministry of Health Executive and Chief Executives from the ACI, CEC, HETI and HS. Both of these groups are critical in considering issues of health system-wide interest, including the NSW Health budget, development and implementation of health policy and monitoring of health system performance.

Internal Audit

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

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

Governance, Workforce and Corporate

The Governance, Workforce and Corporate Division undertakes a range of functions for the effective administration of NSW Health covering comprehensive corporate governance frameworks and policy; regulation of private health care facilities and the supply and administration of therapeutic goods; a comprehensive range of legal and legislative services; oversight and management of the Director-General's accountabilities as employer of the NSW Health Service, including statewide industrial matters, public health sector employment policy, workplace health and safety policy, workforce planning, recruitment and reform strategies and strategic development of professional nursing and midwifery services; NSW Health property services; statewide asset, procurement and business policy; services to support Ministerial, Parliamentary and Cabinet processes, and public affairs and communication services for the Ministry of Health.

Population and Public Health

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

Strategy and Resources

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

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

System Purchasing and Performance

The System Purchasing and Performance Division provides the front end of "system management", and acts as a critical interface with Local Health Districts, Specialty Health Networks, the Pillars and other health organisations such as NSW Kids and Families and HealthShare to support and monitor overall system performance and coordinates purchasing arrangements with Local Health Districts and Specialty Health Networks.

HEALTH ADMINISTRATION CORPORATION (HAC)

Under the *Health Administration Act 1982*, the Director-General is given corporate status as the Health Administration Corporation for the purpose of exercising certain statutory functions. The Health Administration Corporation is used as the statutory vehicle to provide ambulance services and support services to the health system. A number of entities have been established under HAC to provide these functions:

Ambulance Service of NSW

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

Health Infrastructure

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

HealthShare NSW

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

LOCAL HEALTH DISTRICTS

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

STATUTORY HEALTH CORPORATIONS

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

- Specialty network
- Board-governed organisation
- Chief executive-governed organisation

During the reporting period, the following statutory health corporations provided Statewide or specialist health and health support services.

Specialty Health Networks

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

The Agency for Clinical Innovation

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

Bureau of Health Information

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

Clinical Excellence Commission

The Clinical Excellence Commission (CEC) is a Board-governed statutory health corporation. The CEC was established to reduce adverse events in public hospitals

and support improvements in transparency and review of these events in the health system. A key role of the CEC is building capacity for quality and safety improvement in health services.

Health Education and Training Institute

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

NSW Kids and Families

During 2011-12, work proceeded on the development of NSW Kids and Families, a board-governed statutory health corporation, which was established on July 1, 2012. NSW Kids and Families' aim is to develop a long-term, statewide strategy to guide the best possible health outcomes for mothers, babies, children, young people and their families across NSW.

The agency will work with Local Health Districts, the Pillars, primary health care providers, non-government organisations, clinicians and the community to:

- develop and support implementation of evidence based policy, guidelines, models of care and programs,
- develop and monitor service standards and evaluate outcomes and
- provide expert advice and information on the health, wellbeing and healthcare of mothers, babies, children, young people and families in NSW.

The Hon. Ron Phillips was appointed Chair of the NSW Kids and Families Board.

AFFILIATED HEALTH ORGANISATIONS

At 30 June 2012, there were 18 Affiliated Health Organisations (AHO) in NSW managed by religious and/or charitable groups operating 27 recognised establishments or services as part of the NSW public health system. These organisations are an important part of the public health system, providing a wide range of hospital and other health services.

St Vincent's Health Network

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

GOVERNANCE

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

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

Principles and Practices

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

Risk Management

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

Ethical Behaviour

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

Monitoring State Plan Performance

A set of high-level performance indicators measure NSW Health performance against priorities contained in *NSW 2021: A Plan To Make NSW Number One*.

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

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

NSW Health Performance Framework

A new Performance Framework now provides an integrated process for performance review and assessment, with the over-arching objectives of keeping people healthy and improving access to timely, quality, patient focused health care across NSW Health Services. It forms an integral part of the business planning cycle that establishes the annual Service Agreements between the NSW Ministry of Health and each Health Service.

The integration of strategic frameworks, business planning, budget setting and performance assessment is undertaken within the context of the NSW 2021 Plan.

The NSW Health Performance Framework comprises:

- Service Agreements with each Health Service.
- Clearly stated performance requirements including Strategic Priorities and Governance Requirements as outlined in Service Agreements.
- The roles and responsibilities of Health Services, the NSW Ministry of Health, the Clinical Excellence Commission (in relation to safety and quality) and the Agency for Clinical Innovation (in relation to models of care and patient flow) under the framework.
- Key Performance Indicators and their performance thresholds that, if not met, may raise a performance concern.
- Transparent monitoring and reporting processes.
- Clear levels of response to address performance issues.
- Robust governance processes through which escalation and de-escalation of responses will be determined.

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

Service Agreements

The new 2011-12 NSW Health Service Agreements were developed in the context of the National Health Reform Agreement (NHRA), the NSW Government's 2021 Plan, the goals of the NSW public health system and the parameters of the NSW Health Performance Framework, which includes a transparent system of responding to each Health Service's level of performance throughout the year.

The Agreements were also important in implementing the NSW Government's commitment to devolve governance and accountability as far as possible to the local level and were a key stage in the devolution of NSW Health's service purchasing approach, with activity based funding a key component. For the first time, each LHD Service Agreement has been made publicy available.

Complaint Management

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

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

Clinical Governance Principles and Practices

The provision of safe and high quality health care in NSW requires effective clinical governance structures and processes.

Following the implementation of the NSW Patient Safety and Clinical Quality Program in 2005, NSW Health has had a comprehensive clinical governance process in place to provide a systematic approach to improving patient safety and clinical quality across the whole of the NSW Health System.

The key principles of Clinical Governance encompassed in the NSW program are:

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

Under new governance arrangements introduced across the NSW health system in August 2011, the Clinical Excellence Commission (CEC) was assigned responsibility for the quality and safety of the NSW public health system and for providing leadership in clinical governance. This encompassed a lead role in system-wide improvement of clinical quality and safety, including clinical incident reviews and responses, system clinical governance, representing NSW Health in appropriate state and national forums and providing advice, briefings and associated support to the Director-General and Minister.

Local Health Districts and networks have primary responsibility for providing safe high quality care for patients and have established clinical governance units. Responsible to the Chief Executive, LHD Directors of Clinical Governance provide advice and reports to health service governance structures on:

- Serious incidents or complaints including investigation, analysis and implementation of recommendations.
- Performance against safety and quality indicators and recommendations on actions necessary to improve patient safety.
- The effectiveness of performance management, appointment and credentialing policies and procedures for clinicians.
- Complaints or concerns about individual clinicians, in accordance with Departmental policies and standards.

System-wide sharing of information and initiatives to reduce risk and improve quality and safety are facilitated through a number of programs, projects and initiatives undertaken by the Clinical Excellence Commission. Close links and collaboration are in place with the Ministry of Health, the Agency for Clinical Innovation (ACI), Bureau of Health Information (BHI), Health Education Training Institute (HETI), NSW Cancer Institute and local health district/network clinical governance units.

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HOW WE PERFORM

A day in the life of a typical public hospital

The NSW public health system is world-class. It is the biggest public health system in Australia with more than 220 public hospitals and over 100,000 dedicated staff who make up the health workforce.

On a typical day in NSW*:

200	babies are born
5,600	people are admitted to a public hospital
7,000	people spend the night in a public hospital
1,000	patients have their surgery (emergency or planned) performed in our public hospitals
6,500	people are seen by our emergency departments
20	patients have their hip replaced
18	patients have a knee replaced
100	patients have their cataracts removed
25	patients have their appendix removed
32	patients have their gallbladder removed

* As at September 2012, Monday to Friday when most elective surgery is performed.

How well does NSW perform?

The goal of all healthcare systems is to improve the health of the population they serve in an efficient way. Reaching this goal requires both an understanding of the factors that contribute to high performance; and fair, balanced and accurate reporting of the extent to which those factors feature in the healthcare system.

According to the Bureau of Health Information's Annual Performance Report, November 2011 – *Healthcare in Focus 2011* – in assessing system performance, the questions needed to be asked include:

– Are healthcare services effective, appropriate, safe and delivered on the basis of clinical need?
– To what degree are they responsive to patients?
– Can people access care when and where they need it?
– Do services have enough resources and how do costs compare?

Healthcare in Focus 2011 takes a comprehensive look at how the health system in NSW compares with Australia as a whole and with 10 other countries. The report includes almost 90 performance measures that were selected on the basis of comparable information from overseas. For more information visit: www.bhi.nsw.gov.au.

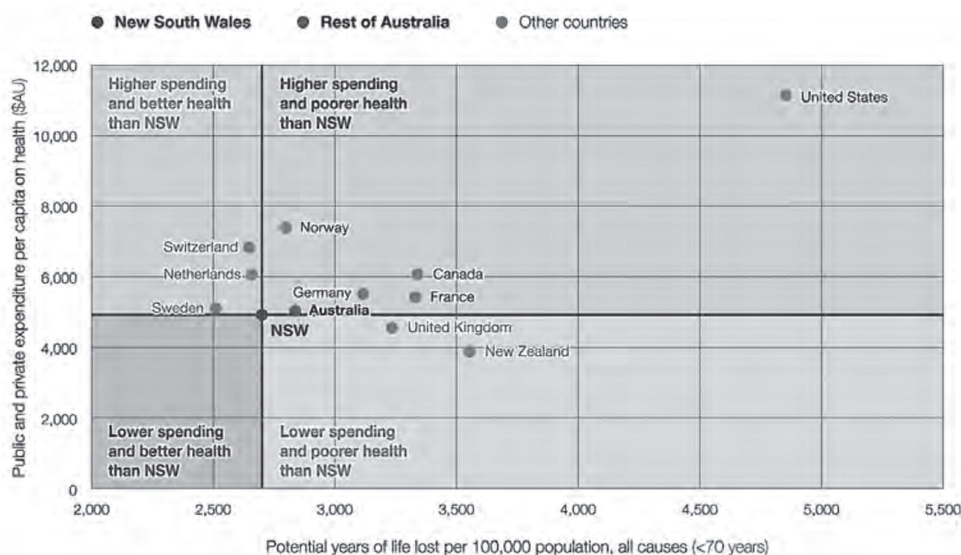
HOW NSW COMPARES WITH THE REST OF AUSTRALIA AND THE WORLD

The following figures (1-4) show how the NSW Health system compares with the rest of Australia and the world:

Improving health: Good Value

NSW gets value for its healthcare dollar. No country included in the report spends less than NSW and has better health (Figure 1).

Figure 1. Per person health spending ($AU) 2008-09 vs potential years of life lost, 2009 (or latest year)

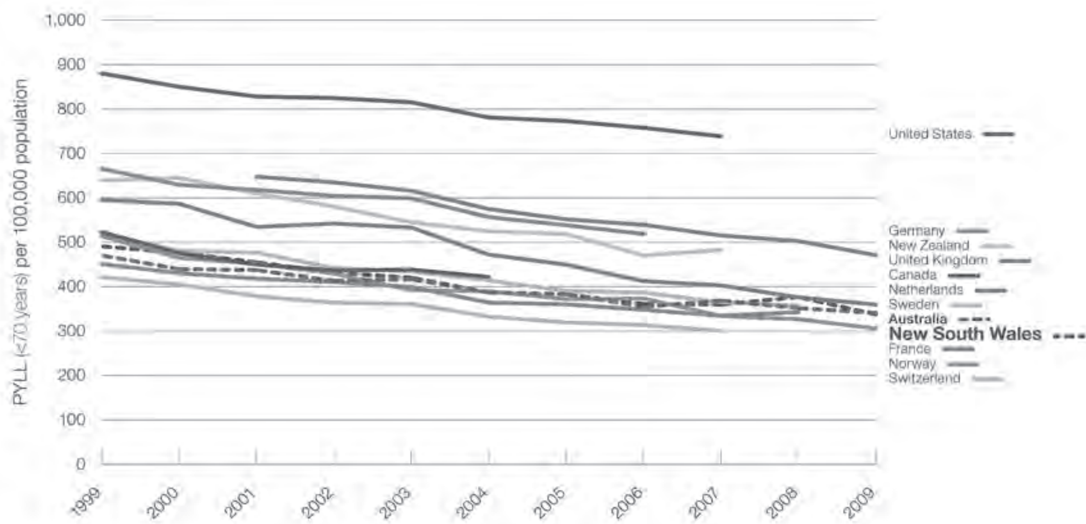


Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

Effectiveness and appropriateness: Circulatory disease

Between 1999 and 2009, there was a 31% decrease in potential years of life lost to circulatory disease in NSW. In 2009, circulatory disease accounted for 15,884 deaths in NSW (34% of all deaths). Figure 2 shows that premature deaths have dropped significantly in NSW over the past years, with rates comparing favourably with the rest of Australia and the world.

Figure 2. Potential years of life lost (< 70 years) to circulatory disease, 1999 – 2009



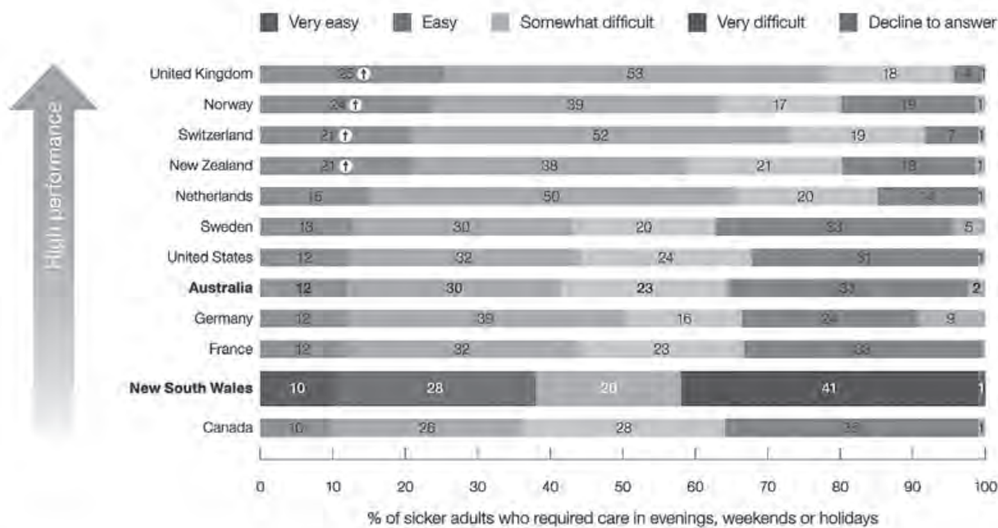
Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

Access and timeliness: Primary care

Almost four in 10 NSW adults who needed care in the evening, on weekends or on holidays said it was very easy (10%) or somewhat easy (28%) to access medical care without going to the emergency department. Responses from sicker adults in the UK, Norway, Switzerland and New Zealand indicate that out-of-hours care is easier to access in those countries (Figure 3).

Medical care (general practice and specialty medical services) provided outside the NSW public hospital system is the responsibility of the Commonwealth Government.

Figure 3: Last time when you needed medical care in the evening, on a weekend or holiday, how easy or difficult was it to get care without going to the emergency department?

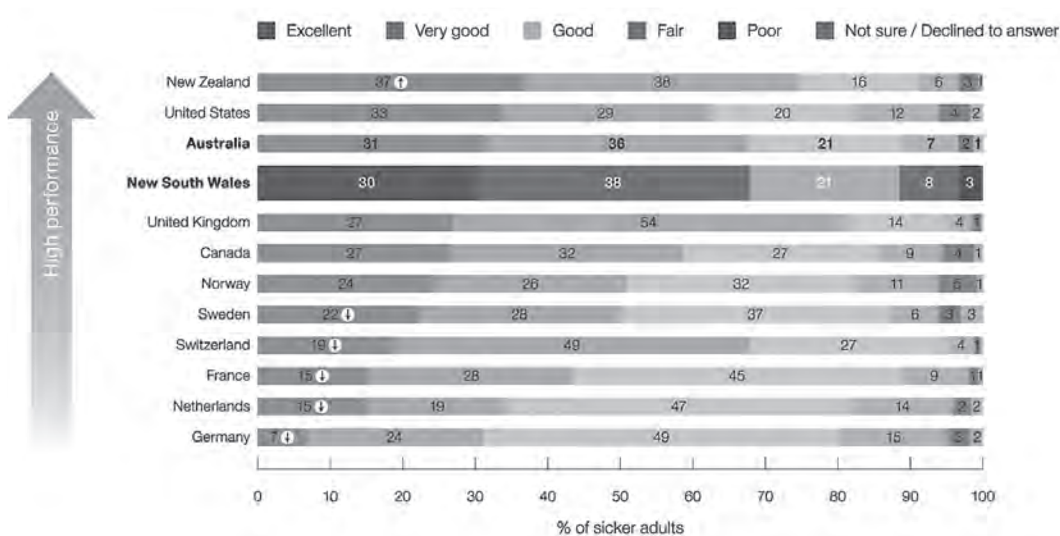


Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

Person centredness: Patient views on quality of healthcare

In 2011, most NSW sicker adults (68%) rated the quality of medical care received in the past year as excellent (30%) or very good (38%). NSW had a higher proportion of excellent ratings than Sweden, Switzerland, France, Netherlands, and Germany, and was outperformed only by New Zealand (Figure 4).

Figure 4: Survey 2011 - Overall, how do you rate the quality of medical care that you have received in the past 12 months?



Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

NSW 2021: A PLAN TO MAKE NSW NUMBER ONE

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

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

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

NSW Health is the lead for the following 'NSW 2021' Goals:

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

NSW 2021 – GOAL 11 // KEEP PEOPLE HEALTHY AND OUT OF HOSPITAL

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

TARGET	PRIORITY ACTIONS
REDUCE SMOKING RATE ▪ Reduce smoking rates by 3% by 2015 for non–Aboriginal people and by 4% for Aboriginal people ▪ Reduce the rate of smoking by non–Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women REDUCE OVERWEIGHT AND OBESITY RATES ▪ Reduce overweight and obesity rates of children and young people (5–16 years) to 21% by 2015 ▪ Stabilise overweight and obesity rates in adults by 2015, and then reduce by 5% by 2020 REDUCE RISK DRINKING ▪ Reduce total risk drinking to below 25% by 2015	Reducing behaviours and lifestyle risk factors that lead to chronic diseases will improve wellness and illness prevention, and reduce the burden on the health system in the future. Actions to achieve these targets include: ▪ Establish an Office of Preventive Health to coordinate statewide preventive health programs and manage a Preventive Health Fighting Fund to pool resources for preventive health ▪ Deliver public education campaigns to motivate smokers to quit, strengthen efforts to reduce exposure to second-hand smoke, and work in partnership with Aboriginal maternal and infant health services to deliver smoking cessation services to pregnant Aboriginal women ▪ Over the next four years, invest in child health promotion programs, such as Munch and Move®, a program to educate early childhood professionals and families about appropriate physical activity and foods for preschool-aged children; and deliver the Healthy Workers Initiative and the Get Healthy Information and Coaching Service® to support working adults to live a healthy lifestyle ▪ Prevent high risk alcohol abuse in public places and reduce risky drinking in the home through statewide alcohol education campaigns including Know when to say when and What are you doing to yourself?
CLOSE THE GAP IN ABORIGINAL INFANT MORTALITY ▪ Halve the gap between Aboriginal and non–Aboriginal infant mortality rates by 2018	Closing the gap in Aboriginal health outcomes begins at birth. By striving to meet a national target to halve the gap in Aboriginal infant mortality, we can ensure all Aboriginal children have the best start to life. We will: ▪ Deliver the Aboriginal Maternal and Infant Health Service, aimed at improving the health outcomes of Aboriginal mothers and their infants.
IMPROVE OUTCOMES IN MENTAL HEALTH ▪ Reduce mental health readmissions within 28 days to any facility ▪ Increase the rate of community follow–up within 7 days of discharge from a NSW public mental health unit ▪ Increase the number of adults and adolescents with mental illness who are diverted from court into treatment	Mental health reform will improve outcomes for patients. Targets to improve mental health outcomes will focus the government's efforts in prevention and early intervention in the community and shift treatment away from hospital emergency departments. Actions to achieve these targets include: ▪ Establish a NSW Mental Health Commission to ensure the delivery of high quality mental health care and appoint a Mental Health Commissioner to be a champion for mental health within government. The Commission will also work to ensure people with a mental illness are diverted from the criminal justice system ▪ Enhance discharge planning for mental health patients through the revision of the mental health transition planning policy ▪ Prevent hospital admissions by maintaining hospital avoidance programs under the Community Mental Health Strategy, and develop models for strengthening community mental health responses.
REDUCE POTENTIALLY PREVENTABLE HOSPITALISATIONS ▪ Reduce the age–standardised rate of potentially preventable hospitalisations by 1%, and by 2.5% for Aboriginal people by 2014–15	For too long our health system has been focused on providing emergency care. This target refocuses our efforts on keeping people healthy and out of hospital by improving the way certain conditions are managed by a general practitioner or in a community health setting. Actions to achieve this target include: ▪ Deliver the Connecting Care (Severe Chronic Disease Management) Program to provide additional support to people with a chronic illness, and develop health system capacity to follow–up Aboriginal children overdue for vaccination ▪ Develop, implement and evaluate a NSW Immunisation Campaign to promote timely vaccination.

NSW 2021: GOAL 11

In 2011-12, NSW Health commenced working towards achieving its NSW 2021 Goals.

Target – Reduce smoking rate

Key Achievements 2011-12:

- Established an Office of Preventive Health responsible for statewide coordination of key preventive health programs and reporting on the achievements of the Preventive Health Fighting Fund.
- The NSW adult smoking rate continues to decline and has decreased from 24% in 1997 to 15.8% in 2010 and 14.8% in 2011. Over the same time period, the prevalence of smoking reduced from 27.1% to 17.1% among males and from 21.1% to 12.6% among females.
- NSW is implementing a comprehensive package of measures supported by tough legislation to further reduce smoking in NSW. This includes:
  - NSW Tobacco Strategy 2012-2017, which provides a comprehensive portfolio of public education, smoking cessation and tobacco control programs to reduce tobacco-related harm in NSW;
  - Amending the *Smoke-free Environment Act 2000* to make certain settings smoke-free; and
  - A range of programs targeting disadvantaged populations with high smoking rates. These include Quit for New Life project targeting pregnant Aboriginal women and their families.

Target – Reduce overweight and obesity rates

Key Achievements 2011-12:

- The Get Healthy Information and Coaching Service® provides free, individually tailored telephone coaching support to NSW adults aged 18 years and over, aiming to reduce the impact of premature morbidity and mortality, associated with unhealthy lifestyles. Latest research conducted during 2011-12 showed that health coaching participants have lost on average 3.7kg of weight between baseline and six months and reduced their waist circumference by 4.3cm. These results account for 38% of coaching participants having lost 5% or more of their body weight and 11% having lost 10% or greater.
  - A Get Healthy Service Continuing Professional Development (CPD) session was developed to increase Health Professional awareness and understanding of the Service.
- The Targeted Family Healthy Eating and Physical Activity Program supports children 7-13 years old who are not in a healthy weight range and their families to develop the practical knowledge and skills necessary to adopt a healthy lifestyle in the longer term.
- The Children's Healthy Eating and Physical Activity Program (Munch and Move, Live Life Well@School and Crunch&Sip) provides training to teachers working in early childhood education and care services and primary schools in how they can promote healthy eating and physical activity to children in these settings. These programs also provide teachers with resources and ongoing support from Local Health Districts to implement healthy eating and physical activity policies and practices. To date, over 55% of early childhood education and care services and nearly 60% of primary schools across NSW have participated in this program.
- Healthy Workers Initiative: Under the National Partnership Agreement on Preventative Health (NPAPH), the Australian Government is providing NSW with $71m up to 2018 to improve health related lifestyles of working adults through healthy living activities in the workplace. The NSW Healthy Workers initiative will promote health and wellbeing in the workplace, and provide support and assistance to workplaces and workers through the Healthy Workplace Service currently being developed. The NPAPH has set national benchmarks against which performance of the NSW Healthy Workers Initiative will be measured, as follows:
  - increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2016; proportion of adults at healthy weight returned to baseline level by 2018.
  - increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018.
  - increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2016; 15 per cent from baseline by 2018.

Target – Reduce risk drinking

Key Achievements 2011-12:

- Increased expenditure on programs that help reduce drug and alcohol addiction by $7 million.
- Now nearing completion, the Drug and Alcohol Clinical Care and Prevention (DA-CCP) Model, the first drug and alcohol planning model of its type to be developed in the world, aims to develop a nationally agreed population based planning model to estimate the need and demand for drug and alcohol health services across Australia.

Target – Close the gap in Aboriginal infant mortality

Key Achievements 2011-12:

- The Aboriginal Maternal and Infant Health Service (AMIHS) is being delivered in over 80 locations across NSW, covering approximately 75% of Aboriginal births. The Service aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies. AMIHS is delivered through a continuity-of-care model, where midwives and Aboriginal Health Workers collaborate to provide a high quality maternity service that is culturally sensitive, women centred, based on primary healthcare principles and provided in partnership with Aboriginal people. Under the Closing the Gap initiative, eight secondary mental health and drug and alcohol service are operating in selected AMIHS sites with a further two sites being established.
- Launch of *The Strong Women*, *Strong Babies Pregnancy Diary* in March 2012. A valuable resource that guides women through the different stages of their pregnancy with a strong focus on prevention and early intervention, the Diary is distributed via Aboriginal Maternal and Infant Health Service programs and New Directions Mothers and Babies services across NSW.

- The Aboriginal Communities Water and Sewerage Program is a partnership between NSW Government agencies, including Health and the NSW Aboriginal Land Council. In 2011, a further seven Aboriginal communities with a population of around 1,000 people began receiving improved water and sewerage services, bringing the total to 38 communities and over 4,000 people who have received improved water and sewerage services under the Program.
- Housing for Health is an evidence-based housing repair and maintenance program that focuses on improving the safety and health of residents. In 2011, the Housing for Health program completed projects in Bourke, Enngonia, Wilcannia, La Perouse and Coffs Harbour and commenced new projects in Purfleet and Walhallow.
- The Building Strong Foundations for Aboriginal Children, Families and Communities Programs provides a free, culturally safe and appropriate early childhood health service for Aboriginal children from birth to school-entry age and their families. In 2012, a further seven sites were funded bringing the total to 15 sites across NSW. These services work very closely with Aboriginal and mainstream Maternity Services. Significant referral pathways have been established assisting these vulnerable children and parents/carers to access intervention services before issues escalate.

Target – Improve outcomes in mental health

Key Achievements 2011-12:

- During 2011-12, work proceeded on the establishment of the Mental Health Commission of NSW, which commenced operations on 2 July 2012 as an independent statutory body. Its purpose is to help drive reform that benefits people who experience mental illness and their families and carers. In fulfilling this task, the Commission is working with the mental health community towards sustained change regarding all aspects of mental illness and its impact on employment, education, housing, justice and general health. The inaugural Commissioner Mr John Feneley, was appointed 1 August 2012 for a five-year term.
- To enhance discharge planning for mental health inpatients, a new Policy directive for the Transfer of Care from Mental Health Inpatient Services will shortly be released. This focuses on the requirements for safe transfer of the consumer's care, when leaving a mental health inpatient unit to home or other care.
- To prevent hospital admissions by maintaining hospital avoidance programs under the Community Mental Health Strategy, and develop models for strengthening community mental health responses. NSW Health has invested in a broad spectrum of services to support care in both hospitals and in the community. The continuum of care for people with mental illness includes prevention; early intervention; and treatment and community support. Initiatives such as the Housing and Accommodation Support Initiative (HASI) have resulted in a reduction of unnecessary hospital admissions and led to people being treated more appropriately in the community, leading to better outcomes for both patients and their carers.
- As part of a new National Partnership Agreement on Mental Health, the Commonwealth will support NSW in investing in targeted community mental health initiatives. These include:
  - Expansion of the existing NSW Housing and Accommodation Support Initiative to enable more people to live in the community in stable and secure accommodation, with links to clinical mental health and rehabilitation services for people who require 16 or 24-hour support.
  - Provision of intensive, family focussed support to mothers with mental illness and their children to keep them together, through the provision of high, medium and low packages of care and short term housing.
  - In-reach support services to boarding house residents who have been assessed as having mental health issues, through the provision of 200 continuous and ongoing new low community support packages.
- The mental health program and the drug and alcohol program continues in partnership with Local Health Districts, Justice and Forensic Mental Health, the Children's Hospital Network, non-government organisations, research institutions and other partner departments. The Ministry also coordinates whole-of-government policy development and implementation in mental health and drug and alcohol and convened or played a lead role in inter-jurisdiction and cross-government forums, such as the Inter-Governmental Committee on Drugs and Alcohol, the State Reference Group on Diversion, the NSW Council of Australian Governments' Mental Health Group and the Senior Officers' Group on Drugs and Alcohol and Mental Health.
- A NSW Suicide Prevention Ministerial Advisory Committee was established as part of a key commitment under the NSW Suicide Prevention Strategy 2010-2015.
- The NSW Mental Health Line commenced statewide operations on 1 March 2012. The NSW Mental Health Line provides 24/7 telephone access for the people of NSW to speak with a mental health professional and be directed to the right care for them.
- On 29 April 2012, the Minister for Mental Health launched a new anxiety awareness campaign that encouraged people living with debilitating anxiety conditions to seek help. The campaign ran to the end of June.
- Corrective Services NSW have increased the availability of audiovisual links for people to appear before the courts. Justice and Forensic Mental Health have developed a model to provide court liaison support to assist people appearing before the court using these links and to increase and improve opportunities for court diversion. Justice and Forensic Mental Health has also increased the number of regional courts being covered by court liaison nurses for screening and assessment of adults and adolescents with mental illness who can then be diverted into treatment.

Target – Reduce potentially preventable hospitalisations

Key Achievements 2011-12:

- Connecting Care (Chronic Disease Management Program: NSW Health, in partnership with General Practice NSW, is implementing the "NSW Chronic Disease Management Program – Connecting Care in the Community" to enable the better management of chronic disease in the community to prevent unnecessary hospital admission and improved quality of life. The Program targets people

over 16 years with chronic diseases that result in the most frequent presentations to hospitals and drive the highest health care costs – namely diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease and hypertension.

The NSW Chronic Disease Management Program provides self-management support (including the use of telephone-based health coaching in some local health districts) and case management for clients requiring more intensive care coordination across health and social services. General Practice is recognised as an important care coordinator in the community and the Program is intended to be delivered in partnership with General Practice.

To date, the NSW Chronic Disease Management Program has employed over 90 full-time equivalent staff located across 15 Local Health Districts, Justice and Forensic Mental Health and Medicare Locals.

In addition, telephone health coaching services have also been commissioned in a number of Local Health Districts. Based on reports from Local Health Districts, as at 30 June 2012 there were 22,787 people enrolled on the program (including 1,030 Aboriginal people) against a target of 22,500

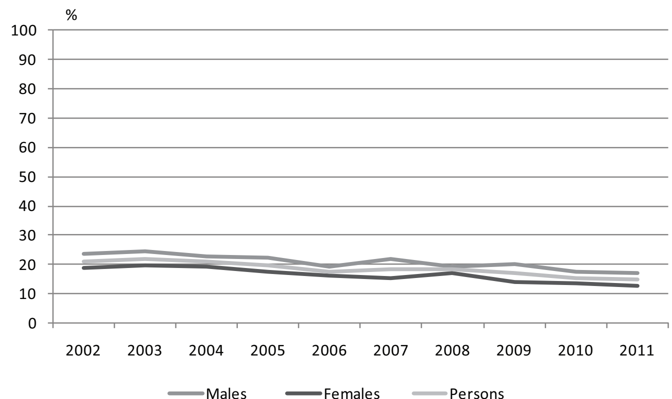
- Vaccination programs: NSW Health offers vaccines recommended for adolescents by the National Health and Medical Research Council in a school-based vaccination program. In the 2011 school year, 77% of children in Year 7 were vaccinated against diphtheria, tetanus and pertussis (whooping cough). Booster vaccination against pertussis provides protection not only for the adolescent, but also for any siblings too young to have received a full course of the vaccine. This represents an improvement in coverage over the 2010 school year, in which 70% of Year 7 students were vaccinated with dTpa vaccine. In 2011, 71% of Year 7 girls were fully vaccinated against human papillomavirus (HPV). This represents an improvement in coverage over the 2010 school year, when 67% of Year 7 girls were fully vaccinated against HPV. NSW continues to achieve consistently high immunisation coverage rates among two-year-old children, with 92% of children recorded as fully vaccinated on the Australian Childhood Immunisation Register (ACIR).
- Surveillance, investigation and control of communicable disease threats: In 2012, the policy of free whooping cough vaccine to target new mothers was reviewed. Community interventions to help reduce the ongoing outbreak of tuberculosis among Aboriginal people on the North Coast, and measures to contain outbreaks of measles among unvaccinated children and young adults were also developed and initiated.
- Falls Prevention: This is a statewide program to prevent falls and fall-related injury. In 2012, the NSW Fall Prevention Network Forum focused on working with special populations such as Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) community members.

GOAL 11 // PERFORMANCE AGAINST TARGETS

Reduce Smoking Rate

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

Current (Daily or Occasional) Smoking in Adults Aged 16 Years and Over, NSW, 2002-2011

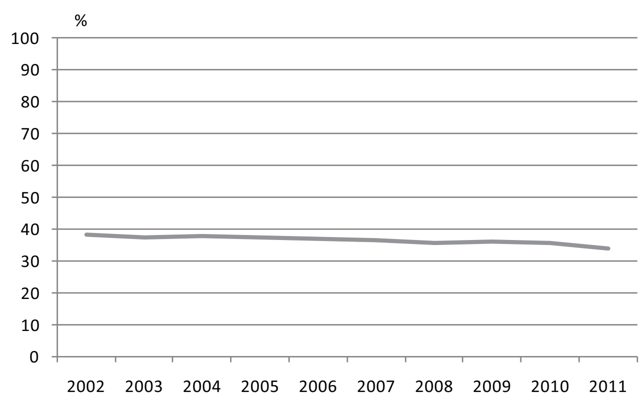


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation

In 2011, studies indicated that 14.7% of adults aged 16 years and over were current (daily or occasional) smokers. Between 1997 and 2011, there has been a decrease in the proportion of adults aged 16 years and over who were current smokers (24.0% to 14.7%). The decrease has been significant in males and females, and in rural-regional and metropolitan health districts.

Current (daily or occasional) smoking in Aboriginal adults aged 16 years and over, NSW, 2002-2011



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

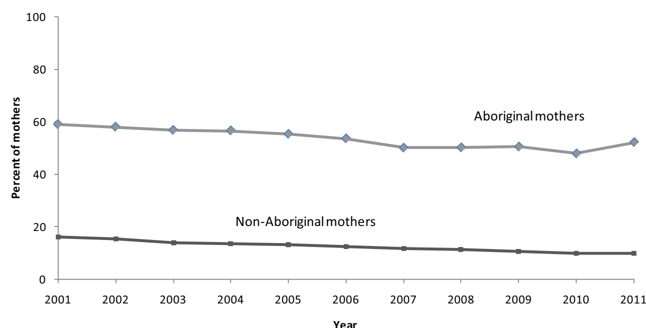
Interpretation

In 2011, it was estimated that 34.0% of Aboriginal adults aged 16 years and over were current (daily or occasional) smokers. Between 2002 and 2011, there has been a slight decrease in the proportion of Aboriginal adults who were current smokers (38.4% to 34.0%).

Smoking during pregnancy by mother's Aboriginality

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

Smoking during pregnancy by mother's Aboriginality, NSW, 2001 to 2011



Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Both stillbirths and live births are included. All deliveries in NSW are included.

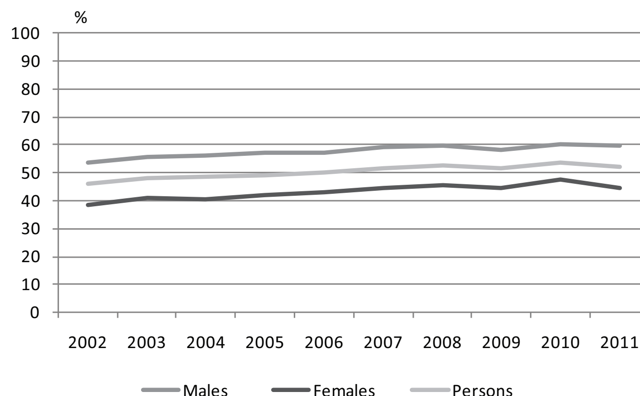
Interpretation

In NSW in 2011, the percentage of mothers who reported smoking during pregnancy was 52% for Aboriginal mothers, and 10% for non-Aboriginal mothers. This difference is significant, with Aboriginal mothers 5.3 times more likely to report smoking during pregnancy than non-Aboriginal mothers. Between 2001 and 2011, there was a significant decrease in the proportion of Aboriginal mothers who reported smoking during pregnancy, from 59% in 2001. As smoking in pregnancy has declined in both Aboriginal and non-Aboriginal mothers to a similar extent, there has been no narrowing of the gap between Aboriginal and non-Aboriginal mothers.

Reduce Overweight and Obesity Rates

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

Overweight or obesity in adults aged 16 years and over, NSW, 2002-2011

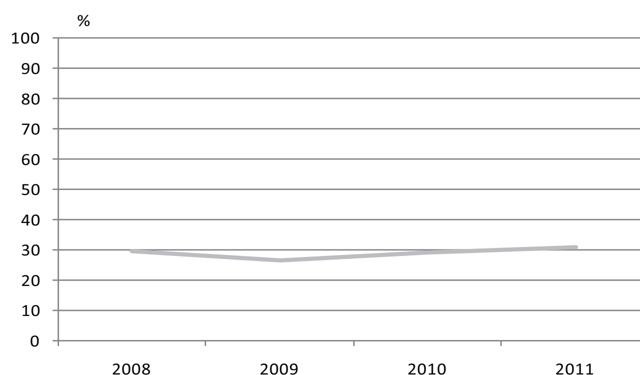


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation

In 2011, it was estimated that 52.2% of adults aged 16 years and over were either overweight or obese based on self-reported height and weight. A significantly higher proportion of males (59.8%) were either overweight or obese based on self-reported height and weight, compared with females (44.5%). Since 2002, there has been a significant increase in the proportion of adults who were overweight or obese based on self reported height and weight (46.0% to 52.2%). Rates from 2008 have remained stable.

Overweight or obesity in children aged 7 to 16 years, NSW, 2008-2011



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

Interpretation

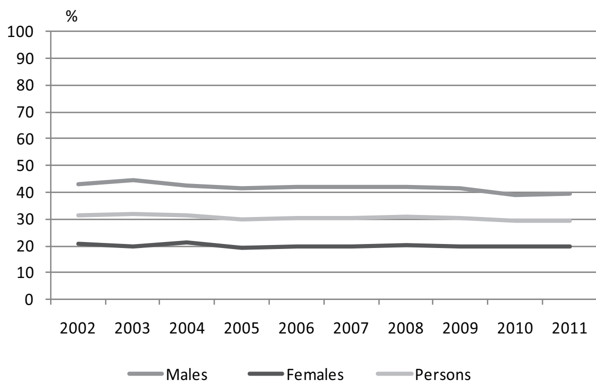
In 2011, it was estimated that 31.1% of children aged 7 to 16 years were either overweight or obese based on parent-reported height and weight. Between 2008 and 2011, there has been no change in the proportion of children aged 7 to 16 years who were either overweight or obese based on parent-reported height and weight.

Reduce Risk Drinking

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

In February 2009, the 2001 *Australian Alcohol Guidelines* were replaced with the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, which are based on modelling of the lifetime risk of harm from drinking. The indicator of the proportion of adults who consume more than two standard drinks on a day when they consume alcohol is based on the 2009 guideline for lifetime risk of harm from drinking alcohol. The target is to reduce total risk drinking to below 25% of the adult population by 2015.

More than two standard drinks on a day when consuming alcohol by year, adults aged 16 years and over, NSW, 2002-2015



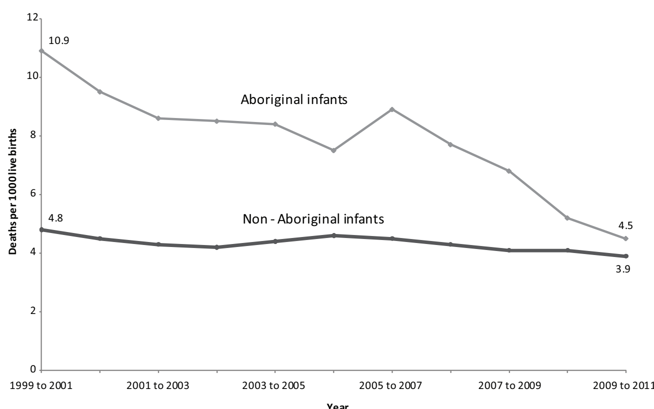
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation
In 2011, it was estimated that 29.6% of adults aged 16 years and over consumed more than two standard drinks on a day when consuming alcohol. A significantly higher proportion of males (39.5%) consumed more than two standard drinks a day, compared with females (20.0%). Since 2002, there has been little change in the proportion of adults aged 16 years and over who consumed more than two standard drinks on a day when consuming alcohol.

Close the Gap in Aboriginal Infant Mortality

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

Infant Deaths by Aboriginality, NSW, 1999 to 2011



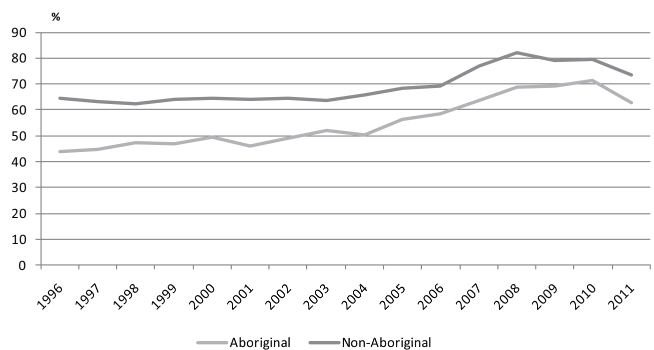
Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS, 2010. Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation
There has been a significant decrease in the Aboriginal infant mortality rate from 6.8 (2007 to 2009) to 4.5 (2009 to 2011) deaths per 1000 live births, and a significant decrease in the gap in rates between Aboriginal infants and non-Aboriginal infants in the years 1999 to 2011.

Antenatal Visits – Births where the First Maternal Visit was before 14 Weeks Gestation

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

First antenatal visit by mother's Aboriginality, NSW, 1996 to 2011



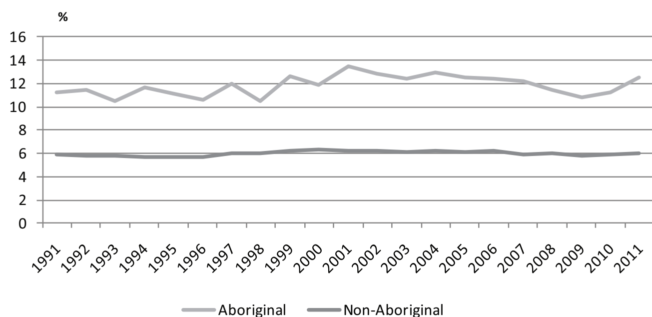
Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Antenatal care (=prenatal care) should commence as early as possible in pregnancy to ensure the best outcomes for the mother and the baby. All births (live births and stillbirths) in NSW were included. Due to under-reporting of Aboriginality to the Perinatal Data Collection, the true numbers are likely to be about 50% higher than shown. The level of under-reporting varies between different geographical areas. In 2011 the question for antenatal care changed from "Duration of pregnancy at first contact for care (weeks)", to "Duration of pregnancy at first comprehensive booking or assessment by clinician".

Interpretation
The percentage of both Aboriginal and non-Aboriginal mothers having their first antenatal visit before 14 weeks gestation has increased since 1996. While the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, the gap continues to narrow.

Low Birth Weight Babies – Weighing Less Than 2500g

Desired outcome is reduced rates of low weight births and subsequent health problems. Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and care that was received during pregnancy.

Low birth weight babies by mother's Aboriginality, NSW, 1991 to 2011



Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Low birth weight: less than 2,500 grams. Both stillbirths and live births are included. All deliveries in NSW are included. Due to under-reporting of Aboriginality to the Perinatal Data Collection, the true numbers are likely to be about 50% higher than shown. The level of under-reporting varies between different geographical areas.

Interpretation

The rate of low birth weight babies born to Aboriginal and non-Aboriginal mothers has been relatively stable over time. In recent years, the rate of low birth weight babies born to Aboriginal mothers has been around 12%. However, the rate of low birth weight babies born to Aboriginal mothers remains around twice that for non-Aboriginal mothers.

Improve Outcomes in Mental Health

Mental Health Readmission within 28 days (%)

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

Readmission after mental health care is influenced by the effectiveness of care in hospital as well as by community care after discharge. High rates of readmission may be a signal of problems in care; however caution must ne taken when interpreting indicators as very low rates of readmission may reflect difficulties with access to services.

Mental Health Acute Readmission within 28 days (%)

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

Source: NSW Health Information Exchange, NSW Ministry of Health

Interpretation

The indicator measures readmission to any NSW acute public mental health unit following discharge from an acute mental health unit. The readmission rate for mental health patients attending a Public Mental Health Facility in NSW has declined slightly, to 15.4% in 2011-12 from a peak of 17.3% in 2007-08. This may reflect continued enhancement in community and inpatient mental health services.

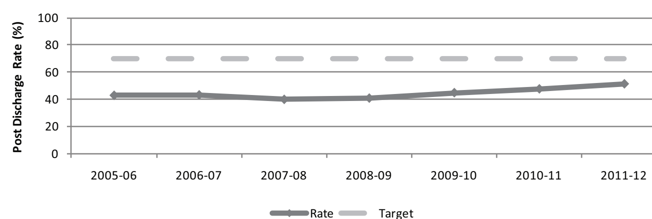
The Mental Health Acute Benchmarking Program worked with local services across 2011-12 to explore the variation in rates and the factors affecting readmission to acute mental health units.

Mental Health Acute Post-Discharge Community Care

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

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

Mental Health Acute Post-Discharge Community Care - follow up within seven days (%)



Source: NSW Health Information Exchange, NSW Ministry of Health.

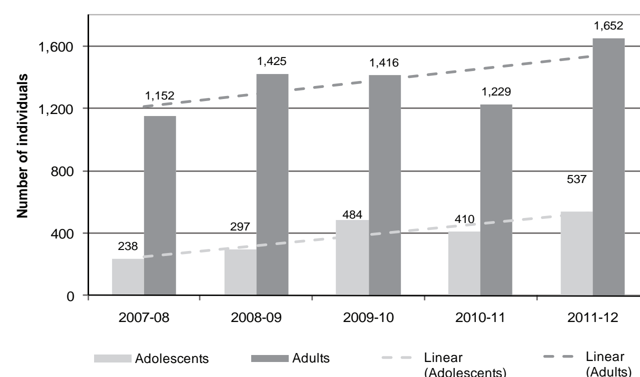
Interpretation

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

NSW performance on this indicator has improved steadily, from 40% in 2007-08 to 51% in 2011-12. This improvement may reflect enhancements in community mental health care and specific service initiatives designed to improve follow-up rates. Some of this increase may also be due to improved data collection by community mental health services.

Diverted from Court into Treatment

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



Source: Community and Court Liaison Service Data Collection for Adults and Adolescent Court and Community Team Data Collection (six monthly); Department of Attorney General and Justice (annual). Updated: October 2012

Interpretation
The numbers of mentally ill adults diverted from court to the community has risen by 423 over last year. In addition 127 more adolescents were also diverted from court to the community for treatment. Diversion is dependent on both the decisions of Magistrates and the operations of the Department of Attorney General and Justice.

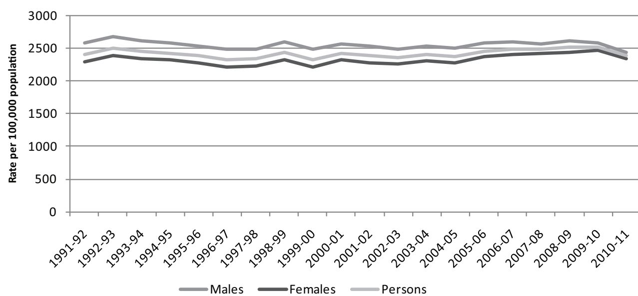
The capacity of mental health services provided in the community also impacts on the numbers of mentally ill that can be diverted from courts to treatment in the community. Over the past several years, there has also been a reduction in the number of individuals physically appearing at court due to an increase in the number of audiovisual link (AVL) court appearances.

Reduce Potentially Preventable Hospitalisations

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

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

Potentially preventable hospitalisations by sex, NSW 1991-92 to 2010-11



Source: Centre for Epidemiology and Evidence

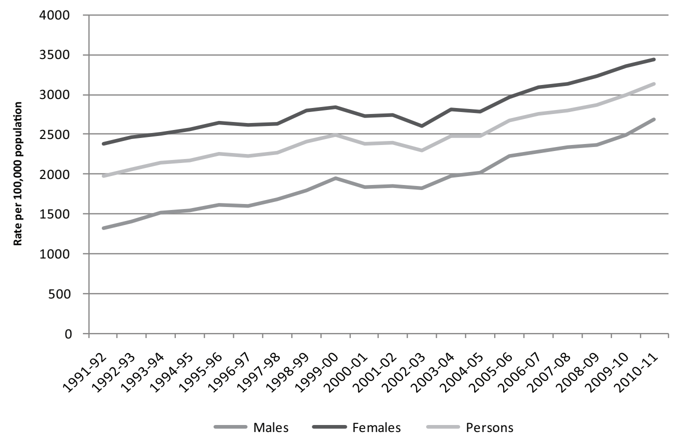
Interpretation
In NSW between 1991-92 and 2009-10 rates of hospitalisation for all Potentially Preventable Hospitalisations (PPH) increased. On 1 July 2010, there was a significant change in coding standards for diabetes, which is a substantial contributor to total preventable hospitalisations. This contributed to the rates of hospitalisation for all PPH decreasing between 2009-10 and 2010-11. (Note latest available data shown)

Fall Injury Hospitalisations

The desired outcome is reduced injuries and hospitalisations from fall-related injury among people 65 years and over.

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

Fall-related injury overnight stay hospitalisations by sex, persons aged and 65 years and over, NSW, 1991-92 to 2010-11.



Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for the two latest years include an estimate of the small number of hospitalisations of NSW residents in interstate public hospitals, data for which were unavailable at the time of production.

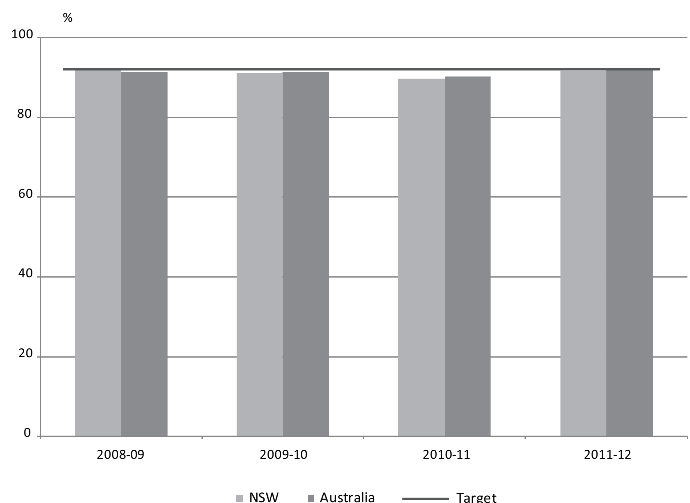
Interpretation
Age-standardised rates of hospitalisations for falls among older people have been increasing for almost 10 years. The rates may be affected by both the actual rate of fall injury and other factors such as hospital admission practices.

Children fully immunised at one year

The desired outcome is reduced illness and death from vaccine preventable diseases in children.

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

Children fully immunised at one year



Source: Australian Childhood Immunisation Register

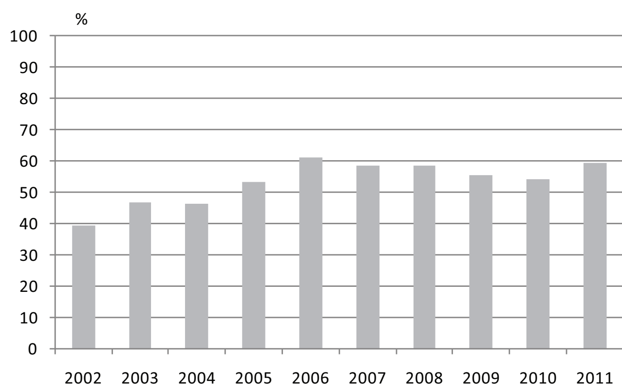
Interpretation
The Australian Childhood Immunisation Register was established in 1996. Data from the Register provide information on the immunisation status of all children less than seven years of age. Data for NSW indicate that at the end of June 2012, 92% of children aged 12 months to less than 15 months were fully immunised. This is consistent with the national average of 92%. It is acknowledged that this data may underestimate actual vaccination rates by around three per cent due to children being vaccinated late or delays by service providers forwarding information to the Register. The NSW target has been raised from 90% to 92% to account for the continued high levels of coverage above 90%.

Adult Immunisation

The desired outcome is reduced illness and death from vaccine preventable diseases in adults.

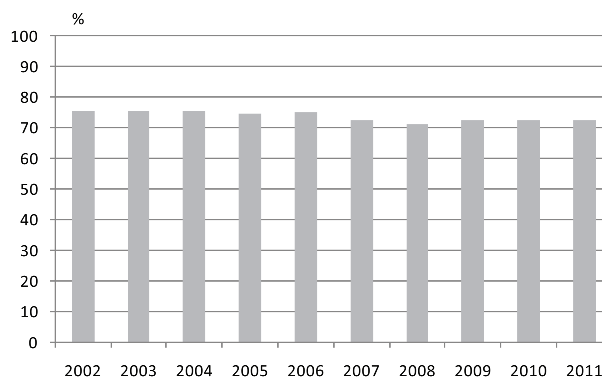
Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council. Free vaccine is provided under the National Immunisation Program. NSW Health actively promotes influenza and pneumococcal vaccination of adults through direct communication with general practitioners and aged care facilities.

Adults aged 65 years and over vaccinated against pneumococcal disease in the last 5 years, NSW, 2002-2011



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

Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW, 2002-2011



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

Interpretation
In adults aged 65 years and over, there has been no meaningful change between 2002 and 2011 in the proportion of respondents who reported receiving vaccination against influenza during the previous 12 months. However, there was an increase in the proportion of respondents, from 39.4% in 2002 to 59.5% in 2011, who reported receiving vaccination against pneumococcal disease during the previous five years.

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

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

TARGET	PRIORITY ACTIONS
REDUCE HOSPITAL WAITING TIMES Planned Surgery ▪ Planned surgical patients admitted within clinically appropriate time Emergency Department Treatments ▪ Time from triage to commencement of clinical treatment meets national benchmarks	The Government's changes to the health system will help reduce waiting times for planned surgery and emergency departments in public hospitals, allowing NSW to meet national benchmarks for treatment. Actions to achieve these targets include: ▪ Invest $4.7 billion over four years in health capital and ICT infrastructure (including e-health projects), make 1,390 beds available and deliver 2,475 extra nurses to ensure hospitals are accessible for the entire NSW community and provide the best quality of care ▪ Restore local decision-making and conduct a governance review of the NSW health system to ensure those closest to the patient are empowered to make decisions about patient care ▪ Invest $72 million to perform 13,000 additional operations to help reduce surgery waiting times ▪ Deliver alternative services to patients with less critical conditions to reduce the pressure on emergency departments, including 'Fast Track' zones, Urgent Care Centres and Medical Assessment Units ▪ Establish a Telehealth Technology Centre at Nepean Hospital and increase funding for the Isolated Patients' Transport and Accommodation Scheme to reduce the barriers of distance for providing health care, particularly for rural and remote patients ▪ Deliver real–time information on the number of patients waiting for treatment in major metropolitan emergency departments
IMPROVE TRANSFER OF PATIENTS FROM EMERGENCY DEPARTMENTS TO WARDS ▪ Achieve the COAG agreed national emergency department access target of 90% of persons attending ED staying four hours or less	Moving patients from the emergency department to wards within the national benchmark will reduce overcrowding of emergency departments and improve patient comfort. Actions to improve the transfer and experience of emergency patients include: ▪ Deliver programs to improve patient journeys and access to care, including redesigning clinical processes, better managing patient flows and resolving unnecessary treatment delays ▪ Make 1,390 beds available over the next four years to meet demand for hospital admissions.
REDUCE UNPLANNED READMISSIONS ▪ Reduce current rates of unplanned and unexpected hospital readmissions as percentage of total hospital admissions (5% per year over four years) DECREASE HEALTHCARE ASSOCIATED BLOODSTREAM INFECTIONS ▪ Improve on performance and remain below the COAG benchmark for *Staphylococcus aureus* (staph) bloodstream infection rate per 10,000 patient bed days	In any environment, there are risks of infection and hazards to patient health and safety, even in hospitals. We are putting systems in place to reduce the possibility of illness or injury associated with health care. Actions to improve patient health and safety include: ▪ Promote strict cleanliness standards including hand washing practices among health professionals to minimise the spread of infections in public hospitals ▪ Reduce blood stream infections through improved clinical practices and education with hospital staff.
ENSURE ALL PUBLICLY PROVIDED HEALTH SERVICES MEET NATIONAL PATIENT SAFETY AND QUALITY STANDARDS	NSW Health is working with the Australian Commission for Safety and Quality in Health Care to make sure all hospitals in NSW meet agreed national patient safety and quality standards.
INCREASE PATIENT SATISFACTION ▪ Improve on the previous year's Patient Experience Survey following treatment	Improving timely access to quality health care starts with putting patients back at the centre of every decision in the NSW health system. Patients must have an opportunity to provide feedback on their experience if we are to continuously improve the delivery of health services and learn from mistakes. We will: ▪ Continue the NSW Health Patient Survey to ensure patients can provide feedback on their care and enable the health system to respond and continuously improve.

NSW 2021: GOAL 12

In 2011-12, NSW Health commenced working towards achieving its NSW 2021 Goals.

Target – Reduce hospital waiting times

Key Achievements 2011-12:

- The NSW Government has committed $4.7 billion over 4 years towards the NSW Health capital works program. This included a wide range of capital works projects progressed during 2011-12 including:
  - Campbelltown Hospital redevelopment
  - Dubbo Hospital redevelopment
  - Liverpool Hospital redevelopment and car park
  - Nepean Hospital redevelopment
  - Port Macquarie Base Hospital expansion
  - Wagga Wagga Base Hospital redevelopment
  - St George Hospital emergency department
  - Prince of Wales Hospital Comprehensive Cancer and Blood Disorder Unit
  - Cessnock Ambulance Station

  Mental Health:
  - Hornsby Hospital Child and Adolescent Acute Mental Health Service
  - Prince of Wales Hospital mental Health Intensive Care Unit
  - Sydney Children's Hospital Child and Adolescent Unit
- The NSW Health ICT program is one of the largest portfolios of any Australian government or corporate organisation. The ICT strategy combines statewide and local investment across clinical, corporate and infrastructure initiatives and support the rollout of the following ICT initiatives:
  - Electronic Medical Record and medical imaging capabilities supporting 75,000 NSW clinicians and covering 80 per cent of all beds in NSW public hospitals
  - A dedicated ICT Infrastructure Office responsible for critical network and data centre upgrades.
- The NSW government committed to achieving an additional 2475 nurses over 4 years. This figure has already been exceeded with over 2,900 extra nurses employed since March 2011.
- The Director-General's *Governance Review* of the NSW health system has been finalised, implementing Government policy on devolution of decision-making; improving transparency and accountability, and strengthening clinical engagement. To support this, 15 Local Health Districts (LHD) and three specialty health networks were established; Health Reform Transition Organisations were abolished with resources transferred to LHDs; the Department of Health was restructured to form a smaller, more focused central agency and the Pillar organisations were strengthened.
- During 2011-12 an additional 5,186 more elective surgical procedures were performed than in the previous year with NSW on track to deliver 13,000 more operations to reduce waiting times. (source: *AIHW, Australian hospital statistics 2011–12*).
- To support better access for patients to the right level of emergency care, LHDs are implementing a number of strategies:
  - Patient Flow Systems to help hospitals to manage demand well in advance.
  - Medical Assessment Units (MAU) have been established within 29 sites where experienced doctors, nurses and allied health staff conduct rapid assessment, faster diagnosis and earlier treatment. Once a patient's condition is assessed and diagnosed and treatment provided, patients can safely return home or transfer to a specialty ward within 48 hours.
  - At over 25 hospitals in the state, fast-track zones have been established, using dedicated skilled staff such as nurse practitioners and nurses with extended skills, to fast-track the treatment of less complex patients.
  - To allow more efficient processing of patients as they arrive, 14 hospitals have established Emergency Medicine Units to provide care to patients that require longer periods of care or observation without occupying emergency department beds.
  - Short stay units have been created in a number of hospitals for patients who need shorter periods of admission to a specialist unit allowing for more efficient processing of patients as they arrive.
- To help reduce barriers of distance in providing care, NSW Health has:
  - Finalised a Telehealth Infrastructure (Video) Strategy which now allows greater communication both within and external to NSW Health facilities in addition to agreed technical standards and consistent priority to video calls across the health network.
  - Provided additional funding of $28 million over four years ($7 million per annum) for the Isolated Patients Travel and Accommodation Assistance Scheme with increases in fuel and accommodation subsidy levels from 1 January 2012.
- To better support real time public information on waiting times in emergency, a new website and phone application was created. The Real Time Emergency Department application provides regularly updated information on the number of patients who have been assessed by a triage nurse and are waiting for treatment in 61 metropolitan and regional hospital emergency departments. The site also provides after hours GP information; the name and location of three other reporting hospitals located closest to the hospital searched, and maps. During 2011-12 there were 50,014 visits recorded on the site, with a total number of hits exceeding 162,000.

Target – Improve transfer of patients from emergency departments to wards

Key Achievements 2011-12:

- LHDs are focusing on implementation of new models of care in emergency departments that ensure patients receive care in the most appropriate place for their clinical condition. This includes using models of care where care can be provided outside the emergency department; for example using Medical Assessment Units and Hospital in the Home services.
- In addition NSW Health is implementing Patient Flow Systems across acute facilities in NSW – a whole of hospital

approach to planning for, and managing capacity and demand across the hospital and acute community setting.

- To support improved access to care the NSW government committed over 4 years to making an additional 1,390 beds available in the NSW Health system. This included making 550 adult acute overnight hospital beds available in addition to the 840 new beds funded by the Commonwealth Government.
- NSW Health is on track to deliver on this commitment by March 2015.
- Additional beds are being made available through :-
  - Opening new beds (eg capital works) and
  - Freeing up existing beds using new models of care to reduce length of time in hospital as well as allowing patients to be cared for at home or in other settings, avoiding the need for admission to hospital. This means delivering increased patient activity while reducing reliance on inpatient beds.
- From June 2011, Council of Australian Governments (COAG) funding was reduced by more than half for NSW acute hospital beds and the NSW government injected $71.9 million so that 557 hospital beds would be available for ongoing patient care.
- During 2011-12 an additional $36.4 million of NSW recurrent funding was also provided for 150 new acute beds with $21.6 million in COAG recurrent funding provided for 69 new sub-acute beds.

Target – Reduce unplanned readmissions

Key Achievements 2011-12:

- In 2011-12, most Local Health Districts investigated the causes of unplanned/unexpected readmission within 28 days of separation and, while some have found coding issues, there were a small number of cases where the original care needed further review. This indicator is a better indicator of continuity of care processes.

Target – Decrease healthcare associated bloodstream infections

Key Achievements 2011-12:

- The Health Care Associated Infection program was transferred to the Clinical Excellence Commission from the Ministry of Health in December 2011. The program is responsible for assisting facilities to minimise the risk of patients developing a preventable health care associated infection through infection control, environmental cleaning, antimicrobial stewardship and reprocessing of instruments. The *Staphylococcus aureus* blood stream infection rate for NSW of 1.17 bloodstream infections per 10,000 bed days remains below the national benchmark of 2.0 per 10,000 bed days. Posters are being developed for display in all hospital wards throughout NSW.
- National Hand Hygiene Initiative: The Clinical Excellence Commission is leading the National Hand Hygiene Initiative in NSW on behalf of the Ministry of Health. The CEC conducted 11 Gold Standard Assessor workshops between July 2011 and June 2012 and 80 new auditors were validated as gold standard assessors.
- The Sepsis Kills program is working with clinicians and health service managers to improve the recognition and treatment of severe infection and sepsis to reduce their impact, mortality and financial costs. Phase 1, which commenced in May 2011 continues and sixty-five (65) Emergency Departments across NSW are actively participating with strong uptake by clinicians and facility managers. Phase 2 commenced in 2012 and is focused on improvement initiatives in hospital inpatient wards, initially in small facilities in rural and remote areas of NSW followed by implementation in large facility inpatient wards.

Target – Ensure all publicly provided health services meet national patient safety and quality standards

Key Achievements 2011-12:

- Quality Systems Assessment: The Clinical Excellence Commission quality and safety self-assessment program is now in its fifth year and is conducted at multiple levels within all public health organisations in NSW. NSW is the first state in Australia to introduce a self-assessment of quality and safety. In 2011, an overall response of 99% was achieved, which included over 1200 clinical departments and 113 facilities across the state.
- Medication Safety: The Medication Safety Self Assessment for Australian Hospitals continues to be a driver for medication safety programs. Two hundred and forty health care facilities have now submitted MSSA data to the CEC. This number includes 150 NSW public health facilities with 67 facilities having completed the self-assessment more than once. After a successful pilot, the 2012 ISMP International Medication Safety Self Assessment for Oncology was released for use worldwide.
- In Safe Hands: This new program was launched in September 2011 and is designed to build high reliability patient care teams by providing them with the relevant standards, tools, skills and resources to enable them to become self sufficient teams in order to provide the best care for their patients. Rural pilot sites have been developed through collaboration with international experts.
- A new system of accreditation is currently being developed by the The Australian Commission on Safety and Quality in Health Care for implementation by all NSW Health facilities.

Target – Increase patient satisfaction

Key Achievements 2011-12:

- Partnering With Patients: The Clinical Excellence Commission (CEC) developed the Partnering with Patients program to involve patients and families and carers in their own care and to improve consumer engagement in safety and quality. The development of a *Patient Based Care Challenge* for the Local Health Districts has been used to galvanise the health services with a clear governance commitment to improve the patient care experience. Recounting a 'patient story' now begins each LHD board meeting.
- The NSW Health Patient Survey began operations in 2007 under the supervision of the former Hunter New England Area Health Service, with the single purpose of informing staff and improving the patient experience of health care. Since 2007, this survey is the only statistically relevant, historical and comparable data set of health experiences in NSW and provides a lens through which quality improvement activities across the public health system can be viewed. From July 2012, the Bureau of Health Information has carriage and responsibility for the NSW Health Patient Survey.

GOAL 12 // PERFORMANCE AGAINST TARGETS

Reduce Hospital Waiting Times

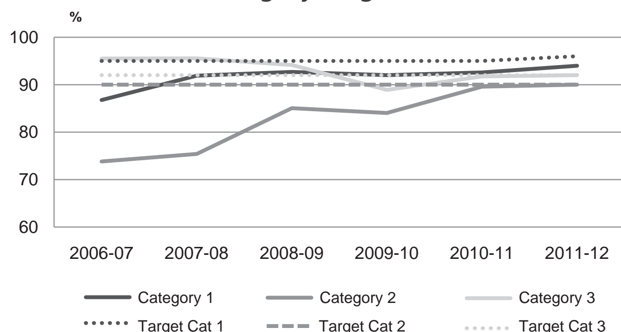
Planned Surgery Patients

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

The National Partnership Agreement on Improving Public Hospital Services requires states to ensure that patients receive their surgery within the clinically recommended timeframe with progressive targets.

The NSW Ministry of Health monitors waiting times for elective surgery, using the nationally agreed measures. These measures are based on clinically recommended timeframes as determined for each patient by their medical practitioner.

NSW Hospital Performance
National Elective Surgery Targets (NEST)



Data Source: WLCOS

Interpretation

NSW public hospitals are improving performance on the percentage of patients treated on time in Category 1 (admission within 30 days) and Category 2 (admission within 90 days) compared to the last reporting period. Category 3 (admission within 365 days) performance remains comparable with 2011. Category 3 performance is still on track to meet the National Elective Surgery Targets.

As at June 2012, two out of three national targets have been achieved and performance continues to improve against them.

- Category 1 – Performance improving, slightly under target (96%) at 94%.
- Category 2 – Performance on target (90%) at 90% for the 2011-12 period
- Category 3 – Performance on target (92%) at 92% for the 2011-12 period

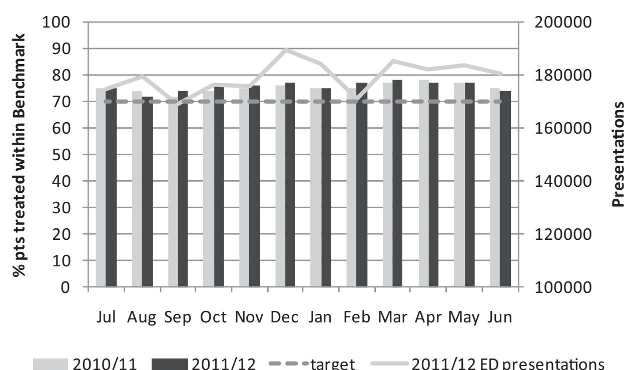
Emergency Department care

Emergency department triage times – treatment within benchmark times.

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

Patients presenting to the emergency department are classified into one of five triage categories and seen on the basis of their need for medical and nursing care.

Emergency Department – All triage categories treated within Australasian College for Emergency Medicine (ACEM) benchmark times (%)



Source: Emergency Department Information System

Interpretation

NSW public emergency departments continue to manage strong demand for services with over 2.5 million attendances in 2011-12 (an increase of 2.1%). Despite this increase, our emergency departments continue to maintain their performance.

Emergency Departments always give priority to those with the most life-threatening illness. NSW hospitals continue to treat 100% of the most seriously ill (Triage 1) patients within the National Benchmark of two minutes.

For those patients classified as triage category 2 or 'imminently life threatening' the performance in treating patients within 10 minutes in 2010-12 was two percentage points above the Australasian College for Emergency Medicine's (ACEM) target level.

In 2010-11, 73% of Triage 4 or 'potentially serious' patients had treatment commenced within 60 minutes, above the 70% benchmark set by the ACEM.

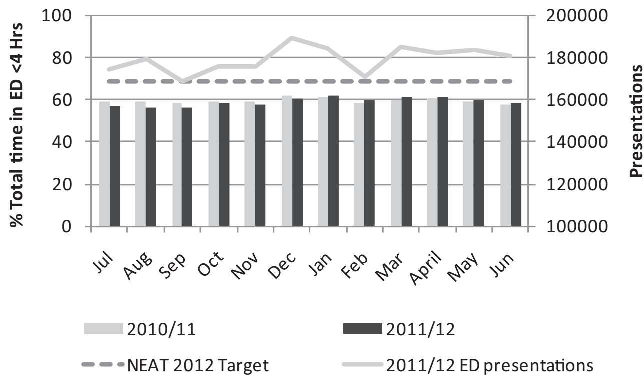
Improve Transfer of Patients from Emergency Departments to Wards

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

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

Patient satisfaction is improved with reduced waiting time for admission from the emergency department to a hospital ward, intensive care unit bed or operating theatre. Also, improved transfer means that emergency department services are freed up for other patients.

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



Source: Emergency Department Information System

Interpretation

- The NSW 2012 annual NEAT target requires that 69% of all patients who present to an ED leave the ED within four hours.

Transfer of Care < 30 minutes

The desired outcome is for the timely transfers of patients from ambulance to hospital emergency departments or inpatient units, resulting in improved patient satisfaction, as well as improved ambulance operational efficiency.

Transfer of care is a new measure, replacing the previously reported "Off Stretcher Time" metric.

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

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

Result for 2012

For the period April to June 2012, the transfer of care time was 75% against an aspirational target of 90%.

Source: Transfer of Care Reporting System

Interpretation

Improving the time taken for the transfer of patients arriving by ambulances to Emergency Departments continues to be a focus of effort. In 2010-11, the percentage of ambulance patients transferred within 30 minutes in NSW using the "Off Stretcher Time" metric was 65%. In the same year, ambulance transports increased by 1.5% compared to the previous year.

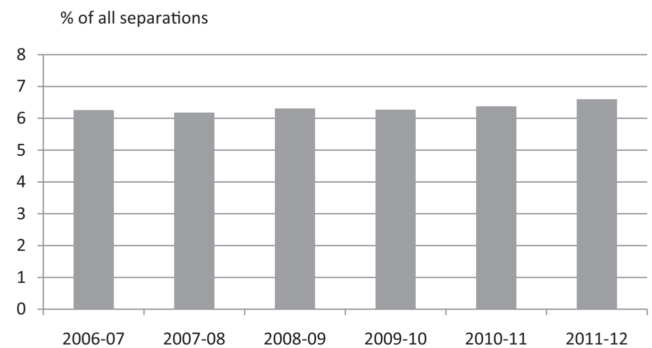
Reduce Unplanned Readmissions

Readmission within 28 Days

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

Monitoring of 28-day readmission provides a useful indicator of potential issues with continuity of care, discharge management and community follow-up and support. The indicator is used both within the Ministry of Health and by the Health Districts and Networks to trigger investigation into possible issues with the management of care from hospital to home.

Unplanned/unexpected readmission within 28 days of separation



Source: State HIE (Inpatient Collection)

Interpretation

In 2011-12, most Local Health Districts have investigated the causes of unplanned/unexpected readmission within 28 days of separation and have found some patients have been coded as an unplanned readmission when it was planned. There were only a small number of cases where the original care could be questioned.

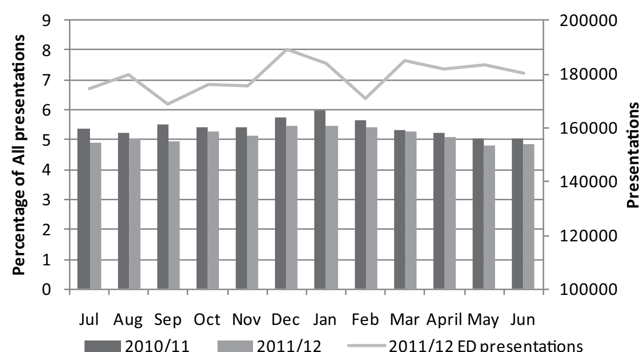
This indicator is useful at looking at the continuity of care processes.

Unplanned Representations to Emergency Departments within 48 hours

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

Unplanned representations to emergency departments may indicate a diminishing of quality of care and patient outcome. The indicator is used to trigger investigation into possible care provided.

Re-presentations to the same Emergency Department within 48hrs



Source: Emergency Department Information System

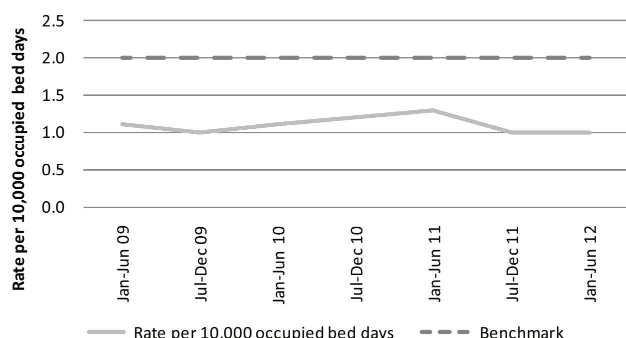
Interpretation
The percentage of re-presentations to NSW public emergency departments has marginally decreased month-on-month across the year. This is despite a 2.1 per cent increase in Emergency department presentations across the state.

Decrease Healthcare Associated Bloodstream Infections

The desired outcome is to achieve a reduction in the number of *Staphylococcus Aureus* bloodstream infections (SA-BSI) acquired by patients receiving treatment in NSW hospitals.

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

Staphylococcus Aureus Bloodstream Infections (SA-BSI)



Source: NSW Healthcare Associated Infection Data Collection

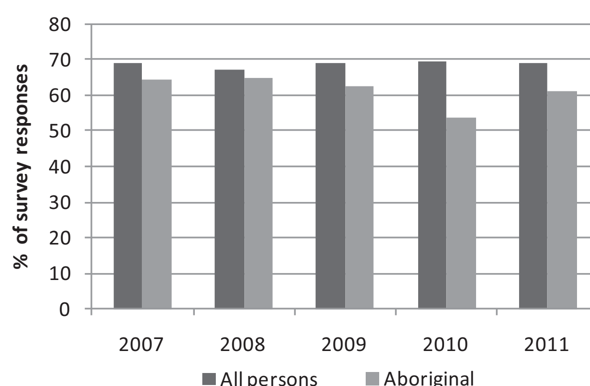
Interpretation
SA-BSI rates have remained static over the last 2 years. The apparent rise in rates between Jan-Jun 2010 and Jul-Dec 2010 reflects the adoption of a new national definition which differed from the NSW definition used prior to that date. This new surveillance definition means in some cases it is more difficult to determine if these infections were associated with performance of a particular hospital. Infections reported now include both those that are Methicillin resistant (MRSA) and those that are Methicillin sensitive (MSSA). Using the new national definition, reported rates in NSW are similar to those in other Australian States and internationally, with State rates consistently below the COAG agreed benchmark of 2.0.

Increase Patient Satisfaction

The desired outcome is to improve patients' experience with public hospital and health services as measured by regular patient satisfaction surveys.

Patient satisfaction provides a proxy measure of government's objective to deliver services that are high quality and responsive to individual patient needs. Patient satisfaction surveys are different from other sources of hospital quality data, because they provide information on hospital quality from the patient's perspective. Surveys can be useful for obtaining information on patient view of both clinical and non-clinical hospital care (such as whether patients feel they were treated with respect and provided with appropriate information regarding their treatment).

Proportion of patients rating their overall care received as 'very good' or 'excellent' (%)



Source: NSW Patient Survey Program, NSW Ministry of Health.

Interpretation
The chart shows that, for all patients combined, the proportion of patients who provided a positive response to 'overall care' has remained stable over the years with nearly 70% rating their care as 'very good' or 'excellent'. The proportion of Aboriginal patients providing a positive response is lower, at just over 60% in 2011, which is an improvement on the previous year's result.

A high or increasing proportion of patients who rated their care as 'very good' or 'excellent' is desirable, as it suggests the hospital care received was of high quality and better met the expectations and needs of the patients.

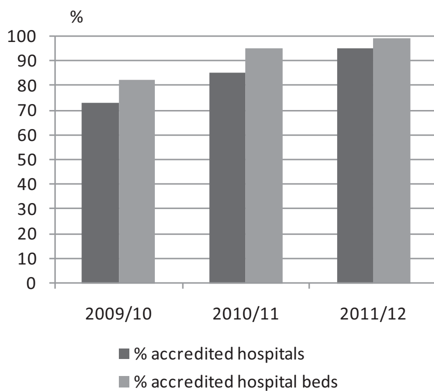
Local Health Districts and Specialist Health Networks regularly collect and monitor patient satisfaction results and implement measures and strategies to improve patient satisfaction in any areas requiring attention. From July 2012, the Bureau of Health Information has taken over the management of the Patient Survey Program and this is expected to increase the range of patient satisfaction data that is collected and publicly reported.

Ensure All Publicly Provided Health Services Meet National Patient Safety and Quality Standards

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

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

Percentage of accredited public hospitals and hospital beds (%)



Source: NSW Ministry of Health

Accreditation is reported as percentage of facilities that are accredited. In addition, percentage of beds that are within accredited facilities out of the total pool of beds in all facilities is also reported to account for hospitals of different sizes.

Interpretation

Percentage of accredited facilities has been increasing steadily over the last three years and more than 90% of public hospitals in NSW are now accredited, covering nearly 100% of public hospital beds.

A high or increasing rate of accreditation is desirable.

WORKFORCE

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WORKPLACE CULTURE

The NSW Health Workplace Culture Framework was released in 2011-12 and outlines the characteristics of a better and more compassionate workplace culture. The Framework is a key statewide initiative designed to assist all staff in contributing to a positive workplace culture across NSW Health and to support a workplace that embodies the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment.

In May 2011, NSW Health undertook an organisation-wide Health Workplace Culture Survey - entitled *YourSay*. The results of this survey were released in 2011-12 and while valuable in highlighting strengths, the survey also identified areas for improvement. The results have been used by local management to develop action plans to respond to those issues that were of concern to local staff and $4 million was allocated in 2011-12 to support NSW public health organisations to effect those actions plans.

A Taskforce on Organisational Culture Change, chaired by the Director-General, identified strategies to support the elimination of bullying and harassment and help bring about cultural change within NSW Health. This resulted in the development of a statewide strategy aligned to the findings of the May 2011 *YourSay* staff survey and the issuing of the new Code of Conduct.

All public health entities are required to report de-identified data to the Ministry of Health on individual complaints known to Human Resources Departments, which are assessed initially as a potential bullying complaint. The total bullying complaints received for the period 1 July 2011 to 30 June 2012 is 193. This represents 0.20% of the total FTE staff in the health system (based on June 2011 FTE).

HEALTH WORKFORCE

Key Policies Released in 2011-12

Key Human Resources and Industrial Relations Policies released during the year include:

NSW Health Code of Conduct (PD2012_018)
Provides a clear framework of the expected standards of conduct for staff working in NSW Health. Incorporates the NSW Health values of Collaboration, Openness, Respect and Empowerment.

Managing Excess Staff of the NSW Health Service (PD2012_021)
Sets out the policy and procedures on managing excess staff in the NSW Health Service.

Violence Prevention and Management Training Framework for the NSW Public Health System (PD2012_008)
The policy specifies the expectations of what skills and knowledge staff, including managers, are expected to have in the prevention and management of aggressive, intimidating, threatening or violent behaviour across NSW Health.

Injury Management and Return to Work (PD2011_054)
Provides assistance to managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and their return to work.

Recruitment and Selection of Staff to the NSW Health Services (PD2012_028)
Sets out mandatory standards for the recruitment and selection of all staff, including staff specialists, clinical academics, security staff and junior medical officers.

Optometrists in the NSW Public Health System-Sessional Rates (PD2011_034)
Provides the formula for determining fees payable to sessional optometrists.

Chaplains Subsidy (PD2012_12)
Provides details on the subsidy for chaplaincy services.

Continuing Education Allowances (CEA) – Public Health System Nurses and Midwives (state) Award (PD2012_002)
Outlines the policy and procedures regarding the conditions, eligibility and payment for continuing education allowances for nurses and midwives, updated to reflect the Public Health System Nurses' and Midwives' (State) Award 2011.

Award Changes and Industrial Relations Claims

All negotiations conducted in 2011-12 were conducted under the provisions of the *NSW Public Sector Wages Policy 2011*. The outcomes of these negotiations were increases of 2.5 per cent per annum for salaries and salary related allowances being awarded to NSW Health Service employees.

In February 2011, the Health Services Union filed a claim for a 6% wage increase over four years. The Industrial Relations Commission (IRC) granted a 2.5% increase without including a no extra claims provision. The NSW Court of Appeal dismissed an application by the Department of Premier and Cabinet to set the matter aside. Following the Court's decision, the HSU's claim was the subject of further IRC proceedings.

Health Workforce

Over 2011-12 there was an overall increase of 3,955 FTE or 4.0% in the total health workforce. This FTE excludes overtime, Visiting Medical Officers and Affiliated Health Organisation staff.

June 2011 – June 2012:

- Medical staff increased by 681 FTE or 7.6%, excluding Visiting Medical Officers
- Nursing and Midwifery staff increased by 1,896 FTE or 4.7%[6]
- Staff represented in the Clinical Staff performance indicator (Medical, Nursing, Allied Health, Other Professionals, Oral Health professionals, Scientific and Technical and Ambulance Clinicians) increased by 3,246 FTE or 4.5%
- Ambulance Clinicians (both on-road and operational support) increased by 110 FTE, or 2.9%
- Hospital Support Workers increased by 484 FTE or 3.8%
- Corporate services staff comprise only 4.5% of total staff employed in the NSW Public Health System and other NSW Health organisations. This is consistent with 2010-11.

Number of Full Time Equivalent Staff (FTE) Employed in the NSW Public Health System June, 2009-2012

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

Source: Health Information Exchange and Health Service local data. Notes: 1 FTE calculated as the average for the month of June, paid productive and paid unproductive hours. 2 Staff employed at Affiliated Health Organisations are not reported in the Ministry of Health's Annual Report. Albury Hospital transferred to the management of VicHealth for from July 2009, has been included in all years for reporting consistency. 3 Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Ambulance Service of New South Wales, Albury Base Hospital, Justice and Forensic Mental Health, Health Support Services, NSW Health Pathology and Sydney Children's Hospitals Network. All non-salaried Staff such as Visiting Medical Officer (VMO) and other contracted Staff are excluded. 4 Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 5 The capacity to report on backdated FTE information, previously excluded from the reporting system, commenced from June 2012 and has been included in the reported figures for June 2012. Backdated FTE adjustments represent an estimated 1% of total FTE. **6 The Government commitment to 2,475 nurses in its first term relates to headcount not full time equivalent (FTE) (see page 37).**

Number of Full Time Equivalent Staff (FTE) Employed in other NSW Health organisations June, 2009-2012

	June 2009	June 2010	June 2011	June 2012
Ministry of Health, Health Infrastructure, Clinical Excellence Commission, Bureau of Health Information, Health Education Training Institute and Agency for Clinical Innovation	681	689	804	**712**
Health Professional Councils Authority	60	59	87	**88**
Mental Health Review Tribunal	26	29	35	**34**

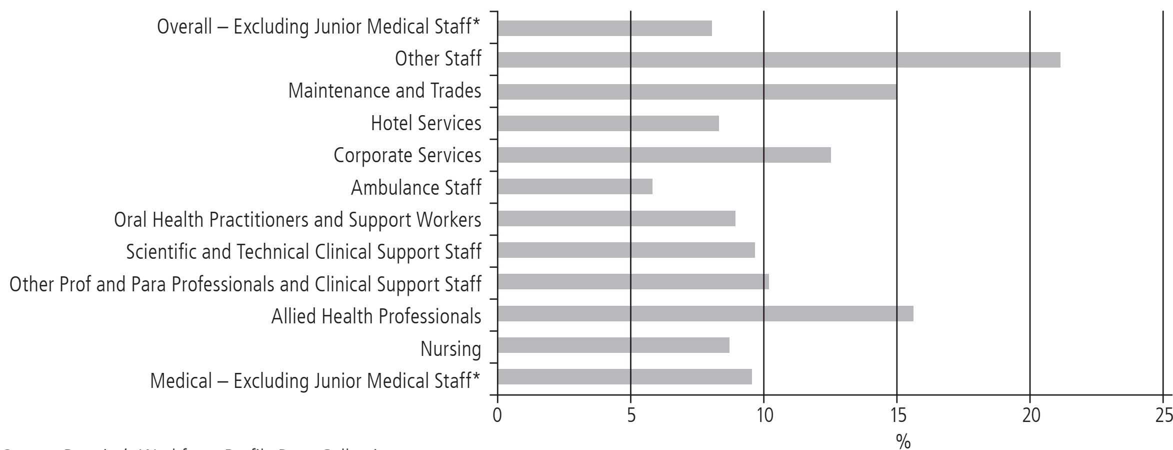
Source: Health Information Exchange and Health Service local data

NSW Public Health System Clinical Staff Ratio June, 2009-2012

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

Source: Health Information Exchange and Health Service local data. Note: The data for 'clinical staff' does not include every category of staff engaged in frontline support. Clinical support staff engaged in frontline support includes ward clerks, clinical support officers, wards persons, surgical dressers etc.

Non-Casual Staff Turnover Rate by Treasury Group July, 2011-2012



Source: Premier's Workforce Profile Data Collection.

Staff Turnover – Non-Casual Staff Separation Rate (%)

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability and minimise unnecessary losses.

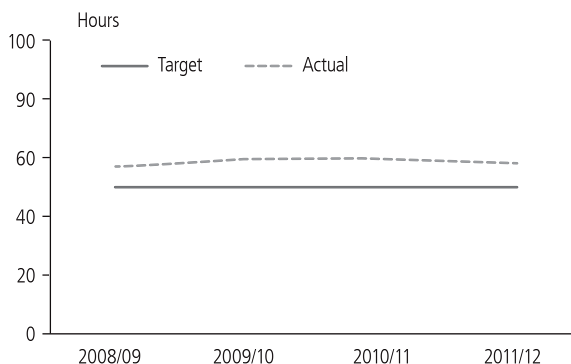
Human resources represent the largest single cost component for health services. Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time will enable the identification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

Sick Leave – Annual Average per FTE (hours)

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

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

Sick Leave – Annual Average per FTE (Hours)



Source: MOH-Health Information Exchange -Premier's Workforce Profile Data Collection. Note: JMOs in their first two years are on a term contract in the NSW Public Health System. Excludes Affiliated Health Organisations.

Interpretation

There has been a reduction in sick leave over the past 3 years and this provides the baseline for further effective management and monitoring to reduce sick leave to target levels.

This in turn reduces the need for, and additional cost of, staff replacement and reduced possible negative effects on service delivery and on other staff, where replacement staff are not readily available.

Medical Workforce

NSW Health undertook a number of strategies in 2011-12 to increase and enhance the medical workforce including:

- **Intern Training:** NSW Health Local Health Districts established a record 850 intern training positions for 2012.
- **Rural Preferential Recruitment:** The Rural Preferential Recruitment (RPR) Scheme allows doctors to spend the majority of their first two years training in a rural location. 75 interns commenced their prevocational training under the RPR Scheme in 2012.
- **Regional Preferential Allocation 2011-12:** The Regional Preferential Allocation (RPA) program was piloted for the 2011 intern allocation round. The aim of the RPA program is to build a sustainable regional workforce. 144 medical graduates were offered training positions in regional hospitals under the RPA program for commencement in 2012.
- **Emergency Department Workforce Research project:** In 2011-2012, Emergency Department Workforce Analysis workshops were completed at 81 NSW emergency departments. As a result, the Emergency Department Workforce Assessment Tool (EDWAT) has been developed as a workforce planning tool, which applies the principles and guidelines at the emergency department level.
- **Senior Hospitalist Initiative – Master of Clinical Medicine:** In March 2012, the Master of Clinical Medicine program was launched for non-specialist doctors in NSW hospitals to have access to a targeted Masters course designed to equip them for broader roles in coordinating care and clinical leadership.

Aboriginal Workforce

A priority for NSW Health is the continued growth of the Aboriginal Workforce. In 2011-12, NSW Health launched two key frameworks:

- Good Health - Great Jobs: NSW Health Aboriginal Workforce Strategic Framework: The Framework aims to increase the number of Aboriginal staff across the NSW health sector in clinical, non-clinical and leadership roles and provides direction to the NSW Health system for achievement of 2.6% Aboriginal workforce by 2015.
- Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health: The Framework assists with increasing cultural competencies and promotes greater understanding of the processes and protocols for delivering health services to Aboriginal people. Training resources, including eLearning modules, have been developed to provide staff with the necessary knowledge and skills to interact positively with Aboriginal people and communities and to improve engagement and communication methods to improve work practice.

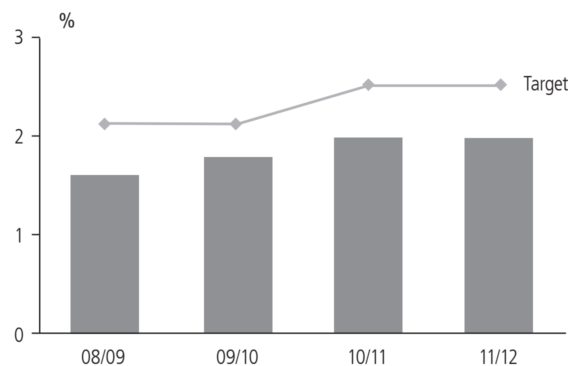
Aboriginal Staff as a Proportion of Total (%)

The desired outcome is to meet and exceed the Government's policy of 2.6% representation of Aboriginal staff in the NSW Health workforce.

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

To achieve this, NSW Health has identified the significance of achieving current and future benchmarks in the recruitment and retention of Aboriginal staff.

Aboriginal Staff as a proportion of total (%) against target



Source: Premier's Workforce Profile Data Collection. Note: Excludes Affiliated Health Organisations. NSW Health Average inclusive of all Local Health Networks, Health Support Services and Ambulance Service of NSW.

Interpretation

NSW Health staff entry and exit data currently highlights that we are not reaching the necessary growth per annum to achieve the targeted employment rate. Achieving the desired result will require significant recruitment drives across all parts of NSW Health and strong leadership.

Since the launch of *Good Health – Great Jobs* there has been a significant commitment made by a number of Local Health Districts to achieve this result with the establishment of a number of Local Health District Aboriginal Workforce Steering Committees to develop and implement strategies to recruit and retain Aboriginal staff.

Nursing and Midwifery Workforce

There are now more than 46,500 nurses and midwives working in full and part-time permanent positions in NSW, including 15,000 working in rural and regional areas. NSW Health fulfilled the Government's commitment to employ 2,475 additional nurses and midwives over four years. This figure was surpassed in 2011-12.

In fulfilment of the rollout of reasonable workload provisions, NSW Health has provided additional staff required to support the new staffing arrangements in the Nurses' and Midwifes' Award. The additional staff required were brought on progressively, and completed by the end of June 2012.

NSW Health has undertaken a number of initiatives to retain and enhance the skills of the nursing and midwifery workforce including $10,000 scholarships for previously registered and enrolled nurses to return to the profession; over $3 million for 2291 scholarships; funding of more than $14 million for nursing and midwifery graduates; and ongoing clinical skill development including the Essentials of Care program.

NSW Health leads Australia with 200 Nurse Practitioner positions. The Nurse Practitioners in NSW policy directive has been extensively revised to support expanded models of care and the scope of practice of Nurse Practitioners.

Allied Health Workforce

There are now more than 9,000 FTE allied health professionals working in full and part-time positions in NSW, including 2,652 FTE working in rural and regional areas.

NSW Health has undertaken a number of initiatives to recruit and enhance the skills of the allied health workforce:

- Over $180,000 for the NSW Health Allied Health Aboriginal Cadetship Program, which provides support to Aboriginal students undertaking an allied health course.
- A new Allied Health Directorate within the NSW Health Education and Training Institute to provide coordination and facilitate development of clinical education and teaching resources for the allied health workforce.
- The Rural Allied Health Scholarship program which provides a range of scholarships to support undergraduates and practising clinicians. The Rural Allied Health Scholarship program provided scholarships to 56 students from a rural background in 2011-12.
- Rural Allied Clinical Placement Grants assist with the cost of travel and accommodation for students undertaking clinical experience in rural areas. In 2011-12, 386 grants were awarded.
- Rural Allied Health Postgraduate Scholarships provide clinicians working in rural NSW with financial support to undertake further study. In 2011-12, 49 scholarships were awarded.

REGISTERED HEALTH PROFESSIONALS IN NSW

PROFESSION	NO. OF REGISTRANTS AS AT 30 JUNE 2011
Chiropractor	1511
Dental Practitioner	5,989
Medical Practitioner	28,972
Registered Nurse	81,927
Registered Nurse and Midwife	13,491
Registered Midwife	418
Optometrist	1,553
Osteopath	510
Pharmacist	8,274
Physiotherapist	6,888
Podiatrist	946
Psychologist	10,066

Source: Australian Health Practitioner Regulation Agency, June 2012
Note: Data is based on registered practitioners as at 30 June 2012 whose principal place of practice is in New South Wales.

OVERSEAS VISITS BY STAFF

The schedule of overseas visits is for NSW Ministry of Health staff. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Ministry approval.

Fiona Wynn – Associate Director, Government Relations, Mental Health and Drug and Alcohol, Strategy and Resources. *1st Stage Implementation of MOU between NSW Health and Bangkok Metropolitan Administration.* Bangkok, Thailand.

Professor Bob Batey – Clinical Advisor, Mental Health and Drug and Alcohol, Strategy and Resources. *1st Stage Implementation of MOU between NSW Health and Bangkok Metropolitan Administration.* Bangkok, Thailand

Marianne Goodwin – Associate Director, Nursing and Midwifery Office, Governance, Workforce and Corporate *Overseas recruitment campaign – Registered Nurses and Midwives.* United Kingdom and USA.

Sarah Thackway – Director, Epidemiology and Research, Population and Public Health. *Site Visits of Medical Research Organisations – related to work of the Health and Medical Research Strategic Review Committee.* Canada and Singapore.

Karen Price – Associate Director, Clinical Policy Mental Health and Drug and Alcohol, Strategy and Resources *Milwaukee Wraparound Model Workshop.* Winconsin, USA.

Richard Broome – Medical Advisor, Environmental Health and Disaster Management, Population and Public Health *23rd International Society for Environmental Epidemiology Conference.* Barcelona, Spain.

Daniel Comerford – Project Director, Emergency and Patient Flow Redesign, System Purchasing and Performance. *Hospital Efficiency Asia Summit.* Kuala Lumpur, Malaysia. (Self-funded travel)

Debra Thoms – Chief Nursing Officer, Nursing and Midwifery Office, Governance, Workforce and Corporate. *Australia and New Zealand Council of Chief Nurses Meeting* Wellington, New Zealand.

Julia McGinty – Senior Analyst, Activity Based Funding Taskforce, Strategy and Resources. *Patient Classification Systems International Winter School.* Dublin, Ireland.

Amanda Christensen – TB Program Manager, Communicable Diseases, Population and Public Health. *6th STOP TB/Pacific Island TB Controllers' Association – Sponsored by the Australian Respiratory Council.* Koror, Palau.

Jeff Standen – Manager, Environmental Health, Population and Public Health. *1st World Indigenous Housing Conference* Vancouver, Canada. (Part self-funded)

Meredith Claremont – Director, Maternity, Children and Young People's Health, Population and Public Health *National Community Child Health Council Meeting.* Wellington, New Zealand.

WORKPLACE HEALTH AND SAFETY

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

Highlights

The following Work Health Safety (WHS) Initiatives were implemented during 2011-12:

- Quarterly, WHS Committee meetings were held to consult on and review strategies for managing and improving workplace health and safety on behalf of employees and managers.
- As part of the Healthy Lifestyle program, the NSW Ministry of Health's Get Healthy information and coaching service was made available to employees aiming to improve health and achievement of health-related goals.
- WHS awareness strategies included bi-monthly induction presentations, WHS workplace assessments, the Safe Work Week promotion, Seasonal Influenza vaccination program, Australian Red Cross Blood donations, Workstation Clean-Up Day and exercise and relaxation activities.
- The Ministry supported and promoted the WorkCover Authority of NSW, Hazard a Guess, a young workers' injury prevention campaign and the Homecomings campaign, emphasising the importance of workplace safety for workers, family and other members.

- Certified First-Aid Officers provided first-aid assistance to staff and first aid kits were reviewed and restocked as required. Recertification in Apply First-Aid and Automated External Defibrillation was completed.
- The Ministry continued to conduct building emergency evacuation tests and emergency training sessions for fire wardens.

Strategies to improve Work Health and Safety in the Ministry include:

- Ongoing commitment to the Ministry's WHS Mission Statement.
- Promotion of Healthy Lifestyle campaigns to staff and managers on general health and wellbeing strategies
- Information, training and consultation with workers and managers on health and safety in the workplace.

Policies Issued

The Ministry of Health provided regulation and guidance on Work Health Safety to the NSW Health System.

In 2011-12, the *Injury Management and Return to Wor*k policy directive was issued to the health system. The policy provides assistance to managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and their return to work.

The Ministry also developed a series of fact sheets to assist managers and staff in the Health System to understand key aspects of the new Work Health and Safety legislation. The fact sheets covered areas such as:

- Who is a worker and what are the responsibilities of workers
- What the terms 'duty of care' and 'reasonably practicable' mean
- Who is an officer in NSW Health (minus reference to Board members) and their responsibilities
- Examples of actions that would help officers meet their 'due diligence' responsibilities
- Responsibilities for consultation, consultative arrangements and the actions required by Local Health Districts prior to January 2013.
- The role of a Health and Safety Representative and training requirements
- The role of Health and Safety Committees, including guidance on composition and frequency of meetings and training requirements.
- The requirements for managing staff exposures to blood-borne pathogens and guidance on what requires notifications to WorkCover NSW.

The Ministry acted as the liaison between the health system and WorkCover NSW where aspects of the new legislation, with statewide implications, required clarification.

NSW Ministry of Health – Workplace Injuries by Category 2011-12

INJURY	TOTAL
Trips/Falls	39
Psychological	3
Motor Vehicle Accidents	7
Occupational Overuse Syndrome (RSI)	5
Manual Handling	3
Miscellaneous	33
Hazards Near Misses	10
Total	**100**

Workers Compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Ministry of Health provided access to compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2011-12, 17 new claims were lodged with the Ministry's insurer. Fifteen claims were accepted; the insurer declined or reasonably excused two of the claims.

NSW Ministry of Health – Categories of Workers Compensation Claims 2011-12

INJURY/ILLNESS	TOTAL
Body Stress	3
Fall/Slip/Trip	7
Psychological	3
Object – hit	0
Vehicle	2
Other	2
Total	**17**

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

- Achievement of the actions and targets under the Working Together Public Sector Workplace Health and Safety and Injury Management Strategy 2010-2012.
- A focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries.
- Frequent claims reviews between the Ministry and the insurer to monitor claim activity, return to work strategies, industry performance and compensation costs.
- Ongoing commitment to promoting risk management and injury prevention strategies.

NSW Ministry of Health – Number of New Claims Each Year from 2001-02 to 2010-11 Financial Years

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

EQUAL EMPLOYMENT OPPORTUNITY

The NSW Ministry of Health has a strong commitment to equal employment opportunity (EEO) and recruits and employs staff on the basis of merit. This provides a diverse workforce and a workplace culture where people are treated with respect.

EEO activities for 2011-2012 included:

- The Ministry of Health commemorated NAIDOC week with the presentation of Aboriginal Health Awards. NAIDOC celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islanders. It highlights the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW.
- National Sorry Day is an Australia-wide observance held on May 26 each year. It gives people the chance to come together and share the steps towards healing for the Stolen Generations, their families and communities. Sorry Day was commemorated by the Ministry on 25 May in 2012.
- The Ministry has a Disability Action Plan demonstrating how the Department contributes to a society in which people with disability participate as full citizens with optimum quality of life and independence.
- NSW Health Aboriginal Workforce Strategic Framework 2011-2015 was released as a policy directive in July 2011. The framework focuses on addressing health workforce skill gaps as well as supporting the economic and social well-being of Aboriginal people.

The key priorities of the Framework are to:

- Increase the representation of Aboriginal employees to 2.6% across NSW Health
- Increase the representation of Aboriginal people working in all health professions
- Develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff
- Provide leadership and planning in Aboriginal workforce development
- Provide employment to Aboriginal university graduates in health professions
- Build a NSW Health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.

EQUAL EMPLOYMENT OPPORTUNITY MANAGEMENT PLAN 2012-13

The following initiative is proposed for the 2012-13 EEO Management Plan:

- Improve and increase employment opportunities for people with a disability in the NSW public sector in accordance with the State Government EmployABILITY strategy and the Ready Willing and Able program.
- Review alternative data sources to improve the accuracy of Disability data.

A. NSW Ministry of Health – Trends in the Representation of EEO Groups

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2009	2010	2011	2012
Women	50%	62%	64%	61%	61%
Aboriginal people and Torres Strait Islanders	2%	1.26%	1.17%	1.00%	1.17%
People whose first language was not English	20%	19.5%	18.5%	10.32%	13.21%
People with a disability	12%	2.99%	2.75%	2.61%	2.46%

B. NSW Ministry of Health – Trends in the Distribution of EEO Groups

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2009	2010	2011	2012
Women	100	93%	95%	93%	94%
Aboriginal people and Torres Strait Islanders	100	95%	94%	100%	94%
People whose first language was not English	100	91%	86%	92%	98%
People with a disability	100	118%	93%	97%	100%

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

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CAPITAL WORKS AND ASSET MANAGEMENT

Strategic Asset Management

Significant Achievements 2011-12

- Capital expenditure of $885 million was achieved against the Asset Acquisition Program in 2011-12, compared with $898 million in 2010-11.
- Approximately $30.5 million worth of construction contracts for projects with a total estimated value less than $10 million were awarded. Contracts for projects over $10 million are subject to a separate report by Health Infrastructure.
- The forward Asset Acquisition Program was endorsed with an estimated $4.7 billion in committed funding for capital works over the next four years (2012-13 to 2015-16).

Major priorities for 2012-13

- Full expenditure of the approved 2012-13 Asset Acquisition Program of $1,004.5 million.
- $260.3 million has been set aside to implement a program of new works with the remaining $744.2 million supporting works in progress.
- Investment in 2012-13 to focus on:
  - Infrastructure, equipment and technology investments by the Local Health Districts and HealthShare NSW.
  - Statewide programs including: information and Communications Technology (ICT); Ambulance; Radiotherapy; Health Technology; Mental Health; Rural Health; HealthOne.
  - Commencement of new major capital works with an estimated total cost of $1.1 billion.

Capital Works Completed 2011-12

The following table includes major capital works managed by Local Health Districts that have been completed during 2011-12.

PROJECT	TOTAL COST $M	COMPLETION DATE
Central Coast LHD		
CCLHN COAG Flexible Capital - Gosford Hospital - Cardiac Catheter Laboratory	1.60	Jul 2011
CCLHN COAG Emergency Dept.	0.41	Sep 2011
CCLHN COAG Elective Surgery	1.49	Oct 2011
Wyong Dental Clinic Expansion	0.40	Jun 2012
Gosford Hosp. Digital Radiography System - Triple Flash Pad	0.27	Jun 2012
Far West LHD		
FWLHD COAG Rural Surgery Equipment	0.36	May 2012
Hunter New England LHD		
Manilla MPS/HealthOne	19.71	Aug 2011
Muswellbrook Staff Accommodation Renovations	0.43	Aug 2011
HNELHN COAG Flexible Capital - John Hunter Hospital	2.97	Sep 2011
HNELHN COAG Emergency Dept.	2.37	Oct 2011
Cessnock Dental Clinic	0.77	Dec 2011
HNELHN Car Parking Upgrade Program (2010/11)	0.50	Dec 2011
John Hunter Hospital Medical Laboratory Fit-out	0.80	Jan 2012
Kurri Kurri Hospital Lift Replacement	0.26	Feb 2012
John Hunter Hospital Renal Ward	0.55	Mar 2012
Boggabri GP Consulting Rooms and Day Care and Activities Centre	0.30	Jun 2012
Cessnock and Kurri Kurri Hospitals - Electric Beds	0.50	Jun 2012
HNELHD COAG Emergency Department High Volume Short Stay – Equipment	1.05	Jun 2012
HNELHD COAG Rural Surgery Equipment	0.36	Jun 2012
HNELHN Area Staff Accommodation Program (2010/11)	0.60	Jun 2012
HNELHN Safe Assessment Rooms SARs (2010/11)	0.27	Jun 2012
Wansey Dialysis Centre - New Equipment	0.50	Jun 2012
Illawarra Shoalhaven LHD		
ISLHN COAG Emergency Dept.	0.89	Sep 2011
Wollongong Hospital Digital Angiography (DSA)	1.10	Dec 2011
Wollongong Hospital DSA Archiving System	0.30	Dec 2011
Wollongong Hospital ICCC LINAC Upgrade	0.50	Jun 2012
Wollongong Hospital ICCC Treatment Planning System Upgrade	0.42	Jun 2012
Wollongong Hospital Endoscopy Unit Refurbishment	0.45	Jun 2012
Wollongong Hospital SPECT – CT	1.14	Jun 2012
Justice and Forensic Mental Health		
Justice Health Medical Imaging Implementation	0.38	Jun 2012
Mid North Coast LHD		
MNCLHN COAG Elective Surgery	1.75	Sep 2011
Coffs Harbour Hospital Emergency Medical Unit	1.30	May 2012
MNCLHN Medical Imaging Implementation	3.05	Jun 2012
Murrumbidgee LHD		
Wagga Wagga Base Hospital Endoscopy Operating Theatre	0.45	Jul 2011
Integrated Primary Health Care Centre/MPS – Corowa	3.26	Oct 2011
MLHN COAG Elective Surgery - Wagga Wagga BH	1.65	Nov 2011
Integrated Primary Health Care Centre/HealthOne – Cootamundra	0.74	May 2012
MLHD COAG Rural Surgery Equipment	0.36	Jun 2012
Nepean Blue Mountains LHD		
Nepean Hospital Linear Accelerator Replacement	3.50	Oct 2011
Nepean Hospital Special Imaging Suite	1.49	Apr 2012
NBMLHN Energy Performance Contract - Blue Mountains Hospital	1.87	Jun 2012
NBMLHD COAG ED HVSS – Capital	2.50	Jun 2012
NBMLHN COAG Elective Surgery	0.45	Jun 2012
NBMLHN COAG Emergency Department	0.41	Jun 2012
Northern NSW LHD		
Maclean District Hospital Emergency Department Upgrade	1.43	Sep 2011
NNSWLHD COAG Rural Surgical Equipment	0.36	Jun 2012
Northern Sydney LHD		
Dalwood Heritage Building Repairs	0.35	Jul 2011
Manly Hospital Interim PECC	1.34	Aug 2011
Northern Beaches Hospitals Medical Air Compressors	0.52	Aug 2011
NSCCAHS Medical Imaging Implementation	7.37	Sep 2011
NSLHN COAG Emergency Dept.	1.27	Oct 2011
NSLHN COAG Elective Surgery	4.13	Feb 2012
Hornsby/Ku-ring-gai Hospital Theatres Building Re-Roofing	0.70	Mar 2012
Mona Vale Hospital Facade Rectification Works	0.70	Mar 2012
Hornsby/Northern Beaches HS RAD PACS RIS	0.80	Jun 2012
South Eastern Sydney LHD		
Sydney/Sydney Eye Hospitals CT Scanner	1.48	Jul 2011
SESIAHS Oncology Information System	2.00	Sep 2011

PROJECT	TOTAL COST $M	COMPLETION DATE
SESLHN COAG Flexible Capital	3.19	Sep 2011
Randwick Hospitals Campus CT Scanner	2.03	Dec 2011
Hyperbaric Chamber Prince of Wales Hospital	8.17	Jan 2012
POWH PABX Replacement	0.40	Jan 2012
POW Hospital LINAC Head Upgrade (ROTC)	0.51	Jun 2012
St George Hospital - Cancer Care - 16 Slice Large Bore CT Scanner	0.50	Jun 2012
St George Hospital - Cancer Care, Radiotherapy Treatment	0.50	Jun 2012
St George Hospital Gamma Camera	2.30	Jun 2012
South Western Sydney LHD		
SWSLHN COAG Elective Surgery	5.55	Sep 2011
SWSLHN COAG Emergency Dept.	0.99	Sep 2011
Liverpool Hospital CT Scanner (HTP Funds)	1.10	Jun 2012
Southern NSW LHD		
Goulburn Hospital Upgrade Emergency Department	0.80	Sep 2011
Queanbeyan Renal Services	1.62	Oct 2011
Bega Hospital CT Scanner (64 Slice)	0.80	Dec 2011
Pambula Hospital Ophthalmology Service Air Conditioning	0.42	Feb 2012
Goulburn Hospital Emergency Dept. and Operating Theatre Upgrade	0.50	Jun 2012
SNSWLHD COAG Rural Surgical Equipment	0.36	Jun 2012
SNSWLHN COAG Emergency Department Refurbishments	0.73	Jun 2012
Sydney Children's Hospitals Network		
CHW Upgrade Lift 12, Research Building (2010/11)	0.30	Aug 2011
SCHN COAG Elective Surgery	1.35	Sep 2011
CHW Retail Strategy Implementation	0.80	Jun 2012
Sydney LHD		
SLHN COAG Emergency Department	1.35	Sep 2011
Concord - Replace Dual Head CT Gamma Camera - Nuclear Medicine	0.70	Jun 2012
Concord Hospital Replace CT Scanner in Radiology	1.50	Jun 2012
SLHD Mobile Simulation Centre	0.48	Jun 2012
The Ambulance Service of NSW		
Cessnock Ambulance Station	1.70	Oct 2011
Coonamble Ambulance Station	1.45	Nov 2011
Batemans Bay Ambulance Station Upgrade	2.24	Nov 2011
Byron Bay New Ambulance Station	1.42	May 2012
Byron Bay Ambulance Site Works	0.48	May 2012
ASNSW Headquarters Additional Accommodation (2010/11)	1.00	Jun 2012
Western NSW LHD		
Dubbo Community Mental Health - Bultje St. Dubbo	2.89	Jan 2012
WNSWLHD Mobile Simulation Centre	0.30	Jun 2012
Western Sydney LHD		
WSLHN GEEIP Project	0.90	Aug 2011
WSLHN COAG Elective Surgery	3.21	Dec 2011
SWAHS PACS/RIS	5.27	Dec 2011
WSLHN COAG Emergency Dept.	1.24	Jan 2012
Rouse Hill HealthOne	0.53	Apr 2012
WSLHN GEEIP Projects - Westmead Hospital	2.69	Jun 2012
Westmead Hospital Additional Bunker and Linear Accelerator	7.16	Jun 2012
Blacktown Hospital - Emergency Department and Urgent Care Centre	0.40	Jun 2012

CREDIT CARD CERTIFICATION

It is affirmed that for the 2011-12 financial year credit card use within the Ministry was in accordance with Premier's Memoranda and Treasurer's Directions.

Credit card use

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

- the reimbursement of travel and subsistence expense
- the purchase of books and publications
- seminar and conference deposits
- official business use while engaged in overseas travel.

Documenting credit card use

The following measures are used to monitor the use of credit cards:

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

Procurement cards

The Ministry has also encouraged the use of procurement cards across all areas of NSW Health consistent with the targets established under the Health Supply Chain Reform Strategy and in keeping with the Smarter Buying for Government initiatives of the NSW Government Procurement Council.

Use of the cards benefits all health services through the reduction of purchase orders generated, the number of invoices received, the number of cheques processed as well as reducing delays in goods delivery.

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

INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

for the 2011-2012 Financial Year for the Ministry of Health, NSW

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

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

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

- Mr Alex Smith, Independent Chair (appointed March 2012 for three years, replacing Jon Isaacs)
- Mr Ian Gillespie, Independent Member (appointed March 2012 for three years, replacing Alex Smith)
- Karen Crawshaw, Non-independent Member (appointed March 2010 for three years).

I, Dr Mary Foley, declare that this Internal Audit and Risk Management Attestation is made on behalf of the following controlled entities:

- Central Coast LHD
- Northern NSW LHD
- Sydney LHD
- Agency for Clinical Innovation
- Nepean Blue Mountains LHD
- Ambulance Service of NSW
- Northern Sydney LHD
- Bureau of Health Information
- South Eastern Sydney LHD
- Clinical Excellence Commission
- South Western Sydney LHD
- Health Education and Training Institute
- Western Sydney LHD
- Health Infrastructure
- Illawarra Shoalhaven LHD
- HealthSupport Services
- Western NSW LHD
- HRTO* Western
- Far West LHD
- HRTO* Southern
- Hunter New England LHD
- HRTO* Northern
- Southern LHD
- Justice and Forensic Mental Health Network
- Mid North Coast LHD
- The Sydney Children's Hospitals Network
- Murrumbidgee LHD

*Health Reform Transition Organisation, dissolved 1 June 2012.

Dr Mary Foley
Director-General, NSW Health
August 2012

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

IMPLEMENTATION OF PRICE DETERMINATION

From 1 July 2011 the costs for Ambulance charges were applied consistent with the determination of the Independent Pricing and Regulatory Tribunal. Current charges are outlined in Policy Directive PD2012_032.

LAND DISPOSAL

A total of 17 properties were sold during 2011-12 and a further six properties were under contract for sale at 30 June 2012, providing gross sales proceeds totalling in the order of $13 million. All sales were undertaken in accordance with Government policy.

Summary of sales 2011-12

PROPERTY	STATUS @ 30 JUNE 2012	GROSS SALE VALUE
Bensville – 502 Empire Bay Drive	Contracts Exchanged	$280,000
Bensville – 54 Nerang Street	Contracts Exchanged	$160,000
Kanwal "Old Kamira Farm" – Pacific Highway	Contracts Exchanged	$1,400,000
Lismore – 25 Uralba Street	Contracts Exchanged	$351,000
Narrabri – 7 Doyle Street	Contracts Exchanged	$402,000
Orange "Bloomfield" Forest Road	Direct sale to ADHC	$665,000
		$3,258,000
Narrabri – 72 Gibbons Street	Contract Settled	$100,000
Tenterfield – Duncan Street	Contract Settled	$175,000
North Ryde – 31-41 Twin Road	Contract Settled	$675,000
Albury – 201 Borella Road	Contract Settled	$350,000
Cootamundra – 11 Hurley Street	Contract Settled	$250,000
Lavington – Lot 106 Diggers Road	Contract Settled	$600,000
The Rock – King Street	Contract Settled	$140,000
Tumut – 5 Kirk Avenue	Contract Settled	$50,000
Wagga Wagga – 6-8 Morrow Street	Contract Settled	$535,000
Young – Memagong Street	Contract Settled	$170,000
Surry Hills – 701-703 Bourke Street	Contract Settled	$1,727,000
Bexley – 9 St Georges Road	Contract Settled	$590,000
Peakhurst – 64 Stanley Street	Contract Settled	$2,091,000
Redfern – 120-122 Lawson Street	Contract Settled	$1,150,000
Cowra – Brisbane Street	Contract Settled	$335,000
Lighting Ridge – 41 Opal Street	Contract Settled	$158,000
Nelson Bay – 42 Donald Street	Contract Settled	$550,000
		$9,646,000
Total Gross Value		**$12,904,000**

NON-GOVERNMENT ORGANISATIONS FUNDED

by the NSW Ministry of Health during 2011-12

ABORIGINAL HEALTH*	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$2,233,167	Peak body providing advocacy and support for NSW Aboriginal community controlled health services, advising Governments on Aboriginal health matters and a formal partner with NSW Health on Aboriginal health issues. Funding is given for operational and administrative costs; chronic disease; quality improvement; and maternal and child health programs
Aboriginal Medical Service Co-op Ltd	$344,200	Preventive health care, drug and alcohol and chronic disease management and maternal health programs for the Aboriginal community in the Sydney inner city area
Aboriginal Medical Service Western Sydney Co-op Ltd	$393,650	Preventive health care, family health, chronic disease management and drug and alcohol programs for the Aboriginal community in the western Sydney area
Awabakal Newcastle Aboriginal Co-op Ltd	$301,100	Preventive health care, drug and alcohol, ear health, chronic care and family health programs for the Aboriginal community in the Newcastle area
Biripi Aboriginal Corporation Medical Centre	$232,200	Preventive health care drug and alcohol and family health programs for the Aboriginal community in the Taree area
Bourke Aboriginal Health Service Ltd	$278,576	Public health, family health and drug and alcohol programs for the Aboriginal community in Bourke and surrounding areas
Bulgarr Ngaru Medical Aboriginal Corporation	$20,500	Family health program in the Grafton area
Bulgarr Ngaru Medical Aboriginal Corporation - Casino AMS	$17,000	Chronic disease prevention and management program in the Casino area
Centacare Wilcannia-Forbes	$147,300	Family health program in Narromine and Bourke
Coonamble Aboriginal Health Corporation	$294,000	Family health and chronic care programs in the Coonamble area
Cummeragunja Housing and Development Aboriginal Corporation	$82,300	Preventive health program for Aboriginal community in the Cummeragunja, Moama and surrounding areas
Dubbo Neighbourhood Centre Inc	$48,100	Family health program for communities in the Dubbo area
Durri Aboriginal Corporation Medical Service	$266,800	Preventive health care, chronic care, drug and alcohol programs for the Aboriginal communities in the Kempsey area
Galambila Aboriginal Health Service Inc.	$17,000	Chronic disease prevention and management program for Aboriginal community in the Coffs Harbour area
Goorie Galbans Aboriginal Corporation	$124,400	Family health program in the Kempsey area
Grace Cottage Inc	$22,475	Family health program for communities in the Dubbo area
Illaroo Cooperative Aboriginal Corporation	$53,400	Personal care worker for the Rose Mumbler Retirement Village
Illawarra Aboriginal Medical Service	$246,700	Preventive health care, drug and alcohol programs, health and welfare worker and an early childhood nurse for the Aboriginal community in the Illawarra area
Intereach NSW Inc	$89,100	Family health program in the Deniliquin area
Katungul Aboriginal Corporation Community and Medical Services	$73,100	Ear health program for Aboriginal communities of the far south coast region
Maari Ma Health Aboriginal Corporation	$353,078	Family health, chronic disease prevention and management programs
Manning District Emergency Accommodation Inc	$52,400	Counselling and support service for Aboriginal women and children in the Manning district
Ngaimpe Aboriginal Corporation	$162,800	Residential drug and alcohol program for men in the Central Coast area
The Oolong Aboriginal Corporation	$178,800	Residential drug and alcohol treatment, located in the Nowra area
Orana Haven Aboriginal Corporation	$196,450	Residential drug and alcohol program, located near Brewarrina
Orange Aboriginal Health Service	$212,000	Chronic disease prevention in the Orange area
Riverina Medical and Dental Aboriginal Corporation	$444,700	Preventive health care, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region
South Coast Medical Service Aboriginal Corporation	$151,100	Preventive health care and drug and alcohol programs for the Aboriginal community in the Nowra area
Tharawal Aboriginal Corporation	$74,900	Preventive health care, drug and alcohol programs for the Aboriginal community in the Campbelltown area
Tobwabba Aboriginal Medical Service	$83,100	Family health services for the prevention and management of violence within Aboriginal families
Walgett Aboriginal Medical Service Co-op Ltd	$242,000	Preventive health care, family health and drug and alcohol programs for the Aboriginal community in the Walgett area and Aboriginal Health Worker in Collarenebri
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	$83,100	Family health program in the south coast area
Weigelli Centre Aboriginal Corporation	$73,800	Residential drug and alcohol program for Aboriginal people in the Cowra area
Wellington Aboriginal Corporation Health Service	$201,800	Drug and alcohol, youth and family health programs for the Aboriginal community in and around Wellington
Yerin Aboriginal Health Services Inc	$347,000	Preventive health care, ear health and family health programs for the Aboriginal people in the Wyong area and funds for administration
Yoorana Gunya Family Healing Centre Aboriginal Corporation	$157,200	Family health program for the Aboriginal community in Forbes and surrounding areas
TOTAL	**$8,299,296**	

*Funding for Aboriginal health initiatives are also provided through the Ministry of Health and Local Health District programs to Aboriginal community organisations particularly Aboriginal community controlled health services for specific projects.

AIDS	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$568,590	Implementation of the following statewide projects with Aboriginal communities in NSW: • HIV/AIDS, hepatitis C and sexually transmissible infections (STI). • Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health distance learning package. • harm minimisation; • sexual and reproductive health social marketing and hepatitis C treatment social marketing
Aboriginal Medical Service Co-operative Ltd	$159,859	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections education and prevention programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal Community Controlled Health Organisations
Aboriginal Medical Service Western Sydney Co-op Ltd	$180,555	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities
Albury Wodonga Aboriginal Health Service Inc	$50,775	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
ACON Health Ltd	$10,053,625	ACON is the peak statewide community-based organisation providing HIV prevention, education, and support services to people at risk of and living with HIV. Services and programs include: HIV prevention, education and community development programs for gay and other homosexually active men; treatments information, health promotion and support programs for people with HIV; education and outreach programs for sex workers through the Sex Workers Outreach Project (SWOP); individual and group counselling; enhanced primary care and GP liaison; and HIV information provision
Australian Diabetes Council Ltd	$2,263,400	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW
Australasian Society for HIV Medicine Inc	$1,740,300	Provision of training for accreditation of general practitioners prescribing HIV or hepatitis C treatments under Section 100 of the National Health Act and training, education and support for general practitioners involved in the management and care of HIV, HCV and HBV and Sexual Health training for nurses. Provision of HIV, hepatitis B and hepatitis C training targeting other health care providers, including nurses and Aboriginal health workers together with general workforce development support for the NSW HIV and related diseases Program
Awabakal Newcastle Aboriginal Co-op Ltd	$67,700	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	$163,630	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities
Bourke Aboriginal Health Service Ltd	$50,775	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Bulgarr Ngaru Medical Aboriginal Corporation	$180,555	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities
Coomealla Health Aboriginal Corporation	$197,480	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities
Coonamble Aboriginal Health Corporation	$129,780	Provision of sexual and reproductive health programs for local Aboriginal communities
Durri Aboriginal Corporation Medical Service	$50,775	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Family Planning NSW	$197,335	Provision of sexual and reproductive health evaluation framework for Aboriginal communties in NSW
Griffith Aboriginal Medical Service	$199,835	Provision of sexual and reproductive health programs for local Aboriginal communities and provision of hepatitis C treatment programs for Aboriginal communities
Hepatitis NSW	$1,473,600	HNSW is a state wide community based organisation that provides information, support, referral, education, and prevention and advocacy services for all people in NSW affected by hepatitis C. HNSW works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life and to prevent the transmission of hepatitis C
Illawarra Aboriginal Medical Service	$33,850	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Katungul Aboriginal Corporation Community and Medical Services	$50,774	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
National Centre in HIV Social Research – University of NSW	$673,887	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis social/behavioural data. Monitoring of risk behaviour among populations at risk of HIV and sexually transmissible infections and provision of research into living with HIV and related diseases
NSW Users and AIDS Association Inc	$1,426,235	NUAA is a State-wide community-based organisation that provides HIV/AIDS and hepatitis C prevention education, harm reduction, advocacy, referral and support services for people who inject drugs
Pharmacy Guild of Australia (NSW Branch)	$1,391,900	Coordination of the Pharmacy Fitpack Scheme (Needle Syringe Program) in retail pharmacies throughout NSW
Pius X Aboriginal Corporation	$67,700	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Positive Life NSW	$772,200	Statewide community based education, information and referral support services for people living with HIV

AIDS	AMOUNT	DESCRIPTION
South Coast Medical Service Aboriginal Corporation	$67,700	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Tharawal Aboriginal Corporation	$16,925	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
The Kirby Institute – University of NSW	$986,429	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis surveillance data. Monitoring of prevalence, incidence and risk factors among populations at risk of HIV, sexually transmissible infections and viral hepatitis
Walgett Aboriginal Medical Service Co-op Ltd	$26,275	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of hepatitis C treatment programs for local Aboriginal communities
TOTAL	**$23,242,444**	

ABORIGINAL MATERNAL AND INFANT HEALTH	AMOUNT	DESCRIPTION
Durri Aboriginal Corporation Medical Service	$183,800	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area
Maari Ma Health Aboriginal Corporation	$275,211	Provision of outreach ante/postnatal services to Aboriginal women in the Broken Hill area
Walgett Aboriginal Medical Service Co-op Ltd	$183,800	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area
TOTAL	**$642,811**	

AGED AND DISABLED	AMOUNT	DESCRIPTION
Parkinson's NSW Inc	$23,500	Funds to raise the awareness of Parkinson's Disease in the community through support of Parkinson's week activities and to provide targeted training and education
TOTAL	**$23,500**	

COMMUNITY SERVICES	AMOUNT	DESCRIPTION
Albury Wodonga Aboriginal Health Service Inc	$208,418	Building Stong Foundations for Aboriginal Children Families and Communities program
Association for the Wellbeing of Children in Healthcare Ltd	$159,700	Advocacy for the needs of children, young people and families within the health care system focusing upon the psycho-social needs of children and young people
Centre for Disability Studies	$200,000	Provision of a medical and health consultant service for adolescents and adults with intellectual disability
Council of Social Service NSW	$212,700	Grant to support NCOSS Management Support Unit with the aim of developing management capacity of Health funded NGOs and to employ a Health Policy Officer to address effective policy development, communication, coordination and advocacy work
Health Consumers NSW	$50,000	Health Consumers NSW is the peak state voice for NSW health consumers. Its principal aim is to provide a voice for health consumers in NSW, to enable them to participate in shaping health services and decisions in our state
NSW Association for Youth Health Inc	$113,700	Peak body working with and advocating for the youth health sector in NSW to promote the health and well being of young people aged 15 to 25 years
QMS (Quality Management Services) Inc	$200,000	Assist with the NGO Quality Improvement Program for NGOs funded under NSW Health's NGO Grant Program
United Hospital Auxiliaries of NSW Inc	$175,500	Peak organisation providing coordination and central administration for members of the United Hospital Auxiliaries
Women's Health NSW	$178,800	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non government women's health services, the Ministry and other government and non-government services
TOTAL	**$1,498,818**	

CHRONIC CARE FOR ABORIGINAL PEOPLE	AMOUNT	DESCRIPTION
Aboriginal Medical Service Co-op Ltd	$78,700	Preventive vascular health program for Aboriginal community in the Sydney inner city area
Aboriginal Health and Medical Research Council of NSW	$75,000	Chronic Disease Workforce analysis in the Aboriginal community
Asthma Foundation of NSW	$150,000	Undertake asthma community education programs
Biripi Aboriginal Corporation Medical Centre	$72,500	Preventive vascular health program for Aboriginal community in the Taree area
Durri Aboriginal Corporation Medical Service	$72,600	Preventive vascular health program for Aboriginal community in the Kempsey area
Galambila Aboriginal Health Service Inc.	$72,600	Preventive vascular health program for Aboriginal community in the Coffs Harbour area
Health Consumers NSW	$100,000	Health Consumers NSW is the peak state voice for NSW health consumers. Its principal aim is to provide a voice for health consumers in NSW, to enable them to participate in shaping health services and decisions in our state
National Stroke Foundation	$897,700	Undertake community and workplace health checks
Pharmacy Guild of Australia (NSW Branch)	$370,000	Undertake community and workplace health checks
TOTAL	**$1,889,100**	

DRUG AND ALCOHOL	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$150,000	Grant to continue the policy/project officer position and Aboriginal drug and alcohol network projects
Aboriginal Medical Service Co-op Ltd	$259,600	Multipurpose Drug and Alcohol Centre
Australian Red Cross (NSW Division)	$256,300	Four year project funding to deliver the alcohol and other drug overdose prevention education program for families and carers of users in NSW
DAMEC (Drug and Alcohol Multicultural Education Centre)	$589,900	Statewide program targeting health and related professionals to assist them to appropriately service Culturally and Linguistically Diverse customers
Family Drug Support	$315,100	Grant to support services for families of drug and alcohol affected people
Life Education NSW Ltd	$2,302,000	A registered training organisation providing health oriented educational program for primary school children
Macquarie University Department of Psychology	$62,100	Project funding for a drug and alcohol education curriculum content in the Master of Social Health course
Network of Alcohol and Other Drugs Agencies Inc	$1,360,100	Peak body for non-government organisations providing alcohol and other drug services
NSW Users and AIDS Association Inc	$325,300	Funding to assist with the development and facilitation of the Drug and Alcohol Consumer Sub Committee
Pharmacy Guild of Australia (NSW Branch)	$1,393,163	NSW Pharmacy Incentive Scheme that involves the payment of incentives to pharmacists to encourage them to participate in the State's methadone/ buprenorphine program.
The Construction Industry Drug and Alcohol Foundation - Foundation House	$200,000	Foundation House is the Construction Industry Drug and Alcohol Foundation treatment centre providing both inpatient and outpatient support for building and construction industry personnel, members of their families and members of the general public
The Oolong Aboriginal Corporation	$262,300	A residential drug and alcohol treatment and referral service for Aboriginal people
Uniting Care NSW.ACT	$3,203,800	Medically Supervised Injecting Centre
University of Sydney - Brain and Mind Research Institute	$100,150	Research into Alcohol Related Brain Injury (ARBI)
TOTAL	**$10,779,813**	

HEALTH PROMOTION	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$437,500	Prevention partnerships for Aboriginal People in closing the Gap in Indigenous Health Outcomes
Australian Breastfeeding Association (NSW Branch)	$100,000	Promoting and supporting breastfeeding for infants
Healthy Kids Association Inc	$410,000	Promotion of healthy food choices for children
KIDSAFE NSW Inc	$209,275	Prevention of deaths and injuries to children under the age of fifteen
National Heart Foundation of Australia (NSW Division)	$411,800	The Heart Foundation Prevention in Primary Health Care program aims to increase awareness of the benefits of addressing lifestyle risk factors and support effective intervention within general practice
TOTAL	**$1,568,575**	

MENTAL HEALTH	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$159,900	Peak body advising State and Federal Governments on Aboriginal health matters and providing advocacy and support for Aboriginal community controlled health services
Aboriginal Medical Service Co-op Ltd	$264,700	Mental Health workers project and mental health youth project for Aboriginal community in the Sydney inner city area
Aboriginal Medical Service Western Sydney Co-op Ltd	$80,700	Mental Health worker project for Aboriginal community
ACON Health Ltd	$307,500	Grant for the Peace of Mind Mental Health Literacy Program
After Care	$646,100	Family and Carer Mental Health Projects
Aged and Community Services Association of NSW and ACT Inc.	$123,000	Co-ordination of the Positive Living in Aged Care (PLAC) project
Albury Wodonga Aboriginal Health Service Inc	$80,700	Mental Health worker project for Aboriginal community
Awabakal Newcastle Aboriginal Co-op Ltd	$90,700	Mental Health worker project for Aboriginal community in the Newcastle area
Black Dog Institute	$1,461,300	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches
Bulgarr Ngaru Medical Aboriginal Corporation	$92,600	Mental Health worker project for Aboriginal community
Centacare Wilcannia-Forbes	$646,100	Family and Carer Mental Health Projects
Coomealla Health Aboriginal Corporation	$90,700	Mental Health worker project for Aboriginal community
Cummeragunja Housing and Development Aboriginal Corporation	$90,700	Mental Health worker project for Aboriginal community
Frederic House	$181,300	Project grant for mental health services at aged care facility
Galambila Aboriginal Health Service Inc.	$80,700	Mental Health worker project for Aboriginal community
Katungul Aboriginal Corporation Community and Medical Services	$85,500	Mental Health worker project for Aboriginal community
Lifeline Australia	$2,000,000	Crisis telephone service
Mental Health Association NSW	$424,800	Provide statewide information on mental health and access to mental health services

MENTAL HEALTH	AMOUNT	DESCRIPTION
Mental Health Carers ARAFMI NSW Inc	$329,300	Five-year Family and Carer Mental Health Projects
Mental Health Coordinating Council NSW	$721,400	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus three-year project funding for the NGO Development Officers Strategy project and the Professional Development Scholarships program
Mission Australia	$1,302,100	A specialist outreach support program for people with mental health issues
Neami Ltd	$492,000	Neami Resource and Recovery is a community based outreach service offering a structured, strength based assessment and support process whereby consumers' aspirations and goals shape the context for the interventions offered
Network of Alcohol and Other Drugs Agencies Inc	$230,600	Peak body for non-government organisations providing alcohol and other drug services
New Horizons Enterprises Ltd	$553,500	The Recovery and Resource Services Program provides individualised rehabilitation and recovery services for people with a mental illness. This program utilises community, social, leisure and vocational services
NSW Consumer Advisory Group - Mental Health Inc (NSW CAG)	$890,500	Contribution to consumer and carer input into mental health policy making process and one off for MH Copes project
Parramatta Mission	$1,292,300	Five year Family and Carer Mental Health Projects
Peer Support Foundation Ltd	$236,200	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across NSW
Psychiatric Rehabilitation Australia	$881,500	Provide support and access to quality community social, leisure and recreation opportunities and vocational and educational services for people with mental illness
Riverina Medical and Dental Aboriginal Corporation	$80,700	Mental Health worker project for Aboriginal community
Schizophrenia Fellowship of NSW Inc	$2,302,900	Three 5-year Family and Carer Mental Health Projects
Schizophrenia Research Institute	$1,803,000	Support for a comprehensive research program across hospitals, universities and research institutes to discover the ways in which to prevent and cure schizophrenia
South Coast Medical Service Aboriginal Corporation	$173,900	Mental Health worker for local Aboriginal community
St Luke's Anglicare Ltd	$184,500	Recovery and Resource Services are to support people with mental illness to access quality mainstream community social, leisure and recreation opportunities and vocational and educational services
Tharawal Aboriginal Corporation	$80,700	Mental Health worker project for Aboriginal community
University of Wollongong - IHMRI	$716,200	Grant to support the treatment of personality disorder project
Walgett Aboriginal Medical Service Co-op Ltd	$161,300	Mental Health worker project for Aboriginal community
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	$80,700	Mental Health worker project for Aboriginal community
Weigelli Centre Aboriginal Corporation	$80,700	Mental Health worker project for Aboriginal community
Wellington Aboriginal Corporation Health Service	$88,400	Project grant for the employment of a clinical team leader (psychologist) Aboriginal mental health focus
Yerin Aboriginal Health Services Inc	$80,700	Mental Health worker project for Aboriginal community
TOTAL	**$19,670,100**	

ORAL HEALTH (ABORIGINAL)	AMOUNT	DESCRIPTION
Aboriginal Medical Service Co-op Ltd	$110,300	Aboriginal oral health services
Aboriginal Medical Service Western Sydney Co-op Ltd	$404,000	Aboriginal oral health services
Albury Wodonga Aboriginal Health Service Inc	$312,500	Aboriginal oral health services
Awabakal Newcastle Aboriginal Co-op Ltd	$160,700	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	$160,700	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	$389,000	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation - Casino AMS	$223,800	Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	$389,000	Aboriginal oral health services
Hunter New England Local Health District	$428,600	Aboriginal oral health services
Illawarra Aboriginal Medical Service	$280,700	Aboriginal oral health services
Katungul Aboriginal Corporation Community and Medical Services	$292,400	Aboriginal oral health services
Maari Ma Aboriginal Corporation	$176,400	Aboriginal oral health services
Orange Aboriginal Health Service	$307,500	Aboriginal oral health services
Pius X Aboriginal Corporation	$160,200	Aboriginal oral health services
Riverina Medical and Dental Aboriginal Corporation	$423,500	Aboriginal oral health services
South Coast Medical Service Aboriginal Corporation	$243,400	Aboriginal oral health services
Tharawal Aboriginal Corporation	$280,700	Aboriginal oral health services
Walgett Aboriginal Medical Service Co-op Ltd	$110,300	Aboriginal oral health services
Yerin Aboriginal Health Services Inc	$307,500	Aboriginal oral health services
TOTAL	**$5,161,200**	

RURAL DOCTORS SERVICES	AMOUNT	DESCRIPTION
NSW Rural Doctors Network Ltd	$1,364,700	The Rural Doctors Network core funding supports a range of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the health care needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program, which provides financial assistance to medical students undertaking rural NSW placements; and the NSW Rural Resident Medical Officer Cadetship Program which supports selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW regional based hospital
TOTAL	**$1,364,700**	

OPERATING CONSULTANTS 2011-12

Table 1: Consultancies equal to or more than $50,000

CONSULTANT	COST ($)	DESCRIPTION
Management Services		
ARTD Consultants	54, 364	Evaluation of NSW Aboriginal Mental Health Worker Training Program
Communio Pty Ltd	116,300	Mental Health Inquiries Evaluation
Health Outcomes International Pty Ltd	63,636	Evaluation of services for Housing and Accommodation Support Initiative
Health Policy Analysis	78,750	Evaluation of NSW Service Plan for Specialist Mental Health Services for Older People
KPMG Consulting	140,824	Review of NSW Patient Safety and Clinical Program
KPMG Consulting	56,667	Review of governance structure of the NSW public health system
Nous Group Pty Ltd	78,400	Review efficiency/effectiveness of Long Stay Older Patients Initiatives
PwC PricewaterhouseCoopers Australia	88,572	Healthcare Associated Infection (HAI) Collection and Reporting Review
University of NSW	57,581	Evaluation of the Drug and Alcohol Consultation Liaison Services
Urbis Pty Ltd	74,954	Evaluation Keep Them Safe - Whole Family Teams
Consultancies equal to or more than $50,000	**810,048**	

Table 2: Consultancies less than $50,000. During the year 29 other consultancies were engaged in the following areas:

	COST ($)
IT Services	43,940
Legal	19,698
Management Services	251,252
Organisational Review	49,825
Training	17,780
Consultancies less than $50,000	**382,495**
Total consultancies (Table 1 + Table 2)	**1,192,542**

OTHER FUNDING GRANTS

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
A Taste of Paradise	15,000	Funding to target young people with mental health issues
ACT Health	431,000	Blood Products
Aftercare	1,718,395	Housing and Accommodation Support Initiatives projects
Ageing, Disability and Home Care	250,000	Evaluate Carers Actions Plan 2007-2012
All Hallows Parish School	600	Mini Vinnies Night Patrol Program
Australasian College of Health Services	93,100	Aboriginal Health Management Development Officer
Australia Men's Health Forum	10,000	Men's Conference
Australia Red Cross	3,000	Heat Sealer
Australian Academy of Science	10,000	Hooked on Science Tour
Australian and New Zealand Intensive Care Society	76,462	Australian and New Zealand Intensive Care Society Core Funding
Australian Breastfeeding Association	120,000	Core Funding
Australian Hearing	20,021	Funding of Longitudinal Outcomes of Children with Hearing Impairment Study
Australian National Preventative Health	500,000	National Partnership Centre

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Beyond Blue	1,200,000	National initiative to create a community response to depression.
Camden Haven Men's Shed	10,000	Grant to Kendall Men's Shed
Camp Kookaburra	15,120	Funding to provide respite, information and education for young people aged 15-17 years with a caring role in families impacted by mental illness
Can Assist	10,000	Donation for Breast Cancer Research
Cancer Council Victoria	196,413	Healthy Children Initiative Physical Activity
Crossing Theatre	3,832	Funds to educate young people about the dangers and consequences of drugs and encourage positive lifestyle choices to remain drug free
Cure for Life Foundation	100,000	Donation for Cinderella Ball 2012 for Brain Cancer Research
Day Of Difference Foundation	50,000	Family Support Program
Department of Education and Community	607,800	Delivery of Live Life Well School Program
Department of Education and Training	149,425	Delivery of Sexual Health in Schools Program
Department of Health and Ageing	16,200	NSW Contribution to 2011 World AIDS Day Campaign
Department of Health and Ageing	1,393,200	Cord Blood Collection Network Funding
Department of Health and Ageing	1,664,328	Australian Childhood Immunisation Register
Department of Health and Ageing	1,782,000	Australian Commission on Safety and Quality in Health Care
Department of Health, South Australia	2,603,440	NSW contribution to Australian Health Minister's Advisory Council (AHMAC)
Department of Health, Victoria	67,318	NSW contribution to the National Mental Health Workforce Advisory Committee
Department of Justice and Attorney General	196,385	Implementation of the Magistrate Early Referral into Treatment Program
Department of Juvenile Justice and Human Services	2,599,484	Implementation of the Magistrate Early Referral into Treatment Program
Department of Trade and Investment Regional Infrastructure and Services, Arts NSW	140,000	Youth Drug and Alcohol - Aboriginal Art and Community Education Project
Education and Training	182,186	Implementation of the Magistrate Early Referral into Treatment Program
Exodus Foundation	400,000	Exodus Capital Expenditure
Family and Community Services	50,000	Contribute to Domestic and Family Violence - Framework
Family and Community Services	80,000	Family and Community Services - Office of Women's Office
Friends of the Crossing Theatre	5,500	Funding for the theatre play "April's Fool"
Garvan Research Foundation	100,000	John Shine Translational Research Fellowship Fund
General Practice NSW	76,182	Keep Them Safe Information Sessions with General Practice across NSW
Griffith Aboriginal Medical Service	42,000	Griffith Aboriginal Medical Service Capital Grant
Hastings Men's shed	10,000	Grant to Hasting Men's Shed
Health Care Complaints Commission	10,181,000	Health Care Complaints Commission Grant
Health Professionals Councils Authority	160,460	Set up of complaints handling for new registered professions
Humpty Dumpty Foundation	200,000	Medical Paediatric equipment for various hospitals
Illawarra Shoalhaven Local	510,000	NBN Telehealth Home Trials Funding
Illawarra Division of General Practice	50,000	Royal Australian College of General Practitioners
International Society for Tryptophan Research	5,000	Sponsorship of International Society for Tryptophan Research
Kids of Macarthur	25,000	Kids of Macarthur Ball
Lismore and District Women's Health Centre	19,885	Improving Women's Health in Rural and Remote Areas
Maari Ma Health	1,000,000	Maari Ma Health capital Grant
Melanoma Institute Australia	500,000	Melanoma Genome Research Project
Men’s Shed Wagga Wagga	5,000	Refurbishment to Wagga Wagga Men's Shed
Mental Health Coordinating Council	49,000	Community Managed Mental Health Sector Development Benchmarking Project
Mental Health Council of Australia	15,938	Funding for the National Mental Health Consumer Forum
Mission Australia	2,501,982	Housing and Accommodation Support Initiatives projects
Moree Family Support Inc	4,545	Mental Health funding for "Girls with a Purpose” program
National Call Centre Network Ltd	10,284,304	Governance and Operational Costs
National Heart Foundation	5,132	Australian Better Health Initiative
National Stroke Foundation	10,000	Measure Up Program
Neami Ltd	8,682,549	Housing and Accommodation Support Initiatives projects
Neuroscience Research Australia	94,345	NSW Falls Prevention Network Grant
New Horizons Enterprise	8,238,414	Housing and Accommodation Support Initiatives projects
NSW Department of Community Services	235,193	Implementation of the Magistrate Early Referral into Treatment Program and Training for Community Services staff working with drug related problems in the key areas of welfare services
NSW Department of Corrective Services	1,543,736	Support for a number of specialist drug and alcohol counselling positions and the coordination of drug and alcohol programs conducted in NSW correctional facilities
NSW Food Authority	75,000	Fast Choices Initiative

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
NSW Institute of Psychiatry	30,000	Accredited Persons Training
NSW Institute of Psychiatry	378,000	Development of Postgraduate Psychological Education by distance learning
NSW Institute of Psychiatry	412,000	Postgraduate Diploma in Mental Health for General Practitioners
NSW Institute of Psychiatry	2,124,628	Annual operating grant
NSW Police	138,522	Funding for Clinical Nurse Consultant position for the NSW Police Force Mental Health Intervention Team
NSW Police	723,017	Implementation of the Magistrate Early Referral into Treatment Program and Development of drug and alcohol training and other programs.
NSW Rugby League	300,000	NSW State Knockout Challenge Program Grant
NSW State Library	150,000	Drug information in libraries
NSW Therapeutic Advisory Group	274,070	Funding Agreement
Office of Communities	63,500	Tackling Violence Program
On Track Community Program	699,520	Housing and Accommodation Support Initiatives projects
Oolong Aboriginal Corporation	54,545	Oolong House Capital Grant
Orange Aboriginal Health Service	234,850	Orange Aboriginal Health Service Capital Grant
Parramatta Mission	5,400	Funding for purchase of medical supplies to extend Uniting Care GP clinics
Parramatta Mission	2,960,858	Housing and Accommodation Support Initiatives projects
Peak Hill Men’s Shed Inc	10,000	Grant for purchase of men's shed
Pedestrian Council of Australia	20,000	Seven Bridges Walk
Pedestrian Council of Australia	30,000	Sponsorship of Walk to Work Day
Psychiatric Rehabilitation Australia	3,774,846	Housing and Accommodation Support Initiatives
Reach for the Rainbow Ltd	5,000	Donation for Run for The Hills Event supporting early intervention services for children with delays and disabilities
Richmond Fellowship of NSW	8,593,707	Housing and Accommodation Support Initiatives projects
Riverina Medical and Dental	13,150	Riverina Medical and Dental Capital Grant
Rock Eisteddfod Challenge	100,000	Sponsorship of Rock Eisteddfod
Royal Australian and New Zealand College for Psychiatrists	120,000	Development of a handbook for the management of older people with Behavioural and Psychological Symptoms of Dementia
Salvation Army	10,000	Sponsorship of the 2011 National Drug and Alcohol award
Schizophrenia Research Institute	1,000,000	Grant for the Macquarie Group Foundation Chair
South Eastern Sydney Local Health Network	1,250	Public Forum on Positive Ageing
St George Men's Shed Inc	5,000	Grant for assistance with relocation costs
St Luke's Anglicare	711,711	Housing and Accommodation Support Initiatives projects
Sydney University	157,292	NSW Smokecheck Project
Sydney University	180,815	Progress Report - Chair of Medical Physics
Sydney University	800,000	Physical Activity Nutrition and Obesity Research Group
Ted Noffs Foundation	64,876	Deliver the Healthy Living Program to young people in Sydney
The Salvation Army	15,000	Funding for the Postvention Conference
The Sax Institute	1,381,050	Infrastructure Funding
Trangie Men's Shed	10,000	Funding for building community ties and resilience
Uniting Church- Parramatta Mission	30,000	Research into randomised, double-blinded clinical trial comparing IN and IM Naloxone for suspected opioid overdose
University of Newcastle	5,000	Water Reuse Contribution Collaborative Research Agreement
University of Newcastle	24,951	Funding for opioid use, health and health care in the Australian Longitudinal Study on Women's Health
University of Newcastle	34,490	Research into acceptability and feasibility of providing feedback to Aboriginal Community Controlled Health Organisations (ACCHO) patients and their GPs about patients’ risky alcohol, tobacco and drug use
Univrsity of Newcastle	34,550	Research into the mental health of women who binge drink
University of Newcastle	77,317	Funding for single blind randomised control trial and aims to determine the efficacy of telephone delivered Social Engagement Cognitive Therapy
University of Newcastle	427,500	Funding for Many Rivers Diabetes Project
University of Newcastle	1,355,000	Mental Health and Wellbeing in rural and remote NSW
University of Newcastle	1,646,800	Rural Adversity Mental Health Program
University of NSW	4,602	Online stakeholder survey to support consultation and aid implementation of NSW Youth Mental Health Services
University of NSW	8,822	Investigate factors related to health care use associated with falling in older people in NSW
University of NSW	12,500	Australian Research Council - NSW Child Development Study
University of NSW	12,500	Australian Research Council - Human Factors and Patient Safety

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
University of NSW	12,500	Australian Research Council NSW Child Development Study
University of NSW	19,600	Domestic Violence Research Project
University of NSW	25,000	Australian Research Council Human Factors and Patient Safety
University of NSW	33,090	Review of Youth Mental Health Services
University of NSW	34,450	Research into group schema therapy for the treatment of co-occurring depression and opioid dependence
University of NSW	36,135	Research into 12-month follow-up of mothers on the NSW Opioid Treatment Program
University of NSW	47,000	Smoking Cessation Research Project
University of NSW	50,000	Research on demand and access to the NSW Opioid Treatment Program
University of NSW	70,000	In-Kind Support for South Eastern Sydney LHD to assist in application of National Health and Medical Research Council Partnership Grant
University of NSW	75,000	National Health and Medical Research Council Falls Research
University of NSW	100,000	Research study on the effectiveness of Selective Serotonin Reuptake Inhibitors (SSRIs) in reducing impulsivity associated with offending behaviour in repeat violent offenders
University of NSW	114,091	Hepatitis C Incidence and Transmission study
University of NSW	150,000	NSW Research and Workforce Development Program on Healthy Built Environments 2011/12
University of NSW	200,000	The NSW Child Development Study
University of NSW	226,013	Injury Risk Management Research Centre
University of NSW	228,760	To build an epidemiological profile of people with intellectual disability and a mental health diagnosis
University of NSW	360,000	Workplace Mental Health Clinical Academic Research Program
University of NSW	10,000,000	Australian Advanced Treatment Centre - POW Comprehensive Cancer and Blood Disorder Centre
University of Sydney	20,000	Sponsorship to develop "Management of Drug & Alcohol Problems: A practical handbook for Aboriginal & Torres Strait Islander Alcohol, Tobacco and Other Drugs"
University of Sydney	27,675	Research into healthcare needs and barriers to referral uptake of young Aboriginal drug users in inner city Sydney
University of Sydney	39,000	Research into factors influencing pharmacy services in opioid substitution programs.
University of Sydney	166,000	Online clinical treatment training program including discussion of efficacy of this approach to eating disorders
University of Western Sydney	32,629	NSW Healthy Children Initiative
University of Western Sydney	39,129	Social Marketing Campaign to Young People
University of Wollongong	151,354	Funding for Project Air - a personality disorder training and evaluation project for children and adolescents with emerging personality disorder
Various Community Drug Action Teams	413,826	To enable Community Drug Action Teams to implement projects within their community that minimise harms associated with drug and alcohol misuse
Various Councils	474,389	Fluoridation Program
Various NGOs	868,952	Grants for residential rehabilitation services for clients from Adult Drug Court
Various Universities	216,000	NSW Education Providers for the implementation of ClinConnect
Walcha Men's Shed Inc	9,091	Grant for extension to existing shed and power tool purchase
Waverly Action Youth Service	5,000	Grants for Sound Proofing of Music and Arts Rooms
Western NSW Local Health District	35,000	Northern and Western Oral Health Program
Yass Valley Men's Shed	10,000	Funding for workshop, garden and physiotherapy equipment
Yeoval District Men's Shed	10,000	Grant for purchase of Men's shed
Yerin Aboriginal Health Service	650,000	Yerin Aboriginal Health Service Capital Grant
TOTAL	**105,571,198**	

PAYMENT OF ACCOUNTS

The following tables provide payment performance information for the NSW Ministry of Health for 2011-12.

AGED ANALYSIS AT THE END OF EACH QUARTER					
Quarter	Current	Less than 30 days overdue	Between 30 and 60 days overdue	Between 61 and 90 days overdue	More than 90 days overdue
	$'000	$'000	$'000	$'000	$'000
All Suppliers					
September	3,687,813	188,752	13,977	10,562	358
December	3,487,482	60,729	5,724	2,807	1,850
March	3,462,703	71,670	7,958	2,626	7,375
June	3,679,233	49,044	19,938	4,140	1,184
Small Business Suppliers[1]					
September	$42	$0	$0	$0	$0
December	$1	$0	$0	$0	$0
March	$10	$0	$0	$0	$0
June	**$4**	**$1**	**$0**	**$0**	**$0**

ACCOUNTS DUE OR PAID EACH QUARTER				
	Sept	**Dec**	**Mar**	**Jun**
All Suppliers	**$'000**	**$'000**	**$'000**	**$'000**
Number of accounts due for payment	10,612	9,485	9,726	10,490
Number of accounts paid on time	10,062	9,010	9,041	9,908
Actual percentage of accounts paid on time (based on number of accounts)	95%	95%	93%	95%
Dollar amount of accounts due for payment	$3,901,463	$3,558,592	$3,552,332	$3,753,539
Dollar amount of accounts paid on time	$3,876,565	$3,548,211	$3,534,373	$3,728,277
Actual percentage of accounts paid on time (based on $)	99.4%	99.7%	99.5%	99.3%
Number of payments for interest on overdue accounts	$0	$0	$0	$0
Interest paid on overdue accounts	$0	$0	$0	$0
Small Business Suppliers[1]	**$'000**	**$'000**	**$'000**	**$'000**
Number of accounts due for payment to small businesses	7	1	1	4
Number of accounts due to small businesses paid on time	7	1	1	4
Actual percentage of small business accounts paid on time (based on number of accounts)	100%	100%	100%	100%
Dollar amount of accounts due for payment to small businesses	$42	$1	$10	$26
Dollar amount of accounts due to small businesses paid on time	$42	$1	$10	$26
Actual percentage of small business accounts paid on time (based on $)	100%	100%	100%	100%
Number of payments to small business for interest on overdue accounts	$0	$0	$0	$0
Interest paid to small businesses on overdue accounts	$0	$0	$0	$0

1 The reporting of small business suppliers is in accordance with the definitions and requirements for small business as prescribed in NSW Treasury Circular 11/12 Payment of Accounts.

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

There have been no instances leading to payment of interest on overdue accounts during 2011-12.

RESEARCH AND DEVELOPMENT

Quality medical research leads to greater knowledge and understanding about specific diseases, new treatments and medicines, new skills, better practice and best outcomes.

In 2011, the NSW Government established the NSW Health and Medical Research Strategic Review, which was led by Mr Peter Wills AC. The NSW Review consulted widely with the research community – more than 360 submissions were received and more than 180 people participated in group or individual interviews.

In June 2012, the Government's response to the review was released.

The NSW Government will provide over $70 million over the next four years in extra funding to key initiatives highlighted in the report. These include:

- Changes to the Medical Research Support Program to drive collaboration and promote scale and sustainability.
  - Providing an additional $5 million to the base funding to bring the total commitment to $37.3 million per year commencing 2012-13
  - Four-year funding cycle and tiered funding structure.
- Establishment of the Medical Devices Fund.
  - $5 million per annum (for the first year it will be $8 million)
- Establishment of the Research Capacity Building Program
  - The research capacity building program will receive $1 million annually from the Ministry of Health to retain and attract new leading researchers to NSW. This Program has been developed in consultation with NSW universities.
- Support for research hubs – $800,000
  - A Research hub strategy will support coordination of hub activities to enhance collaboration, strengthen translational research and promote the efficient sharing of expensive equipment, accommodation and support services.
- Support for clinical trials
  - $800,000 annually for support of research networks and establishing a clinical trial support team within the Office for Health and Medical Research.
- Establishment of the Office for Health and Medical Research
  - Responsible for ensuring the implementation of the NSW Health and Medical Research Strategic Review and ensuring a high level of engagement with all parts of the health and medical research sector.
  - Develop a biobanking framework that will improve and enhance this important research infrastructure.

Capacity Building Infrastructure Grants Program

The Capacity Building Infrastructure Grants Program is a competitive funding program administered by the NSW Ministry of Health. Its purpose is to build capacity and strengthen public health and health services research that is important to NSW Health and leads to changes in the health of the population and health services in NSW. The current round (Round Three) of the Program commenced in July 2009 and runs until June 2013. Grants paid under this program in 2011-12 were as follows:

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Hunter Medical Research Institute	374,386	Public Health Program – Capacity Building Group
Western Sydney Local Health District	375,000	Centre for Infectious Diseases and Microbiology – Public Health
University of New South Wales	500,000	Centre for Primary Health Care and Equity
University of New South Wales	500,000	Australian Institute of Health Innovation
University of Sydney	500,000	Australian Rural Health Research Collaboration
University of Sydney	356,146	Prevention Research Collaboration
Total	**2,605,532**	

Medical Research Support Program

The NSW Government established the Medical Research Support Program (MRSP) to provide infrastructure funding on a competitive basis to health and medical research organisations that undertake world-class research activities and capacity building in NSW. The MRSP has been operating in its current form since 2003. The Program is administered through the Office for Health and Medical Research (OHMR).

Grants paid under the MRSP in 2011-12:

ORGANISATION NAME	AMOUNT ($)
ANZAC Health and Medical Research	738,755
Black Dog Institute	825,092
Centenary Institute of Cancer Medicine and Cell Biology	1,447,990
Centre for Vascular Research	1,059,235
Children's Cancer Institute Australia	871,671
Children's Medical Research Institute	673,237
Garvan Institute	4,582,259
Hunter Medical Research Institute	3,897,047
Illawarra Health and Medical Research Institute	844,683
Ingham Institute for Applied Medical Research	706,482
Kolling Institute	1,731,187
Neuroscience Research Australia	1,990,969
Institute of Virology	4,513,006
The George Institute	2,418,866
Victor Chang Cardiac Research Institute	1,595,207
Westmead Millennium Institute	3,723,746
Woolcock Institute of Medical Research	680,569
Total	**32,300,000**

Spinal Cord Injury Network

The Spinal Cord Injury Network was formed to coordinate research efforts in Australia and New Zealand for collaboration and participation in multi-centred clinical trials in spinal cord injury and related diseases in order to build local capacity.

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Sydney University	212,106	Applied Spinal Cord Research Fellowship Grant
University of NSW	894,212	Applied Spinal Cord Research Fellowship Grant
Total	**1,106,318**	

NSW Stem Cell Network

The NSW Stem Cell Network does not directly perform research but informs the wider community about the purposes and benefits of stem cells by hosting regular workshops, seminars and courses about developments in the field of stem cell research.

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Australian Diabetes Council	40,000	NSW Stem Cell Network Funding
Total	**40,000**	

Multiple Sclerosis Brain Bank

The Multiple Sclerosis Research Association (MSRA) Brain Bank was established in 2007. The purpose of the Brain Bank is to provide a tissue bank of whole brains and other spinal cord tissue donated from patients who have died from multiple sclerosis for research.

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Multiple Sclerosis Research Australia	500,000	MS Brain Bank Grant
Total	**500,000**	

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund Collaboration was established in 2007 as an investment collaboration that invests in early stage development and commercialisation opportunities originating from medical research institutes and allied research hospitals in Australia.

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Medical Research Commercialisation Fund	150,000	Medical Research Commercialisation Fund Grant Funding
Total	**150,000**	

RISK MANAGEMENT AND INSURANCE ACTIVITIES

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

NSW Treasury Managed Fund (TMF)

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

The cost of insurance in 2011-12 for NSW Health is identified under 'Premium'. 'Benchmark' is the budget allocation.

	PREMIUM	BENCHMARK	VARIATION
Workers Compensation	$157.2m	$169.1m	$11.9m
Motor Vehicle	$9.1m	$9.5m	$0.4m
Property	$10.8m	$10.4m	-$0.4m
Liability	$170.6m	$168.9m	-$1.7m
Miscellaneous	$0.6m	$0.6m	-$0.003
Total TMF	**$348.3m**	**$358.5m**	
VMO	$33.3m	$33.3m	$0
Total	**$381.6m**	**$391.8m**	

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

The workers compensation deposit premium is adjusted through a hindsight calculation process after three years and five years. The interim three years and final five years hindsight premiums are recalculations of the original deposit premiums using actual claims experience for the period in question. Surpluses of $12.2 million for the 2007/08 interim three years and $5.0 million for the 2005/6 final five years hindsight adjustments were received by the Ministry in 2011/12.

The motor vehicle hindsight adjustment as at 31 December 2008 resulted in a $878,000 surplus.

Workers compensation

The following tables (1-3) detail frequency and total claims cost, dissected into occupation groups and mechanism of injury group, for the three financial years 2009-10, 20010-11 and 2011-12.

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

OCCUPATION GROUP	2011-12				2010-11				2009-10			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Nurses	2,460	37%	25.1	42.5%	2,694	38%	24.3	37%	2,072	31%	19.3	35%
Hotel Services	1,167	18%	8.8	14.9%	1,352	19%	10.6	16%	1,170	18%	10.8	20%
Medical/Medical Support	843	13%	7.4	12.5%	949	14%	9.2	14%	804	12%	7.8	14%
General Administration	793	12%	8.2	13.9%	763	11%	8.4	13%	652	10%	6.9	12%
Ambulance	659	10%	5.2	8.8%	727	10%	7.0	11%	758	11%	5.4	10%
Maintenance	205	3%	1.7	2.9%	242	3%	2.2	3%	226	3%	2.2	4%
Linen Services	114	2%	0.8	1.2%	134	2%	0.9	1%	115	2%	0.6	1%
Not Grouped	424	6%	1.9	3.2%	166	2%	3.3	5%	852	13%	2.3	4%
Total	**6,665**	**100%**	**59.1**	**100%**	**7,027**	**100%**	**65.9**	**100%**	**6,649**	**100%**	**55.3**	**100%**

MECHANISM OF INJURY GROUP	2011-12				2010-11				2009-10			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Body Stress	2,944	44%	27.2	46%	3,015	43%	26.5	41%	2,739	41%	24.8	45%
Slips and Falls	1,243	19%	10.5	18%	1,264	18%	11.3	17%	1,205	18%	10.4	19%
Mental Stress	442	7%	8.4	14%	517	7%	11.4	18%	406	6%	8.1	15%
Hit by Objects	728	11%	4.7	8%	762	11%	5.5	8%	1,092	16%	5.8	10%
Motor Vehicle	458	7%	3	5%	535	8%	4.1	6%	576	9%	3.8	7%
Other causes	850	13%	5.3	9%	934	13%	7.1	10%	631	9%	2.4	4%
Total	**6,665**	**100%**	**59.11**	**100%**	**7,027**	**100%**	**65.9**	**100%**	**6,649**	**100%**	**55.3**	**100%**

Data Source: Data for fund year 2010-11 from SICorp DataWarehouse

Table 2: Claims Frequency Analysis (no. of claims per $1,000 of wages) NSW Health

	2011-12	2010-11	2009-10
Number of Employees FTE	103,255	102,097	103,418
Salaries and Wages $M	10,204	9,026	8,910
No. claims lodged	6,918	7,047	6,553
As a % of employees	6.7%	6.9%	6.3%
As a % of wages	0.068%	0.078%	0.074%

Data Source: Data for fund year 2011-12 from SICorp DataWarehouse.
FTE is an estimate for each year

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

	2011-12	2010-11	2009-10
Nurses	10,203	9,016	9,327
Hotel Services	7,540	7,831	9,271
Medical/Medical Support	8,778	9,690	9,643
Body Stress	9,239	8,787	9,051
Slips and Falls	8,447	8,965	8,666
Mental Stress	19,004	22,087	19,924

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

Legal Liability

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

As at 30 June 2012, there were 3,937 Total Health Liability Claims with a Net Incurred Cost of $1.2 billion for the period 1 January 2002 to 31 December 2011.

Visiting Medical Officer and Honorary Medical Officer – Public Patient Indemnity Cover

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

The number of claims received since the commencement of the VMO Scheme in January 2002 to 31 December 2011 is 667 with a Net Incurred Cost of $159.5 million.

The policy for retrospective cover for VMOs and HMOs for incidents prior to 1 January 2002 continues. As at 30 June 2012, NSW Health had granted indemnity in respect of 87 cases.

Property

Property remains a minor risk with statistics at 30 June 2012 indicating that small claims have remained stable over recent years. The three most common claim types for the 2011-12 period were theft/burglary, accidental damage and storm and water damage. In 2011-12, 306 claims were lodged for a Net Incurred Cost of $3,391,445. Between 1 July 2002 to 30 June 2012, 5,390 claims have been lodged at a total net cost of $58 million.

Risk Management Initiatives

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

- The ongoing development of the Visiting Medical Officers Incident Reporting System (an early incident reporting system that allows VMOs to report any incident that may trigger a medical liability claims).
- Implementation of Early Intervention strategies to facilitate a sustained return to work for injured employees.
- Development and endorsement by Local Health District Chief Executives of individual strategic plans indentifying barriers to improved workers compensation premium performance. These include communication and education within facilities; strategies for the prevention of psychological injuries; transparent, active and equitable management of the return to work process regardless of outside factors; and identifying key drivers in claims costs within risk management reporting.
- Ministry funded education program for line managers and supervisors – An Introduction to Workers Compensation.
- Further development of the Return To Work Coordinators Network to ensure consistent application of our Injury Management and Return To Work procedures.
- Ongoing implementation of best practice strategies to facilitate a reduction in workplace injuries as part of the Work Health and Safety proactive strategic plan 2012-2014.

FINANCIAL REPORT

NSW Ministry of Health – Audited Financial Statements

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INDEPENDENT AUDITOR'S REPORT

Ministry of Health

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Ministry of Health (the Ministry), which comprise the statement of financial position as at 30 June 2012, the statement of comprehensive income, the statement of changes in equity, the statement of cash flows, service group statements and summary of compliance with financial directives for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information of the Ministry and the consolidated entity. The consolidated entity comprises the Ministry and the entities it controlled at the year's end or from time to time during the financial year.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Ministry and the consolidated entity, as at 30 June 2012, and of the financial performance and the cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

Director-General's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

Independence

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

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

Peter Achterstraat
Auditor-General

30 October 2012
SYDNEY

Ministry of Health
Certification of Financial Statements

Pursuant to Section 45F of the *Public Finance and Audit Act 1983*, we state that to the best of our knowledge:

(1) The financial statements of the Ministry of Health for the year ended 30 June 2012 have been prepared in accordance with:

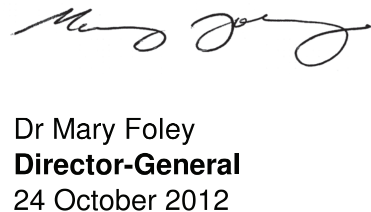
i) Australian Accounting Standards (which include Australian Accounting Interpretations),

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

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

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

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



John Roach
Chief Financial Officer

Dr Mary Foley
Director-General
24 October 2012

Ministry of Health
Statement of Comprehensive Income for the year ended 30 June 2012

PARENT					CONSOLIDATION		
Actual	Budget Unaudited	Actual		Notes	Actual	Budget Unaudited	Actual
2012	2012	2011			2012	2012	2011
$000	$000	$000			$000	$000	$000
			Expenses excluding losses				
			Operating Expenses				
135,640	135,309	132,009	Employee Related	3	10,096,530	9,976,089	9,432,979
717,964	709,758	689,155	Other Operating Expenses	4	4,675,865	4,671,187	4,405,142
3,687	3,674	3,584	Depreciation and Amortisation	2(i), 5	535,422	550,138	525,138
12,863,397	12,863,397	12,368,055	Grants and Subsidies	6	1,110,497	1,147,063	1,018,964
-----	-----	-----	Finance Costs	7	44,143	76,469	41,811
13,720,688	**13,712,138**	**13,192,803**	**Total Expenses excluding losses**		**16,462,457**	**16,420,946**	**15,424,034**
			Revenue:				
13,039,539	13,039,539	12,546,945	Recurrent Appropriation	2(d), 33	13,039,539	13,097,141	12,546,945
487,631	487,631	479,596	Capital Appropriation	2(d), 33	487,631	703,889	479,596
8,094	8,094	22,908	Asset Sales Proceeds Transferred to the Ministry of Health		-----	-----	-----
8,481	8,481	6,302	Acceptance by the Crown Entity of Employee Benefits	2(a)(ii), 11	593,931	553,399	336,194
122,261	115,217	104,743	Sale of Goods and Services	8	1,956,814	1,840,715	1,808,715
10,378	12,656	12,656	Investment Revenue	9	56,159	96,003	69,133
28,047	28,568	28,568	Grants and Contributions	10	376,826	418,730	313,597
43,627	36,540	6,540	Other Revenue	12	127,958	87,106	109,412
13,748,058	**13,736,726**	**13,208,258**	**Total Revenue**		**16,638,858**	**16,796,983**	**15,663,592**
(264)	**-----**	**(279)**	**Loss on Disposal**	**13**	**(26,103)**	-----	**(26,562)**
(68)	**-----**	**-----**	**Other Losses**	**14**	**(60,784)**	**(10,283)**	**(49,730)**
27,038	**24,588**	**15,176**	**Net Result**	35	**89,514**	**365,754**	**163,266**
			Other Comprehensive Income				
			Net Increase in Property, Plant & Equipment				
616	-----	52,117	Asset Revaluation Reserve		139,173	-----	63,004
616	**-----**	**52,117**	**Total Other Comprehensive Income**		**139,173**	-----	**63,004**
27,654	**24,588**	**67,293**	**TOTAL COMPREHENSIVE INCOME**		**228,687**	**365,754**	**226,270**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Financial Position as at 30 June 2012

PARENT					CONSOLIDATION		
Actual	Budget Unaudited	Actual		Notes	Actual	Budget Unaudited	Actual
2012	2012	2011			2012	2012	2011
$000	$000	$000			$000	$000	$000
			ASSETS				
			Current Assets				
160,389	214,804	235,104	Cash and Cash Equivalents	17	1,302,763	1,125,145	1,125,145
115,165	115,165	62,856	Receivables	18	474,223	438,253	506,979
40,965	40,965	32,274	Inventories	19	139,809	126,387	126,387
-----	-----	-----	Financial Assets at Fair Value	20	117,349	207,451	207,451
8,784	-----	12,438	Other Financial Assets	21	-----	-----	-----
325,303	370,934	342,672			2,034,144	1,897,236	1,965,962
-----	-----	-----	Non-Current Assets Held for Sale	25	66,671	71,808	46,698
325,303	**370,934**	**342,672**	**Total Current Assets**		**2,100,815**	**1,969,044**	**2,012,660**
			Non-Current Assets				
-----	-----	-----	Receivables	18	9,040	12,459	12,459
-----	-----	-----	Financial Assets at Fair Value	20	36,161	40,464	40,464
15,431	-----	344	Other Financial Assets	21	-----	-----	-----
			Property, Plant and Equipment				
128,312	130,365	129,916	- Land and Buildings	22	9,346,159	9,322,241	9,190,564
4,071	4,050	4,676	- Plant and Equipment	22	869,945	963,239	835,574
-----	-----	-----	- Infrastructure Systems	22	363,095	348,028	344,767
132,383	134,415	134,592	Total Property, Plant and Equipment		10,579,199	10,633,508	10,370,905
177	-----	-----	Intangible Assets	23	302,764	264,210	225,226
-----	-----	-----	Other	24	54,411	24,636	24,636
147,991	**134,415**	**134,936**	**Total Non-Current Assets**		**10,981,575**	**10,975,277**	**10,673,690**
473,294	**505,349**	**477,608**	**Total Assets**		**13,082,390**	**12,944,321**	**12,686,350**
			LIABILITIES				
			Current Liabilities				
224,086	212,527	207,327	Payables	27	1,148,080	1,113,655	1,143,407
-----	-----	-----	Borrowings	28	14,365	11,031	12,009
13,685	14,750	14,750	Provisions	29	1,564,461	1,337,735	1,401,735
2,427	2,427	2,427	Other	30	34,992	24,980	24,980
240,198	**229,704**	**224,504**	**Total Current Liabilities**		**2,761,898**	**2,487,401**	**2,582,131**
			Non-Current Liabilities				
-----	-----	-----	Borrowings	28	438,729	439,049	449,102
909	802	422	Provisions	29	12,130	9,524	9,524
61,383	61,383	63,810	Other	30	106,455	108,102	111,102
62,292	**62,185**	**64,232**	**Total Non-Current Liabilities**		**557,314**	**556,675**	**569,728**
302,490	**291,889**	**288,736**	**Total Liabilities**		**3,319,212**	**3,044,076**	**3,151,859**
170,804	**213,460**	**188,872**	**Net Assets**		**9,763,178**	**9,900,245**	**9,534,491**
			EQUITY				
109,552	108,934	108,934	Reserves		2,508,507	455,032	2,369,334
61,252	104,526	79,938	Accumulated Funds		7,254,671	9,445,213	7,165,157
170,804	**213,460**	**188,872**	**Total Equity**		**9,763,178**	**9,900,245**	**9,534,491**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Changes in Equity for the year ended 30 June 2012

PARENT	Notes	Accumulated Funds $000	Asset Revaluation Surplus $000	Available For Sale Reserve $000	Total $000
Balance at 1 July 2011		79,938	108,934	-----	188,872
Net Result For The Year		27,038			27,038
Other Comprehensive Income:					
Net Increase in Property, Plant & Equipment		-----	618	-----	618
Total Other Comprehensive Income		-----	618	-----	618
Total Comprehensive Income For The Year		27,038	618	-----	27,656
Transactions With Owners In Their Capacity As Owners					
Increase/(Decrease) in Net Assets From Equity Transfers	40	(45,724)	-----	-----	(45,724)
Balance at 30 June 2012		**61,252**	**109,552**	-----	**170,804**
Balance at 1 July 2010		64,762	108,934	-----	173,696
Net Result For The Year		15,176	-----	-----	15,176
Total Comprehensive Income For The Year		**15,176**	**0**	-----	**15,176**
Transactions With Owners In Their Capacity As Owners					
Increase/(Decrease) in Net Assets From Equity Transfers	40	-----	-----	-----	-----
Balance at 30 June 2011		**79,938**	**108,934**	-----	**188,872**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Changes in Equity for the year ended 30 June 2012

CONSOLIDATED	Notes	Accumulated Funds $000	Asset Revaluation Surplus $000	Available For Sale Reserve $000	Total $000
Balance at 1 July 2011		7,165,157	2,369,334	-----	9,534,491
Net Result For The Year		89,514			89,514
Other Comprehensive Income:					
Net Increase in Property, Plant & Equipment		-----	139,173	-----	139,173
Total Other Comprehensive Income		-----	139,173	-----	139,173
Total Comprehensive Income For The Year		89,514	139,173	-----	228,687
Balance at 30 June 2012		**7,254,671**	**2,508,507**	-----	**9,763,178**
Balance at 1 July 2010		5,291,341	2,372,651	15,371	7,679,363
Net Result For The Year		163,266	-----	-----	163,266
Other Comprehensive Income:					
Net Increase in Property, Plant & Equipment		-----	63,004	-----	63,004
Other Transfers		81,692	(66,321)	(15,371)	-----
Total Other Comprehensive Income		**81,692**	**(3,317)**	**(15,371)**	**226,270**
Total Comprehensive Income For The Year		**244,958**	**(3,317)**	**(15,371)**	**226,270**
Transactions With Owners In Their Capacity As Owners					
Increase in Net Assets From Equity Transfers	40	1,628,858	-----	-----	1,628,858
Balance at 30 June 2011		**7,165,157**	**2,369,334**	-----	**9,534,491**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Cash Flows for the year ended 30 June 2012

PARENT					CONSOLIDATION		
Actual	Budget Unaudited	Actual			Actual	Budget Unaudited	Actual
2012	2012	2011		Notes	2012	2012	2011
$000	$000	$000			$000	$000	$000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(136,158)	(126,448)	(119,792)	Employee Related		(9,288,706)	(9,439,763)	(8,940,142)
(12,863,396)	(12,863,397)	(12,381,251)	Grants and Subsidies		(1,110,497)	(1,147,063)	(1,032,160)
-----	-----	-----	Finance Costs		(44,143)	(76,469)	(41,811)
(713,687)	(715,614)	(621,044)	Other		(5,577,225)	(5,337,815)	(4,990,828)
(13,713,241)	**(13,705,459)**	**(13,122,087)**	**Total Payments**		**(16,020,571)**	**(16,001,110)**	**(15,004,941)**
			Receipts				
12,993,815	13,039,539	12,546,945	Recurrent Appropriation		13,039,539	13,097,141	12,546,945
487,631	487,631	479,596	Capital Appropriation		487,631	703,889	479,596
8,094	8,094	22,908	Asset Sale Proceeds Transferred to the Ministry of Health		-----	-----	-----
72,363	62,908	147,831	Sale of Goods and Services		1,895,499	1,806,934	1,818,631
10,378	12,656	12,656	Interest Received		56,316	96,002	90,570
36,528	28,568	28,568	Grants and Contributions		247,662	252,166	149,473
42,453	36,478	18,873	Other		1,074,139	932,844	886,163
13,651,262	**13,675,874**	**13,257,377**	**Total Receipts**		**16,800,786**	**16,888,976**	**15,971,378**
(61,979)	**(29,585)**	**135,290**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	35	**780,215**	**887,866**	**966,437**
			CASH FLOWS FROM INVESTING ACTIVITIES				
-----	-----	600	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		55,741	44,159	19,719
-----	12,782	39,928	Proceeds from Sale of Investments		94,405	-----	-----
(1,303)	(3,497)	(2,330)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(717,831)	(850,894)	(553,640)
-----	-----	-----	Purchases of Investments		-----	-----	(112,992)
-----	-----	-----	Other		(18,949)	(70,100)	(70,052)
(1,303)	**9,285**	**38,198**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(586,634)**	**(876,835)**	**(716,965)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
(11,433)	-----	-----	Proceeds from Borrowings and Advances		-----	-----	-----
-----	-----	-----	Repayment of Borrowings and Advances		(15,963)	(11,031)	(10,922)
(11,433)	**-----**	-----	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(15,963)**	**(11,031)**	**(10,922)**
(74,715)	(20,300)	**173,488**	**NET INCREASE / (DECREASE) IN CASH**		**177,618**	-----	**238,550**
235,104	235,104	61,616	Opening Cash and Cash Equivalents		1,125,145	**1,125,145**	886,595
160,389	**214,804**	**235,104**	**CLOSING CASH AND CASH EQUIVALENTS**	17	**1,302,763**	**1,125,145**	**1,125,145**

The accompanying notes form part of these financial statements.

Summary of Compliance with Financial Directives for the year ended 30 June 2012

	2012				2011			
	Recurrent Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000	Capital Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000	Recurrent Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000	Capital Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000
Original Budget Appropriation/ Expenditure								
• Appropriation Act	13,097,141	13,037,860	703,889	487,631	12,682,912	12,651,883	534,195	-----
S45 Appropriations Act - transfers from another agency	-----	-----	-----	-----	4,080	4,080	(54,599)	479,596
S24 PF&AA Transfer of functions between departments	-----	-----	-----	-----	(73,000)	(73,000)	-----	-----
S26 PF&AA Commonwealth Specific Purpose Payments	(16,145)	-----	-----	-----	(38,455)	(38,455)	-----	-----
	13,080,996	**13,037,860**	**703,889**	**487,631**	**12,575,537**	**12,544,508**	**479,596**	**479,596**
Other Appropriations/Expenditure								
• Treasurer's Advance	564	564	-----	-----	2,437	2,437	-----	-----
• Transfers to/from another agency (S33 of the *Appropriation Act*)	1,115	1,115	-----	-----	-----	-----	-----	-----
	1,679	**1,679**	-----	-----	**2,437**	**2,437**	-----	-----
Total Appropriations/ Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	**13,082,675**	**13,039,539**	**703,889**	**487,631**	**12,577,974**	**12,546,945**	**479,596**	**479,596**
Amount drawn down against Appropriation		**13,039,539**		**487,631**		**12,546,945**		**479,596**
Liability to Consolidated Fund *		-----		-----		-----		-----

The Summary of Compliance is based on the assumption that Consolidated Fund moneys are spent first (except where otherwise identified or prescribed).

* The "Liability to Consolidated Fund" represents the difference between the "Amount Drawn down against Appropriation" and the "Total Expenditure / Net Claim on Consolidated Fund".

Ministry of Health
Service Group Statements
for the Year Ended 30 June 2012

SERVICE'S EXPENSES AND INCOME	Service Group 1.1 * Primary And Community Based Services		Service Group 1.2 * Aboriginal Health Services		Service Group 1.3 * Outpatient Services		Service Group 2.1 * Emergency Services		Service Group 2.2 * Inpatient Hospital Services		Service Group 3.1 * Mental Health Services		Service Group 4.1 * Rehabilitation And Extended Care Services		Service Group 5.1 * Population Health Services		Service Group 6.1 * Teaching And Research #		Not Attributable		Total	
	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses																						
Operating Expenses																						
Employee Related	748,687	733,315	45,887	44,059	1,017,903	990,576	1,162,429	1,137,703	4,743,425	4,088,217	1,008,471	933,021	801,696	783,679	230,283	223,027	337,749	499,382	-----	-----	10,096,530	9,432,979
Other Operating Expenses	295,856	277,511	17,850	17,322	487,592	429,471	503,149	403,249	2,518,424	2,520,876	242,091	250,014	227,916	225,324	193,912	133,765	189,075	147,610	-----	-----	4,675,865	4,405,142
Depreciation and Amortisation	31,519	26,684	1,715	1,362	74,279	71,479	57,123	60,194	281,493	268,112	31,949	34,861	36,330	38,515	6,885	7,423	14,129	16,508	-----	-----	535,422	525,138
Grants and Subsidies	106,730	92,741	26,044	25,867	133,716	130,666	53,198	51,905	310,148	283,712	103,564	76,005	161,196	155,350	135,359	160,517	80,542	42,201	-----	-----	1,110,497	1,018,964
Finance Costs	3,756	4,935	339	322	3,847	3,569	2,826	2,647	16,526	12,611	11,544	2,788	4,188	12,899	529	1,622	588	418	-----	-----	44,143	41,811
Total Expenses excluding losses	1,186,548	1,135,186	91,835	88,932	1,717,337	1,625,761	1,778,725	1,655,698	7,870,016	7,173,528	1,397,619	1,296,689	1,231,326	1,215,767	566,968	526,354	622,083	706,119	-----	-----	16,462,457	15,424,034
Revenue																						
Recurrent Appropriations **																			13,039,539	12,546,945	13,039,539	12,546,945
Capital Appropriations **																			487,631	479,596	487,631	479,596
Acceptance by the Crown Entity of Employee Benefits and Other Liabilities	40,737	23,059	2,380	1,347	61,571	34,852	79,008	44,722	266,499	150,852	60,311	34,139	47,701	27,001	13,500	7,642	22,224	12,580	-----	-----	593,931	336,194
Sale of Goods and Services	29,541	49,312	3,889	3,547	264,819	327,114	209,381	155,916	1,053,196	921,289	46,738	44,305	244,038	190,930	54,274	20,771	50,938	95,531	-----	-----	1,956,814	1,808,715
Investment Revenue	4,918	4,843	267	140	4,312	6,650	4,036	4,588	23,358	26,214	2,293	2,319	5,158	4,657	1,747	3,169	10,070	16,554	-----	-----	56,159	69,133
Grants and Contributions	38,238	30,124	4,161	1,397	36,204	29,540	10,502	10,666	90,967	84,887	13,364	14,334	59,152	30,719	24,467	26,886	99,771	85,044	-----	-----	376,826	313,597
Other Revenue	9,710	7,697	627	204	13,149	15,421	13,228	8,841	44,147	40,849	5,175	1,482	12,873	12,138	8,411	10,409	20,638	12,369	-----	-----	127,958	109,412
Total Revenue	123,144	115,035	11,324	6,635	380,055	413,577	316,155	224,733	1,478,167	1,224,091	127,881	96,579	368,922	265,445	102,399	68,877	203,641	222,079	13,527,170	13,026,541	16,638,858	15,663,592
Loss on Disposal	(1,533)	(670)	(72)	(38)	(2,825)	(1,053)	(1,667)	(620)	(15,174)	(21,943)	(1,605)	(719)	(1,918)	(920)	(291)	(482)	(1,018)	(117)	-----	-----	(26,103)	(26,562)
Other Losses	(3,469)	(425)	(216)	(36)	(4,867)	(1,108)	(14,290)	(15,670)	(26,932)	(29,331)	(4,110)	(519)	(4,658)	(1,175)	(1,469)	(702)	(773)	(764)	-----	-----	(60,784)	(49,730)
Net Result	(1,068,406)	(1,021,246)	(80,799)	(82,371)	(1,344,974)	(1,214,345)	(1,478,527)	(1,447,255)	(6,433,955)	(6,000,711)	(1,275,453)	(1,201,348)	(868,980)	(952,417)	(466,329)	(458,661)	(420,233)	(484,921)	13,527,170	13,026,541	89,514	163,266
Other Comprehensive Income																						
Net Increase in Property, Plant and Equipment Asset Revaluation Reserve	8,443	3,399	332	116	15,095	7,178	14,677	6,260	70,790	32,703	14,729	5,640	9,981	4,740	1,970	600	3,156	2,369	-----	-----	139,173	63,005
Total Other Comprehensive Income	8,443	3,399	332	116	15,095	7,178	14,677	6,260	70,790	32,703	14,729	5,640	9,981	4,740	1,970	600	3,156	2,369	-----	-----	139,173	63,005
Total Comprehensive Income	(1,059,963)	(1,017,847)	(80,467)	(82,255)	(1,329,879)	(1,207,167)	(1,463,850)	(1,440,995)	(6,363,165)	(5,968,008)	(1,260,724)	(1,195,708)	(858,999)	(947,677)	(464,359)	(458,061)	(417,077)	(482,552)	13,527,170	13,026,541	228,687	226,271
Consolidated Fund - Taxes, Fees and Fines																			1,570	1,398	1,570	1,398
Total Administered Revenues																			1,570	1,398	1,570	1,398

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

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

** Allocations are made on an entity basis and not to individual Service Groups. Consequently, allocations must be included in "Not Attributable" column.

The Service Group Statement uses statistical data to 31 December 2011 to allocate the current period's financial information on expenses and revenue to each service group. No changes have occurred during the period between 1 January 2012 and 30 June 2012 which would materially impact this allocation.

During 2011/12 NSW Health has complied with the National Costing Standards in respect to allocation of indirect teaching costs by DRG and program. This impacts predominately the attribution of costs associated with Junior Medical Officer's, enrolled nurses and Registrars. These costs are now reflected in the program areas where costs are incurred ie 2.1, 2.2, 1.3, 3.1, 4.1.

The change in data cost collections and classifications was required to align NSW with other jurisdictions and with the Independent Hospital Pricing Authority's guidelines.

Ministry of Health
Service Group Statements (Continued)
for the Year Ended 30 June 2012

SERVICE'S ASSETS AND LIABILITIES	Service Group 1.1 * Primary And Community Based Services		Service Group 1.2 * Aboriginal Health Services		Service Group 1.3 * Outpatient Services		Service Group 2.1 * Emergency Services		Service Group 2.2 * Inpatient Hospital Services		Service Group 3.1 * Mental Health Services		Service Group 4.1 * Rehabilitation And Extended Care Services		Service Group 5.1 * Population Health Services		Service Group 6.1 * Teaching And Research #		Not Attributable		Total	
	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
ASSETS																						
Current Assets																						
Cash and Cash Equivalents	60,766	50,245	2,150	3,478	128,033	122,680	131,365	120,782	655,450	536,930	95,287	90,254	148,424	98,251	15,949	19,256	65,339	83,269	-----	-----	1,302,763	1,125,145
Receivables	37,463	24,686	2,845	5,257	45,051	52,683	53,587	34,438	221,464	263,624	44,576	28,500	35,093	44,548	16,598	25,542	17,546	27,701	-----	-----	474,223	506,979
Inventories	5,038	4,749	233	665	9,653	9,331	7,878	7,018	56,498	52,817	5,729	5,526	8,426	5,793	42,705	34,932	3,650	5,556	-----	-----	139,809	126,387
Financial Assets at Fair Value	4,081	8,633	244	1,335	13,948	26,728	8,477	13,946	46,382	99,332	4,469	11,734	5,036	13,234	2,245	5,293	32,467	27,216	-----	-----	117,349	207,451
Non-Current Assets Held for Sale	4,082	4,388	219	114	8,662	3,498	8,497	2,862	32,611	19,746	4,428	2,405	5,561	6,561	757	703	1,853	6,421	-----	-----	66,671	46,698
Total Current Assets	111,431	92,701	5,691	10,849	205,347	214,920	209,804	179,046	1,012,405	972,449	154,489	138,419	202,540	168,387	78,254	85,726	120,855	150,163	-----	-----	2,100,815	2,012,660
Non-Current Assets																						
Receivables	740	404	11	11	705	1,187	810	422	3,418	6,683	364	551	835	1,744	251	603	1,906	854	-----	-----	9,040	12,459
Financial Assets at Fair Value	979	902	48	38	4,040	4,399	2,128	1,948	16,069	19,488	1,657	2,641	1,522	2,249	636	606	9,082	8,193	-----	-----	36,161	40,464
Property, Plant and Equipment																						
- Land and Buildings	566,963	495,740	22,308	16,964	1,013,679	1,047,094	985,652	913,152	4,753,934	4,770,415	989,158	822,752	670,244	691,431	132,286	87,463	211,935	345,553	-----	-----	9,346,159	9,190,564
- Plant and Equipment	48,143	53,138	2,175	6,742	124,052	103,449	112,369	86,062	413,891	405,377	61,645	69,118	71,531	82,082	12,817	9,865	23,322	19,741	-----	-----	869,945	835,574
- Infrastructure Systems	19,354	22,515	1,133	2,402	51,207	42,851	32,760	27,534	184,477	167,016	25,313	32,280	32,190	37,066	5,513	2,259	11,148	10,844	-----	-----	363,095	344,767
Intangible Assets	16,239	14,516	1,261	724	24,561	26,531	23,743	17,534	183,141	116,942	18,456	17,774	17,666	18,025	7,540	3,658	10,157	9,522	-----	-----	302,764	225,226
Other	2,380	962	98	54	8,102	3,680	4,028	1,684	27,198	12,381	3,925	1,586	5,833	2,315	932	498	1,915	1,476	-----	-----	54,411	24,636
Total Non-Current Assets	654,799	588,177	27,035	26,935	1,226,346	1,229,191	1,161,490	1,048,336	5,582,127	5,498,302	1,100,518	946,702	799,821	834,912	159,975	104,952	269,466	396,183	-----	-----	10,981,575	10,673,690
TOTAL ASSETS	766,229	680,878	32,726	37,784	1,431,694	1,444,111	1,371,293	1,227,382	6,594,532	6,470,751	1,255,006	1,085,121	1,002,361	1,003,299	238,228	190,678	390,321	546,346	-----	-----	13,082,390	12,686,350
LIABILITIES																						
Current Liabilities																						
Payables	90,698	62,441	6,888	8,159	109,068	94,901	129,733	94,604	536,153	635,628	107,920	64,840	84,958	97,502	40,183	35,783	42,479	49,549	-----	-----	1,148,080	1,143,407
Borrowings	863	979	73	134	1,066	1,046	1,466	888	7,665	5,087	1,748	1,231	982	2,359	235	130	267	155	-----	-----	14,365	12,009
Provisions	102,982	87,921	5,591	7,009	152,054	149,433	220,742	194,574	726,756	622,119	151,341	132,133	123,544	104,311	25,760	27,904	55,691	76,331	-----	-----	1,564,461	1,401,735
Other	2,564	2,406	134	274	4,067	2,725	2,945	1,952	16,679	10,104	3,351	2,903	3,199	3,626	682	282	1,372	708	-----	-----	34,992	24,980
Total Current Liabilities	197,107	153,747	12,686	15,576	266,255	248,105	354,886	292,018	1,287,253	1,272,938	264,360	201,107	212,683	207,798	66,860	64,099	99,809	126,743	-----	-----	2,761,898	2,582,131
Non-Current Liabilities																						
Borrowings	31,814	21,996	3,110	1,851	37,310	30,820	30,352	28,655	168,069	151,860	117,863	26,631	38,829	175,283	5,323	3,550	6,059	8,456	-----	-----	438,729	449,102
Provisions	536	980	24	142	884	893	3,233	681	5,222	3,935	825	1,271	1,015	1,453	135	77	256	92	-----	-----	12,130	9,524
Other	2,249	3,101	45	139	13,464	13,309	6,693	6,763	53,810	54,174	10,998	11,733	9,410	9,712	805	1,125	8,980	11,046	-----	-----	106,455	111,102
Total Non-Current Liabilities	34,599	26,077	3,179	2,132	51,658	45,022	40,278	36,099	227,101	209,969	129,686	39,635	49,254	186,448	6,263	4,752	15,295	19,594	-----	-----	557,314	569,728
TOTAL LIABILITIES	231,706	179,824	15,865	17,708	317,913	293,127	395,164	328,117	1,514,354	1,482,907	394,046	240,742	261,937	394,246	73,123	68,851	115,103	146,337	-----	-----	3,319,212	3,151,859
NET ASSETS	534,523	501,054	16,861	20,076	1,113,780	1,150,984	976,129	899,265	5,080,178	4,987,844	860,960	844,379	740,424	609,053	165,105	121,827	275,217	400,009	-----	-----	9,763,178	9,534,491

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

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

During 2011/12 NSW Health has complied with the National Costing Standards in respect to allocation of indirect teaching costs by DRG and program. This impacts predominately the attribution of costs associated with Junior Medical Officer's, enrolled nurses and Registrars. These costs are now reflected in the program areas where costs are incurred ie 2.1, 2.2, 1.3, 3.1, 4.1.

The change in data cost collections and classifications was required to align NSW with other jurisdictions and with the Independent Hospital Pricing Authority's guidelines.

Ministry of Health
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2012

1. The Ministry of Health Reporting Entity

The Department of Health was renamed as the Ministry of Health by way of *Public Sector Employment and Management (General) Order 2011* on 5 October 2011. The Ministry of Health (the Ministry), as a reporting entity, comprises all the entities under its control, namely Local Health Districts established from 1 January 2011 and constituted under the *Health Services Act 1997* ; the Royal Alexandra Hospital for Children, the Forensic Mental Health and Justice Health Network, the Clinical Excellence Commission, the Bureau of Health Information, the Agency for Clinical Innovation, the Health Education and Training Institute, the Albury Base Hospital, the Albury Wodonga Health, the Graythwaite Trust (per Supreme Court order) and the Health Administration Corporation (which includes the operations of the Ambulance Service of NSW, Health Support Services, Health Infrastructure, and, from 1 June 2012, NSW Health Pathology). All of these entities are reporting entities that produce financial statements in their own right.

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

The consolidated accounts are those of the consolidated entity comprising the Ministry of Health (the parent entity) and its controlled entities. In the process of preparing the consolidated financial statements for the economic entity, consisting of the controlling and controlled entities, all inter entity transactions and balances have been eliminated.

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

These consolidated financial statements for the year ended 30 June 2012 have been authorised for issue by the Chief Financial Officer and Director-General on 24 October 2012.

2. Summary of Significant Accounting Policies

Basis of Preparation

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

Statement of Compliance

The consolidated and parent entity financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

Other

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

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

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

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

New Australian Accounting Standards Issued but not Effective

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial statements of the Ministry.

AASB 9 and AASB 2010-7, Financial Instruments have mandatory application from 1 July 2013 and comprise changes to improve and simplify the approach for classification and measurement of financial assets. Financial assets of the Ministry are not significant and the change is not expected to materially impact the financial statements.

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

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

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

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

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

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

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

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

AASB 2010-8, Deferred Tax: Recovery of Underlying Assets has application from 1 July 2012 and addresses deferred tax relating to investment property. It is assessed as having no impact on the Ministry.

AASB 2010-10, Removal of Fixed Dates for First Time Adopters, has application from 1 July 2013, and is assessed as having no impact on the Ministry.

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

AASB 2011-3, Amendments to Australian Accounting Standards - Orderly Adoption of Changes to the ABS GFS Manual and related amendments has application from 1 July 2012 and changes in disclosure will be dependent on the mandate of Treasury.

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

AASB 2011-6, Amendments to Australian Accounting Standards - Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation - Reduced Disclosure Requirements (AASB 127, AASB 128 and AASB 131), applies from 1 July 2013.

The exemptions from preparing the consolidation is not expected to apply to the Ministry.

ASB 2011-7, Amendments to Australian Accounting Standards for the consolidation and joint arrangement standards, arise from the issuance of AASB 10, AASB 11, AASB 12, AASB 127, and AASB 128. The changes have application from 1 July 2013 but are assessed as having no material effect.

AASB 2011-8, Amendments to Australian Accounting Standards, Fair Value Measurement affects 32 standards and nine interpretations, consequential to the new requirements contained in AASB 13, Fair Value Measurement. The change is effective from 1 July 2013.

AASB 2011-9, Amendments to Australian Accounting Standards, Presentation of Items of Other Comprehensive Income has application from 1 July 2012. The amendments requires entities to group items presented in Other Comprehensive Income on the basis of whether they are potentially reclassified to Profit or Loss. No change is expected.

AASB 2011-10, Amendments to Australian Accounting Standards arising from AASB 119 has application from 1 July 2013 and makes consequential amendments to 7 standards and 1 interpretation to the changes made by AASB 119, Employee Entitlements. Any change to the 2013/14 will be dependent on the policy of NSW Treasury.

AASB 2011-11, Amendments to AASB 119 arising from Reduced Disclosure Requirements, has application from 1 July 2013 and any changes will be dependent on the mandate of NSW Treasury.

AASB 2011-12, Amendments to AASB 119 arising from Reduced Disclosure Requirements, has application from 1 July 2013 and any changes will be dependent on the mandate of NSW Treasury.

AASB 2011-13, Amendments to Australian Accounting Standard - Improvements to AASB 1049, has application from 1 July 2013 and relates to the Whole of Government General Purpose Financial Statements and General Government Sector Financial Statements. Any change will be dependent on the mandate of NSW Treasury.

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

a) Employee Benefits and Other Provisions

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

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

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

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

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

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

ii) Long Service Leave and Superannuation

Responsibility for Long Service Leave liability transferred to the Crown Entity with effect from 31 December 2010. As is the case with other Budget Sector agencies both the Defined Benefit Superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) and Long Service Leave liabilities are now assumed by the Crown Entity, with the exception of those Long Service Leave consequential costs carried by the Ministry in accordance with the requirements of Treasury Circular 12/06.

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

The Ministry's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Ministry accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 27, "Payables".

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

iii) Other Provisions

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

b) Insurance

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

c) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred in accordance with Treasury's mandate for general government sector agencies.

d) Income Recognition

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

i) Parliamentary Appropriations & Contributions

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

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

ii) Sale of Goods / Rendering of Services

Revenue from the sale of goods is recognised as revenue when the Ministry transfers the significant risks and rewards of ownership of the assets. Revenue from the rendering of services is recognised as revenue when the service is provided.

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

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

iii) Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117, "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 "Revenue" when the Ministry's right to receive payment is established.

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

iv) Grants and Contributions

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

(v) High Cost Drugs

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

(vi) Motor Accident Authority Third Party

A bulk billing agreement exists in which motor vehicle insurers effect payment directly to NSW Health for the hospital costs for those persons hospitalised or attending for inpatient treatment as a result of motor accidents.

(vii) Department of Veterans' Affairs

An agreement is in place with the Commonwealth Department of Veterans' Affairs, through which direct funding is provided for the provision of health services to entitled veterans. Payment for inpatient services are based on admitted public activity whilst payments for non admitted patients are subject to a block grant paid to the credit of the Ministry of Health.

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

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

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

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

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

f) Intangible Assets

The Ministry recognises intangible assets only if it is probable that future economic benefits will flow to the Ministry and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Ministry's intangible assets, the assets are carried at cost less any accumulated amortisation.

Computer software developed or acquired by the Ministry is recognised as an intangible asset and amortised over three to five years based on the useful life of the asset for both internally developed assets and direct acquisitions.

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

g) Acquisition of Assets

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

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

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

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

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

h) Capitalisation Thresholds

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

i) Depreciation of Property, Plant and Equipment

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

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

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

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

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

j) Revaluation of Non-Current Assets

Physical non-current assets are valued in accordance with the "Valuation of Physical Non-Current Assets at Fair Value" Policy and Guidelines Paper (TPP07-1). This policy adopts fair value in accordance with AASB116, "Property, Plant and Equipment" and AASB140, "Investment Property".

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

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

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

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

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

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

Revaluation increments are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the net result for the year, the increment is recognised immediately as revenue in the net result for the year.

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

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

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

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Ministry is effectively exempt from AASB 136 Impairment of Assets and impairment testing.

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

l) Maintenance

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

m) Leased Assets

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

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

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

n) Inventories

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

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

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

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

p) Investments

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

* *Fair value through profit or loss:*

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

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

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

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

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

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

q) Loans and Receivables

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

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

r) Impairment of financial assets

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

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

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the net result for the year, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the net result for the year.
Any reversals of impairment losses are reversed through the net result for the year , where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

s) De-recognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the Ministry transfers the financial asset:
* where substantially all the risks and rewards have been transferred; or
* where the Ministry has not transferred substantially all the risks and rewards, if the Ministry has not retained control.

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

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

t) Payables

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

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

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

u) Borrowings

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

v) Trust Funds

The Ministry's controlled entities receive monies in a trustee capacity for various trusts as set out in Note 32. As the controlled entities perform only a custodial role in respect of these monies and because the monies cannot be used for the achievement of NSW Health's objectives, they are not brought to account in the financial statements.

w) Administered Activity

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

Transactions and balances relating to the administered activities are not recognised as Ministerial revenue but are disclosed as "Administered Revenues" in the service group statement.

The accrual basis of accounting and all applicable accounting standards have been adopted.

x) Budgeted Amounts

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

y) Equity Transfers

The transfer of net assets between entities as a result of an administrative restructure, transfers of programs / functions and parts thereof between NSW public sector entities and 'equity appropriations' are designated or required by Accounting Standards to be treated as contributions by owners and recognised as an adjustment to 'Accumulated Funds'. This treatment is consistent with AASB 1004 Contributions and Australian Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities.

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

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

z) Emerging Assets

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

aa) Service Group Statements Allocation Methodology

Expenses and revenues are assigned to service groups in accordance with statistical data for the twelve months ended 31 December 2011 which is then applied to the current period's financial information. The same methodology is applied to attribute assets and liabilities to each service group.

In respect of assets and liabilities the Ministry takes action to identify those components that can be specifically identified and reported by service groups.

Remaining values are attributed to service groups in accordance with values advised by the Ministry of Health, e.g. depreciation/amortisation charges form the basis of apportioning the values for Intangibles and Property, Plant & Equipment.

ab) Equity and Reserves

(i) Asset Revaluation Surplus

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

(ii) Accumulated Funds

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

3. Employee Related

Employee related expenses comprise the following:

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
104,008	96,401	Salaries and Wages	7,757,111	7,412,365
2,080	2,949	Superannuation - Defined Benefit Plans	158,487	170,743
4,318	8,455	Superannuation - Defined Contribution Plans	637,316	614,077
6,341	3,192	Long Service Leave *	500,015	292,338
6,559	7,789	Annual Leave	837,662	777,128
5,093	6,578	Redundancies	19,635	5,274
1,026	630	Workers' Compensation Insurance	179,555	153,833
6,215	6,015	Payroll Tax and Fringe Benefits Tax	6,749	7,221
135,640	**132,009**		**10,096,530**	**9,432,979**

The following additional information is provided:

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
-----	-----	Employee Related Expenses Capitalised - Intangibles	6,903	5,695

* The Long Service Leave expense is periodically subject to actuarial review. Review as at 30 June 2012 resulted in the adoption of revised actuarial factors which increased from 11.1% to 22.0%

4. Other Operating Expenses

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
15,745	13,196	Blood and Blood Products *	110,747	75,612
569	910	Domestic Supplies and Services	89,396	72,933
108,954	105,939	Drug Supplies	646,463	650,792
-----	-----	Food Supplies	91,595	115,322
614	447	Fuel, Light and Power	114,403	106,885
65,833	161,035	General Expenses (See (b) below)	419,914	411,430
8,585	10,067	Information Management Expenses	247,550	181,909
202,048	194,507	Insurance	226,835	217,121
281,828	170,946	Interstate Patient Outflows **	206,768	198,015
		Maintenance (See (c) below)		
1,431	1,535	Maintenance Contracts	130,259	117,359
666	656	New/Replacement Equipment under $10,000	162,616	151,266
1,737	2,548	Repairs Maintenance/Non Contract	95,384	87,734
-----	-----	Operating Lease Motor Vehicles - Minimum Lease Payments	56,805	55,985
2,352	-----	Medical and Surgical Supplies	693,157	641,157
1,794	2,024	Postal and Telephone Costs	45,633	44,800
2,827	3,168	Printing and Stationery	46,413	45,866
388	240	Rates and Charges	23,044	23,261
7,500	6,090	Rental	63,588	52,503
173	99	Special Service Departments	204,933	240,675
12,723	13,468	Staff Related Costs	132,422	109,979
-----	-----	Sundry Operating Expenses (See (a) below)	159,577	137,827
2,197	2,280	Travel Related Costs	75,223	71,411
-----	-----	Visiting Medical Officers	633,140	595,300
717,964	**689,155**		**4,675,865**	**4,405,142**

* The cost of private hospital blood and blood products has been reclassified from Grants and Subsidies for both 2011/12 and 2010/11.

** Accounting arrangements for Interstate Patient Flows were varied from 1 January 2011 with the Parent responsible for all patient outflows from that time. Prior to 1 January 2011 interstate patient flow expense was also reported by the former Area Health Services.

Ministry of Health
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2012

PARENT			CONSOLIDATION	
2012	2011		2012	2011
$000	$000		$000	$000
		(a) Sundry Operating Expenses comprise :		
-----	-----	Aircraft Expenses (Ambulance)	66,906	62,071
-----	-----	Contract for Patient Services	79,772	65,052
-----	-----	Isolated Patient Travel and Accommodation Assistance Scheme	12,899	10,704
-----	-----		**159,577**	**137,827**
		(b) General Expenses include :		
3,814	8,160	Advertising	10,370	12,864
386	350	Auditor's Remuneration - Audit of Financial Statements	6,028	5,661
-----	25,468	Bad Debt Write Off *	-----	25,468
188	200	Books, Magazines and Journals	6,475	6,653
		Consultancies		
385	101	- Capital Works	2,386	2,471
1,193	2,290	- Operating Activities	11,947	14,605
-----	-----	Capital Projects Expensed	40,564	13,311
1,963	1,947	Courier and Freight	19,707	16,862
299	415	Data Recording and Storage	5,528	4,981
-----	68,959	Forgiveness of prior Health Services debt to the Ministry	-----	-----
907	1,103	Legal Services	6,649	7,094
111	107	Membership/Professional Fees	6,669	4,269
18	-----	Other Operating Lease Expense - Minimum Lease Payments	26,661	34,444
-----	-----	Payroll Services	416	290
-----	-----	Public Private Partnership	61,098	54,059
-----	-----	Quality Assurance/Accreditation	6,378	4,319
288	354	Security Services	14,782	10,700
24	368	Translator Services	4,640	4,195
		(c) Reconciliation - Total Maintenance		
3,835	4,739	Maintenance Expense - Contracted Labour and Other (Non-Employee Related), included in Note 5	388,259	356,359
-----	-----	Employee Related/Personnel Services Maintenance Expense included in Notes 3 & 4	30,933	25,833
3,835	**4,739**	Total Maintenance Expenses included in Notes 3 & 4	**419,192**	**382,192**

* In 2010/11 The Parent reported a bad debt expense of $21.1 million for Elective Surgery Waiting Lists. The Ministry had recognised this amount as revenue in 2010/11 having satisfied the Commonwealth criteria for payment due. Monies were ultimately received in 2010/11 by Treasury which provided the due funds to the Ministry by way of Consolidated Fund support.

Ministry of Health
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2012

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		5. Depreciation and Amortisation		
2,241	2,241	Depreciation - Buildings	324,795	322,229
-----	-----	Amortisation - Leased Buildings	3,751	1,992
1,446	1,343	Depreciation - Plant and Equipment	169,618	167,932
-----	-----	Depreciation - Infrastructure Systems	17,841	15,869
-----	-----	Amortisation - Intangible Assets	19,417	17,116
3,687	**3,584**		**535,422**	**525,138**
		6. Grants and Subsidies		
12,154	10,800	Payments to the National Blood Authority and the Red Cross Blood Transfusion Service net of payments recognised in Note 4	12,154	10,800
296,291	140,917	Operating Payments to Other Affiliated Health Organisations	547,366	546,890
35,632	6,332	Capital Payments to Affiliated Health Organisations	36,274	9,765
		Grants -		
145,378	141,645	Cancer Institute NSW	145,378	141,645
-----	-----	Community Aged Care Packages	28,067	24,960
40,891	9,118	External Research *	48,429	11,932
75,810	73,368	Non-Government Organisations	159,044	151,894
12,154,862	11,912,886	Payments to Controlled Health Entities	-----	-----
102,379	72,989	Other Grants	133,785	121,078
12,863,397	**12,368,055**		**1,110,497**	**1,018,964**

* As part of the 2010 Government Election Commitment, the Office of Science and Medical Research (OSMR) transferred to the Ministry of Health. All grants associated with the Medical Research grants program are now being paid and managed by the Ministry of Health. The increase in grants in 2011/12 reflect this transfer of function.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		7. Finance Costs		
-----	-----	Finance Lease Interest Charges	42,036	34,728
-----	-----	Other Interest Charges	2,107	7,083
-----	**-----**	Total Finance Costs	**44,143**	**41,811**

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		8. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
-----	-----	Sale of Prosthesis	52,610	47,879
-----	62	Other	-----	-----
-----	-----	Pharmacy Sales	8,768	7,251
		(b) Rendering of Services comprise the following:-		
-----	-----	Patient Fees	579,834	528,168
-----	-----	Staff-Meals and Accommodation	4,718	7,634
81,125	65,886	Department of Veterans' Affairs	333,711	306,686
-----	-----	Infrastructure Fees - Monthly Facility Charge	251,133	239,398
-----	-----	- Annual Charge	70,282	72,122
-----	-----	Cafeteria/Kiosk	20,374	20,903
-----	-----	Car Parking	21,831	17,442
-----	-----	Child Care Fees	10,842	10,199
-----	-----	Clinical Services (excluding Clinical Drug Trials)	14,979	12,674
314	1,888	Commercial Activities	36,440	29,236
-----	-----	Fees for Medical Records	1,941	1,854
-----	-----	High Cost Drugs	209,003	190,973
-----	-----	Linen Service Revenues - Non Health Services	6,888	9,282
-----	-----	Meals on Wheels	1,647	2,149
-----	6,145	Motor Accident Authority Third Party *	92,973	96,549
-----	-----	PADP Patient Copayments	175	189
2,570	525	Patient Inflows from Interstate	2,570	525
-----	-----	Patient Transport Fees	77,812	70,988
-----	-----	Private Use of Motor Vehicles	2,681	1,510
-----	-----	Salary Packaging Fees	6,505	2,913
182	253	Services Provided to Non NSW Health Organisations	24,690	24,610
-----	-----	Use of Ambulance Facilities	3,853	3,772
38,070	29,984	Other	120,554	103,809
122,261	**104,743**		**1,956,814**	**1,808,715**

* Motor Accident Authority Revenues reported by the Parent constitute revenues paid in settlement of amounts over the years 2006/07 to 2009/10. Health entities are now deemed to be the direct beneficiaries of revenues obtained through the Motor Vehicle Third Party Comprehensive Insurance arrangements.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		9. Investment Revenue		
10,378	12,656	Interest	52,621	60,720
-----	-----	Royalties	335	241
-----	-----	Other	3,203	8,172
10,378	**12,656**		**56,159**	**69,133**

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		10. Grants and Contributions		
-----	-----	Clinical Drug Trials	20,542	18,518
15,789	13,638	Commonwealth Government Grants	90,608	73,735
-----	-----	Industry Contributions/Donations	65,125	66,540
-----	-----	Cancer Institute Grants	59,030	57,281
4,199	5,553	NSW Government Grants	75,948	18,457
-----	-----	Research Grants	22,076	25,672
-----	-----	University Commission Grants	4	236
8,059	9,377	Other Grants	43,493	53,158
28,047	**28,568**		**376,826**	**313,597**

11. Acceptance by the Crown Entity of employee benefits

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		The following liabilities and expenses have been assumed by the Crown Entity:		
2,080	2,949	Superannuation-defined benefit	158,487	170,743
6,288	3,192	Long Service Leave *	435,331	165,290
113	161	Payroll Tax	113	161
8,481	**6,302**		**593,931**	**336,194**

* Long Service Leave is impacted by actuarial review (See Note 3). Also, with effect from 31 December 2010 the Crown Entity assumed responsibility for the Long Service Leave liability of all Health Services controlled by the Ministry of Health.

12. Other Revenue

Other Revenue comprises the following:-

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
-----	-----	Ambulance Death & Disability Cover - Employee Contributions	4,412	4,087
2	3	Commissions	2,275	2,265
-----	-----	Conference and Training Fees	6,769	5,270
2,854	3,451	Discounts	3,374	3,899
38	-----	Insurance Refunds	4,707	3,848
1,650	1,634	Lease and Rental Income	24,424	21,436
5	31	Sale of Merchandise, Old Wares and Books	621	734
-----	-----	Sponsorship Income	1,157	762
-----	465	Treasury Managed Fund Hindsight Adjustment	17,174	29,934
39,078	956	Other *	63,045	37,177
43,627	**6,540**		**127,958**	**109,412**

* Other Revenue for 2011/12 includes a one off adjustment for monies paid & received by the Parent under the former funding agreements for Department of Veterans' Affairs, $18 million and High Cost Drugs $7 million. Other Revenue also includes an on ongoing revenue stream from the contractual arrangements for the Royal North Shore carpark.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		13. Loss on Disposal		
(264)	7,036	Property, Plant and Equipment	207,231	224,182
-----	(6,157)	Less: Accumulated Depreciation	(173,991)	(180,313)
(264)	**879**	**Written Down Value**	**33,240**	**43,869**
-----	(600)	Less: Proceeds from Disposal	(18,813)	(17,326)
(264)	**(279)**	**Loss on Disposal of Property, Plant and Equipment**	**(14,427)**	**(26,543)**
11,434	108,880	Financial Assets at Fair Value	-----	-----
(11,434)	(108,880)	Less: Proceeds from Disposal	-----	-----
-----	**-----**	**Loss on Disposal of Financial Assets at Fair Value**	**-----**	**-----**
		Assets Held for Sale	18,281	2,412
-----	-----	Less: Proceeds from Disposal	(6,605)	(2,393)
-----	**-----**	**Loss on Disposal of Assets Held for Sale**	**(11,676)**	**(19)**
(264)	**(279)**	**Total Loss on Disposal**	**(26,103)**	**(26,562)**
		14. Other Losses		
-----	-----	Property, Plant and Equipment Asset Revaluation Decrement	-----	(3,087)
(68)	-----	Impairment of Receivables	(60,784)	(46,643)
(68)	**-----**		**(60,784)**	**(49,730)**

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15. Conditions on Contributions

	Purchase of Assets $000	Health Promotion, Education and Research $000	Other $000	Total $000
Contributions recognised as revenues during the current year for which expenditure in the manner specified had not occurred as at balance date	41,459	171,024	82,244	294,727
Contributions recognised in previous years which were not expended in the current financial year	83,017	386,799	96,974	566,790
Total amount of unexpended contributions as at balance date	124,476	557,823	179,218	861,517

Comment on restricted assets appears in Note 26

16. Service Groups of the Health Service

Service Group 1.1 - Primary and Community Based Services

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

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

Service Group 1.2 - Aboriginal Health Services

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

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

Service Group 1.3 - Outpatient Services

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

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

Service Group 2.1 - Emergency Services

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

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

Service Group 2.2 - Inpatient Hospital Services

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

Service Group 2.2 - Inpatient Hospital Services (continued)

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

Service Group 3.1 - Mental Health Services

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

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

Service Group 4.1 - Rehabilitation and Extended Care Services

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

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

Service Group 5.1 - Population Health Services

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

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

Service Group 6.1 - Teaching and Research

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

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

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PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		17. Cash and Cash Equivalents		
160,389	235,104	Cash at Bank and On Hand	821,560	795,971
-----	-----	Short Term Deposits	481,203	329,174
160,389	**235,104**		**1,302,763**	**1,125,145**
		Cash & cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:		
160,389	235,104	Cash and Cash Equivalents (per Statement of Financial Position)	1,302,763	1,125,145
160,389	**235,104**	Closing Cash and Cash Equivalents (per Statement of Cash Flows)	**1,302,763**	**1,125,145**

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

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		18. Receivables		
		Current		
69,927	34,416	Sale of Goods and Services	302,744	274,263
18,995	-----	Intra Health Receivables	-----	-----
9,569	6,840	Goods and Services Tax	52,796	161,464
11,874	20,908	Other Debtors	107,606	94,723
110,365	62,164	**Sub Total**	463,146	530,450
-----	(1,016)	Less Allowance for Impairment	(63,249)	(60,032)
110,365	61,148	**Sub Total**	399,897	470,418
4,800	1,708	Prepayments	74,326	36,561
115,165	**62,856**		**474,223**	**506,979**
		(a) Movement in the Allowance for Impairment Sale of Goods and Services		
(1,016)	(171)	Balance at Commencement of Reporting Period	(46,387)	(48,057)
1,016	171	Amounts written off during the year	52,505	45,933
-----	(1,016)	Increase/(decrease) in Allowance Recognised in Result for the Year	(47,358)	(44,263)
-----	**(1,016)**	Balance at 30 June	**(41,240)**	**(46,387)**
		(b) Movement in the Allowance for Impairment Other Debtors		
-----	-----	Balance at Commencement of Reporting Period	(13,645)	(9,566)
-----	-----	Amounts written off during the year	4,410	2,034
-----	-----	Amounts recovered during the year	-----	(657)
-----	-----	Increase/(decrease) in Allowance Recognised in Result for the Year	(12,774)	(5,456)
-----	-----	Balance at 30 June	**(22,009)**	**(13,645)**
-----	**(1,016)**		**(63,249)**	**(60,032)**

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PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		18. Receivables (continued)		
		Non-Current		
-----	-----	Sale of Goods and Services	1,358	569
-----	-----	Leave Mobility	25	-----
-----	-----	Other Debtors	-----	34
-----	-----	**Sub Total**	1,383	603
-----	-----	Less Allowance for Impairment	(938)	(286)
-----	-----	**Sub Total**	445	317
-----	-----	Prepayments	8,595	12,142
-----	**-----**		**9,040**	**12,459**
		(a) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
-----	-----	Balance at Commencement of Reporting Period	(286)	(275)
-----	-----	Increase/(decrease) in Allowance Recognised in Result for the Year	(652)	(11)
-----	-----	Balance at 30 June	**(938)**	**(286)**
		Sale of Goods and Services Receivables (Current and Non-Current) include:		
-----	-----	Patient Fees - Compensable	10,692	17,401
-----	-----	Patient Fees - Ineligible	18,638	30,623
-----	-----	Patient Fees - Other	92,442	77,941
-----	**-----**		**121,772**	**125,965**

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 41.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		19. Inventories - Current - Held for Distribution		
34,977	26,217	Drugs	71,090	79,499
5,988	6,057	Medical and Surgical Supplies	54,742	41,361
-----	-----	Food and Hotel Supplies	137	29
-----	-----	Engineering Supplies	325	384
-----	-----	Other Including Goods in Transit	13,515	5,114
40,965	**32,274**		**139,809**	**126,387**

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		20. Financial Assets at Fair Value		
		Current		
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities	106,306	207,451
-----	-----	Other	11,043	-----
-----	**-----**		**117,349**	**207,451**
		Non Current		
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities	36,161	40,464
-----	**-----**		**36,161**	**40,464**

Refer to Note 41 for further information regarding credit risk, liquidity risk and market risk arising from financial investments.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		21. Other Financial Assets		
		Current		
8,784	12,438	Advances Receivable - Intra Health	-----	-----
8,784	**12,438**		-----	-----
		Non-Current		
15,431	344	Advances Receivable - Intra Health	-----	-----
15,431	**344**		-----	-----

Refer to Note 41 for further information regarding credit risk, liquidity risk and market risk arising from financial investments.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		22. Property, Plant and Equipment		
		Land and Buildings - Fair Value		
215,216	201,649	Gross Carrying Amount	16,182,672	15,846,755
86,904	71,733	Less Accumulated Depreciation and Impairment	6,836,513	6,656,191
128,312	**129,916**	Net Carrying Amount	**9,346,159**	**9,190,564**
		Plant and Equipment - Fair Value		
8,042	26,668	Gross Carrying Amount	2,043,796	2,573,260
3,971	21,992	Less Accumulated Depreciation and Impairment	1,173,851	1,737,686
4,071	**4,676**	Net Carrying Amount	**869,945**	**835,574**
		Infrastructure Systems - Fair Value		
-----	-----	Gross Carrying Amount	712,347	628,221
-----	-----	Less Accumulated Depreciation and Impairment	349,252	283,454
-----	**-----**	Net Carrying Amount	**363,095**	**344,767**
132,383	**134,592**	**Total Property, Plant and Equipment At Net Carrying Amount**	**10,579,199**	**10,370,905**

22. Property, Plant and Equipment (Continued)

PARENT Reconciliation

	Land $000	Buildings $000	Plant and Equipment $000	Total $000
2012				
Net Carrying Amount at Start of Year	67,060	62,856	4,676	**134,592**
Additions	-----	1,301	-----	**1,301**
Reclassifications to Intangibles			(177)	**(177)**
Disposals	(160)	-----	(104)	**(264)**
Net Revaluation Increment Less Revaluation Decrements	-----	618	-----	**618**
Depreciation Expense	-----	(2,241)	(1,446)	**(3,687)**
Reclassifications	-----	482	(482)	**-----**
Net Carrying Amount at End of Year	**66,900**	**63,016**	**2,467**	**132,383**

	Land $000	Buildings $000	Plant and Equipment $000	Total $000
2011				
Net Carrying Amount at Start of Year	67,060	64,684	4,981	**136,725**
Additions	-----	413	1,917	**2,330**
Disposals	-----	-----	(879)	**(879)**
Depreciation Expense	-----	(2,241)	(1,343)	**(3,584)**
Net Carrying Amount at End of Year	**67,060**	**62,856**	**4,676**	**134,592**

(i) Land and Buildings include land owned by the Health Administration Corporation but controlled by the Parent entity.

(ii) Land and Buildings were valued by the Department of Finance and Services on 1 July 2009.

(iii) In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets have had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment has been performed on a gross basis in accordance with note 2 (j). This factor gives consideration to the valuation of Physical Non-Current Assets at Fair Value. The following table details the indices applied to Non Current Assets as also determined by the Department of Finance and Services :

Year	Land	Buildings
2010/11	0%	0%
2011/12	0%	2%

22. Property, Plant and Equipment (Continued)

CONSOLIDATED Reconciliation

	Land	Buildings	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000
2012						
Net Carrying Amount at Start of Year	1,589,643	7,539,483	61,438	835,574	344,767	**10,370,905**
Additions	12,431	535,912	7,946	95,484	5,456	**657,229**
Reclassifications to Intangibles	-----	-----	-----	(609)	-----	**(609)**
Recognition of Assets Held for Sale	(3,027)	(35,227)	-----	-----	-----	**(38,254)**
Disposals	(1,060)	(14,007)	-----	(18,173)	-----	**(33,240)**
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	68,411	118,255	-----	-----	30,919	**217,585**
Impairment Losses (Recognised in "Other Gains/Losses")	(2,449)	(75,748)	-----	-----	(215)	**(78,412)**
Depreciation Expense	-----	(324,795)	(3,751)	(169,618)	(17,841)	**(516,005)**
Reclassifications	-----	(127,296)	-----	127,287	9	-----
Net Carrying Amount at End of Year	**1,663,949**	**7,616,577**	**65,633**	**869,945**	**363,095**	**10,579,199**

	Land	Buildings	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000
2011						
Net Carrying Amount at Start of Year	1,593,862	7,369,896	63,430	742,086	357,779	**10,127,053**
Additions	4,873	453,125	-----	285,120	2,857	**745,975**
Reclassifications to Intangibles	-----	-----	-----	(50)	-----	**(50)**
Recognition of Assets Held for Sale	(10,099)	-----	-----	-----	-----	**(10,099)**
Disposals	(6,188)	(14,031)	-----	(23,650)	-----	**(43,869)**
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	7,195	52,722	-----	-----	-----	**59,917**
Depreciation Expense	-----	(322,229)	(1,992)	(167,932)	(15,869)	**(508,022)**
Net Carrying Amount at End of Year	**1,589,643**	**7,539,483**	**61,438**	**835,574**	**344,767**	**10,370,905**

Land and Buildings include land owned by the Health Administration Corporation, the Ministry or its controlled entities.

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

In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets for those health entities that last performed revaluations in 2009/10 have had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment has been performed on a gross basis in accordance with note 2(j).

This factor gave consideration to the valuation of Physical Non-Current Assets at Fair Value at that time. The indices used have been determined by valuers external to NSW Health.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		23. Intangible Assets		
		Software		
177	-----	Cost (Gross Carrying Amount)	421,264	331,622
-----	-----	Less Accumulated Amortisation and Impairment	118,500	106,396
177	**-----**	**Net Carrying Amount**	**302,764**	**225,226**

PARENT Reconciliation

	Software $000	Total $000
2012		
Net Carrying Amount at Start of Year	-----	**-----**
Reclassification from Plant & Equipment (Software only)	177	**177**
Net Carrying Amount at End of Year	**177**	**177**

CONSOLIDATED Reconciliation

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

	Software $000	Total $000
2011		
Net Carrying Amount at Start of Year	172,290	172,290
Additions (From Internal Development or Acquired Separately)	70,002	70,002
Reclassifications from Plant & Equipment	50	50
Amortisation (Recognised in Depreciation and Amortisation)	(17,116)	(17,116)
Net Carrying Amount at End of Year	**225,226**	**225,226**

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PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		24. Other Assets		
		Non-Current		
-----	-----	Emerging Rights to Assets (refer Note 2(z))	54,411	24,636
-----	**-----**		**54,411**	**24,636**
		25. Non-Current Assets Held for Sale		
		Assets Held for Sale		
-----	-----	Land and Buildings	66,638	46,587
-----	-----	Infrastructure Systems	33	111
-----	**-----**		**66,671**	**46,698**

No amounts are recognised in equity relating to No-Current Assets Held for Sale.

26. Restricted Assets

The 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.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
-----	-----	Specific Purposes	307,712	378,850
-----	-----	Perpetually Invested Funds	24,584	23,483
-----	-----	Research Grants	210,701	166,751
-----	-----	Private Practice Funds	265,249	229,207
-----	-----	Other	53,271	36,211
-----	-----	**TOTAL**	**861,517**	**834,502**

Details of Conditions on Contributions appear in Note 15.
Major categories included in the Consolidation are:

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

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		27. Payables		
		Current		
1,332	1,260	Accrued Salaries, Wages and On-Costs	195,900	147,339
389	395	Taxation and Payroll Deductions	71,526	150,180
52,770	61,465	Superannuation Guarantee Charge Payables	68,441	75,836
82,189	78,973	Creditors	701,774	698,785
		Other Creditors		
0	-----	- Capital Works	110,439	71,267
87,406	65,234	- Intra Health Liability	-----	-----
224,086	**207,327**		**1,148,080**	**1,143,407**

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

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		28. Borrowings		
		Current		
-----	-----	Other Loans and Deposits	4,799	1,901
-----	-----	Finance Leases [see note 2(m)]	2,154	2,501
-----	-----	Public Private Partnership - Long Bay	-----	978
-----	-----	Public Private Partnership - Mater	7,412	6,629
-----	-----		**14,365**	**12,009**
		Non-Current		
-----	-----	Other Loans and Deposits	5,017	4,626
-----	-----	Finance Leases [see note 2(m)]	7,206	9,000
		ANZAC Foundation loan from Sydney University	-----	1,568
-----	-----	Public Private Partnership - Long Bay	82,054	82,043
		Public Private Partnership - Mater	132,796	140,208
		Public Private Partnership - Orange	162,091	162,092
-----	-----	Public Private Partnership - Royal North Shore	49,565	49,565
-----	-----		**438,729**	**449,102**

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

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		29. Provisions		
		Current Employee Benefits and Related On-Costs		
5,731	7,406	Annual Leave - Short Term Benefit	693,132	727,607
3,039	4,099	Annual Leave - Long Term Benefit	678,093	570,669
-----	62	Long Service Leave - Short Term Benefit	1,175	354
677	558	Long Service Leave - Long Term Benefit	677	3,717
-----	-----	Death and Disability (Ambulance Officers)	12,291	7,719
-----	-----	Sick Leave	430	427
4,238	2,625	Long Service Leave On-Costs	178,663	91,242
13,685	**14,750**	**Total Current Provisions**	**1,564,461**	**1,401,735**
		Non-Current Employee Benefits and Related On-Costs		
46	91	Long Service Leave - Conditional	3,265	409
-----	-----	Death and Disability (Ambulance Officers)	-----	2,854
-----	-----	Sick Leave	-----	56
863	331	Long Service Leave On-Costs	8,865	6,205
909	**422**	**Total Non-Current Provisions**	**12,130**	**9,524**
		Aggregate Employee Benefits and Related On-Costs		
13,685	14,750	Provisions - Current	1,564,461	1,401,735
909	422	Provisions - Non-Current	12,130	9,524
70,016	78,291	Accrued Salaries, Wages and On-Costs (Note 27)	307,867	373,355
84,610	**93,463**		**1,884,458**	**1,784,614**
		30. Other Liabilities		
		Current		
2,427	2,427	Income in Advance	34,992	24,980
2,427	**2,427**		**34,992**	**24,980**
		Non-Current		
60,686	63,113	Income in Advance	104,327	110,405
697	697	Other	2,128	697
61,383	**63,810**		**106,455**	**111,102**

At 30 June 2012 the Ministry held $63 million as Income in Advance relating to licensing rights for the future use of the Royal North Shore Hospital car park. At Consolidated level, the Income in Advance principally relates to the Royal North Shore Car Park and monies received from the Sydney University as a contribution towards the construction costs of a research and education facility. Upon commissioning of the facility the University will partly occupy the facility and the income in advance will be exhausted over the term of the occupation. Income in advance has also been received as a consequence of Health Entities entering into agreements for the sale of surplus properties and the provision and operation of private facilities and car parks.

Ministry of Health
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2012

PARENT			CONSOLIDATION	
2012 $000	2011 $000	**31. Commitments for Expenditure**	2012 $000	2011 $000
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:		
-----	-----	Not later than one year	332,378	141,063
-----	-----	Later than one year and not later than five years	571,718	181,429
-----	-----	Later than five years	2,788,445	2,102,698
-----	**-----**	**Total Capital Expenditure Commitments (Including GST)**	**3,692,542**	**2,425,190**
		(b) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
-----	7,377	Not later than one year	133,807	145,035
-----	15,950	Later than one year and not later than five years	249,301	271,458
-----	-----	Later than five years	179,994	159,716
-----	**23,327**	**Total Operating Lease Commitments (Including GST)**	**563,102**	**576,209**

The operating lease commitments above are for motor vehicles, information technology, equipment including personal computers, medical equipment and other equipment.

(c) Contingent Asset Related to Commitments for Expenditure

The total of 'Commitments for Expenditure' above, i.e. $4,255.6 million as at 30 June 2012 includes input tax credits of $386.9 million that are expected to be recoverable from the Australian Taxation Office (2011: $ 368.7 million).

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		(d) Finance Lease Commitments		
		Minimum lease payment commitments in relation to finance leases are payable as follows:		
-----	-----	Not later than one year	53,995	48,101
-----	-----	Later than one year and not later than five years	218,842	203,012
-----	-----	Later than five years	859,029	933,934
-----	**-----**	**Minimum Lease Payments (Including GST)**	**1,131,866**	**1,185,047**
-----	-----	Less: Future Finance Charges	585,691	624,298
-----	-----	Less: GST component	102,897	107,733
-----	**-----**	**Present Value of Minimum Lease Payments**	**443,278**	**453,016**
		The present value of finance lease commitments is as follows:		
-----	-----	Not later than one year	9,566	9,130
-----	-----	Later than one year and not later than five years	49,017	50,740
-----	-----	Later than five years	384,695	393,146
-----	**-----**	**Present Value of Minimum Lease Payments**	**443,278**	**453,016**
		Classified as:		
-----	-----	(a) Current (Note 28)	9,566	9,130
-----	-----	(b) Non-Current (Note 28)	433,712	443,886
-----	**-----**		**443,278**	**453,016**

31. Commitments for Expenditure (continued)

(e) Calvary Mater Newcastle Hospital Public, Private Partnership (PPP)

In 2005-06, the Health Administration Corporation entered into a contract with a private sector provider, NovaCare Project Partnership for financing, design, construction and commissioning of a new Mater Hospital, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the site until November 2033. The redevelopment has been completed in three stages. Stage 1 was completed in January 2008 followed by Stage 2 in February 2009. Construction of Stage 3 was completed on 16 June 2009.

When Stage 1 construction was completed in January 2008, the former Hunter New England Area Health Service (HNEAHS) transferred the Mater hospital to Calvary Mater Newcastle and recognised the transfer as a grant expense of $71.33 million. The recognition is based on the fact that services are delivered by Little Company of Mary Health Care being a Third Schedule Hospital health care provider which is outside the accounting control of either the former HNEAHS or the Department. Upon completion of the Project, the former HNEAHS transferred the other parts of the new Hospital and recognised the transfer of a grant expense of $35.48 million in June 2009.

The former HNEAHS recognised the new mental health facility as an asset of $39.29 million. The refurbished Convent and McAuley buildings at the Mater hospital site as occupied by the former HNEAHS, was also recognised as an asset and offsetting liability of $11.08 million. The basis for the accounting treatment is that services will be delivered by the former HNEAHS on the site of Mater Hospital for the duration of the Head Lease of the these facilities until November 2033.

In addition, the former Hunter New England Area Health Service recognised the liability to NovaCare, payable over the period to 2033, for the construction of both hospitals.

An estimate of the commitments is as follows:

(a) Commitments – Repayment of PPP Liability

Nominal	2012	2011
	$000	$000
Not later than one year	8,153	7,292
Later than one year and not later than five years	44,366	39,264
Later than five years	101,710	114,965

(b) Capital Commitments – New Mental Health Building and Refurbished Buildings (PPP interest)

Nominal	2012	2011
	$000	$000
Not later than one year	15,119	15,804
Later than one year and not later than five years	50,569	54,922
Later than five years	85,385	96,151

(c) Other Expenditure Commitments – Redevelopment of Mater Hospital (which will be recognised as a grant after completion of construction) and provision of facilities management and other non-clinical services to both hospitals.

Nominal	2012	2011
	$000	$000
Not later than one year	16,904	15,895
Later than one year and not later than five years	82,066	75,290
Later than five years	443,668	467,348

The expenditure commitments include Goods and Services Tax. Related input tax credits of $77.1 million (2011: $80.6 million) are expected to be recoverable from the Australian Taxation Office.

31. Commitments for Expenditure (continued)

(f) Royal North Shore Hospital Public, Private Partnership (PPP)

In October 2008, a private sector company, InfraShore Pty Limited, was engaged to finance, design and construct the new Royal North Shore Hospital, the new Community Health Facility and a new car park. InfraShore is required to provide facilities management services and delivery of ancillary non-clinical support services for these hospital facilities, the new Research and Education Centre (the Kolling Building) and some existing facilities under a Project Deed. Provision of facilities maintenance commenced in October 2009 and other support services commenced in April 2010. The new development will be completed in stages and full service commissioning is anticipated in 2014/15.

Upon construction of each stage, the Northern Sydney Local Health District (NSLHD) will operate and recognise the new Community Health Facility, the new Royal North Hospital, and the new car park facility as an asset of $722 million. In addition, NSLHD will recognise the liability to InfraShore, payable over the period to 2036 for these facilities.

In March 2011, Stage 1 of the new Community Health Building was completed on target. Northern Sydney Local Health District recognised the Community Health Building as an asset of $49.565 million. The basis for the accounting treatment is that services will be delivered by NSLHD for the duration of the term until 2036. NSLHD recognised the PPP liability, payable from 2011/12 to 2036 for the construction of the Community Health Building.

The car park facilities across the Hospital campus are managed under a separate licence agreement with InfraShore Parking Pty Ltd over 28 years to match the Project Deed term. The new car park was treated as a capital purchase with deferred settlement. Under the securitisation for the Car Park Licence Agreement, on 28 April 2010, NSLHD received an upfront payment that represented the net present value of the annual base licence fee for the term from the InfraShore Asset Management Trust.

An estimate of the commitments is as follows:

(a) Repayment of PPP Non-Current Liability - New Community Health Building

Nominal	2012 $000	2011 $000
Not later than one year	-----	-----
Later than one year and not later than five years	-----	-----
Later than five years	54,521	54,521

(b) Capital Commitments – PPP interest

Nominal	2012 $000	2011 $000
Not later than one year	5,824	5,649
Later than one year and not later than five years	23,527	23,290
Later than five years	94,234	100,038

(c) Capital Commitments – New acute hospital and car park

Nominal	2012 $000	2011 $000
Not later than one year	-----	-----
Later than one year and not later than five years	240,448	161,019
Later than five years	1,983,549	2,048,177

(d) Other Expenditure Commitments – Provision of facilities management and other non-clinical services to the new and existing facilities.

Nominal	2012 $000	2011 $000
Not later than one year	45,362	37,729
Later than one year and not later than five years	192,618	190,558
Later than five years	1,477,014	1,642,116

The expenditure commitments include Goods and Services Tax. Related input tax credits of $374.3 million (2011: $387.5 million) are expected to be recoverable from the Australian Taxation Office.

31. Commitments for Expenditure (continued)

(g) Long Bay Forensic and Prisons Hospital Public, Private Partnership (PPP)

In 2006-07 a private sector company, PPP Solutions (Long Bay) Pty Limited, was engaged to finance, design, construct and maintain the Long Bay Forensic and Prison Hospitals at Long Bay under a Project Deed. The development was a joint project between the NSW Department of Health (now Ministry of Health) and the Department of Corrective Services. The new development was completed in December 2008.

After completion of construction, Justice Health, a statutory health corporation operated and recognised the new Hospital, the Operations Building and the Pharmacy Building as an asset of $86 million. The basis for the accounting treatment is that services are being delivered by Justice Health for the duration of the term until May 2034.

In addition, Justice Health recognised the liability to PPP Solutions, payable over the period to 2034 for the construction of the new facilities.

An estimate of the commitments is as follows:

(a) Repayment of PPP Non-Current Liability - New Forensic Hospital and Operations Building

Nominal	2012 $000	2011 $000
Not later than one year	1,190	1,076
Later than one year and not later than five years	6,166	5,574
Later than five years	82,903	84,685

(b) Capital Commitments – PPP interest

Nominal	2012 $000	2011 $000
Not later than one year	9,584	9,698
Later than one year and not later than five years	36,929	37,521
Later than five years	98,509	107,501

(c) Other Expenditure Commitments – Provision of facilities management and other non-clinical services to the new and existing facilities.

Nominal	2012 $000	2011 $000
Not later than one year	9,370	8,704
Later than one year and not later than five years	40,851	40,213
Later than five years	262,851	272,860

The expenditure commitments include Goods and Services Tax. Related input tax credits of $50.0 million (2011: $51.6 million) are expected to be recoverable from the Australian Taxation Office.

31. Commitments for Expenditure (continued)

(h) Orange and Associated Health Services Public, Private Partnership (PPP)

In December 2007, a private sector company, Pinnacle Healthcare (OAHS) Pty Limited, was engaged to finance, design and construct the new Orange Hospital and new health facilities including Orange Tertiary Mental Health and other expansion works. Pinnacle will refurbish existing buildings and provide facilities management and delivery of ancillary non-clinical services for these hospital facilities and the new Bathurst Hospital under a Project Deed. Provision of facilities maintenance commenced in April 2007, followed by other non-clinical support services in December 2008.

In 2008/09, NSW Health requested a contract variation to expand the Orange Hospital and health facilities to accommodate additional clinical services. Following the change procedures in the Project Deed and subsequently government approval, the Project Deed was amended through the Deed of Amendment No. 1 in June 2010.

Upon construction completion of the new facilities including the Orange Hospital in March 2011, Western NSW Local Health District (LHD) recognised these facilities as an asset of $162.1 million under the original PPP financing arrangements. The basis for the accounting treatment is that services will be delivered by Western NSW LHD for the duration of the term until December 2035.

In addition, Western NSW LHD recognised the liability to Pinnacle Healthcare, payable over the period to 2035 for the construction of the new Orange Hospital, Orange Tertiary Mental Health and refurbished facilities.

The construction costs of the extended works due to the State variations were progressively paid outside of the PPP financing during construction. Western NSW LHD recognised the extended works as its assets at the completion of construction in March 2011.

An estimate of the commitments is as follows:

(a) Repayment of PPP Non-Current Liability - New Orange Hospital and Various Facilities

Nominal	2012 $000	2011 $000
Not later than one year	-----	-----
Later than one year and not later than five years	143	-----
Later than five years	178,157	178,300

(b) Capital Commitments – PPP interest

Nominal	2012 $000	2011 $000
Not later than one year	16,418	15,896
Later than one year and not later than five years	69,567	67,631
Later than five years	246,901	262,280

(c) Other Expenditure Commitments – Provision of facilities management and other non-clinical services to the new and existing facilities.

Nominal	2012 $000	2011 $000
Not later than one year	29,856	30,325
Later than one year and not later than five years	128,752	125,481
Later than five years	884,269	1,011,265

The expenditure commitments include Goods and Services Tax. Related input tax credits of $141.2 million (2011: $153.7 million) are expected to be recoverable from the Australian Taxation Office.

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32. Trust Funds

The Ministry of Health consolidated entity holds trust fund moneys of $92.334 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts.

These monies are excluded from the financial statements as the Ministry's controlled entities cannot use them for the achievement of their objectives. Nil Trust monies are held by the Parent entity. The following is a summary of the transactions in the trust account.

	Patient Trust		Refundable Deposits		Private Practice Trust Funds		Total	
	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000
Cash Balance at the beginning of the financial year	7,270	5,495	12,936	8,930	61,165	49,389	81,371	63,814
Receipts	7,657	8,672	20,557	31,719	435,420	376,218	463,634	416,609
Expenditure	(9,681)	(6,897)	(20,595)	(27,713)	(422,395)	(364,442)	(452,672)	(399,052)
Cash Balance at the end of the financial year	5,245	7,270	12,898	12,936	74,191	61,165	92,334	81,371

	Parent and Consolidated	
	2012	2011
	$000	$000
33. Appropriations		
Recurrent Appropriations		
Total Recurrent Draw-Downs from NSW Treasury (per Summary of Compliance)	13,039,539	12,546,945
Total	**13,039,539**	**12,546,945**
Comprising:		
Recurrent Appropriations (per Statement of Comprehensive Income)	13,039,539	12,546,945
Total	**13,039,539**	**12,546,945**
Capital Appropriations		
Total Capital Draw-Downs from NSW Treasury (per Summary of Compliance)	487,631	479,596
Total	**487,631**	**479,596**
Comprising:		
Capital Appropriations (per Statement of Comprehensive Income)	487,631	479,596
Total	**487,631**	**479,596**

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34. Contingent Liabilities and Assets

(a) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2005/06 fund year and an interim adjustment for the 2007/08 fund year were not calculated until 2011/12.

As a result, the 2006/07 final and 2008/09 interim hindsight calculations will be paid in 2012/13. It is not possible to reliably quantify either the benefit to be received or the cost to be incurred.

(b) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, Consolidated and Separate Financial Statements, Affiliated Health Organisations listed in Schedule 3 of the *Health Services Act 1997* are only recognised in the Ministry's consolidated financial statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. 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 Ministry.

(c) Newcastle Mater Public Private Partnership (PPP)

The liability to pay Novacare for the redevelopment of the Mater Hospital is based on a financing arrangement involving CPI-linked finance and fixed finance. An interest rate adjustment will be made as appropriate for the CPI-linked interest component over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

(d) Justice and Forensic Mental Health Network

(i) The Network is in dispute with Intheshed Asset Management Pty Ltd over storage charges. The amount in dispute is $356,757. The matter has been referred for expert determination pursuant to clauses 13 and 25 of the NSW State Contracts Control Board Deed of Agreement for Management of Surplus Equipment for the Ministry of Health (SCCBA).

(ii) Long Bay Forensic and Prison Hospitals Public Private Partnership (PPP)

The liability to pay PPP Solutions for the development of the Long Bay Forensic Hospital is based on a financing arrangement involving non-index able availability charges and interest rate adjustments. Other service fees are to be indexed in accordance with inflation and wages escalation. The estimated value of the contingent liability associated with indexation and interest rate adjustment is unable to be fully determined because of uncertain future events.

(e) Royal North Shore Hospital Redevelopment Public Private Partnership (PPP)

The liability to pay InfraShore for the development of the Royal North Shore Hospital and health facilities is based on a CPI linked financing arrangement. An adjustment to the PPP capital financing payment will be made in accordance with CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

PARENT AND CONSOLIDATED

34. Contingent Liabilities and Assets

(f) Sydney Local Health District

A claim was made against Sydney Local Health District (Part of the former SSWAHS) by the lessee of certain property controlled by the Network on the Royal Prince Alfred Hospital campus, on which the lessee had agreed to construct a car park and private hospital to be operated by the lessee. The lessee sought damages principally because it claimed its failure to commence construction of the hospital and to complete the car park was caused by the District. The lessee also sought to be restored to possession and an account of net revenue from the incomplete car park since termination.

The Supreme Court judgement in favour of the District on virtually all issues was handed down in 2008/09. Costs were awarded against the lessee in favour of the District.

The lessee appealed to the Court of Appeal. There was no alteration to the finding that the District did not cause the lessee's failure to commence construction of the hospital and complete the car park. It was for other reasons that the lessee was not ready, willing and able to comply. Accordingly, the lessee's claim for substantial damages failed.

However, the Court of Appeal ordered that the lessee be restored to possession, entitling the lessee to an account of net revenue from the car park since termination or damages for being out of possession, less rental of more than $4 million which the lessee has not paid. Taking into account the many issues in the proceedings and overlap between them, the District was ordered to pay 25% of the lessee's costs of the trial in the Supreme Court. The issues on appeal were much narrower. The Network was ordered to pay 50% of the lessee's costs of the appeal. Any payment to the lessee for the period of being out of possession will take into account that the lessee was not in a position to construct a hospital at the date of termination. The proceedings to determine quantum have commenced, and it is not expected that the matter will be heard until the first half of 2013.

The lessee has not yet sought to be restored to possession. Although the lessee remains obliged to construct a hospital, the timetable for doing so has expired. The lessee has indicated a willingness to construct a hospital, however the lessee would need an extended timetable to do so. The District is considering termination. Discussions between the parties are ongoing.

(g) Western New South Wales Local Health District

(i) Contractual Dispute with PRP Diagnostic Imaging Pty Ltd [PRP]. The former Greater Western Area Health Service (GWAHS) contracted PRP to provide radiologist services in December 2009 for 3 years commencing April 2009. The agreement set a fixed fee for the 1st year and for price reviews for the following years based on changes to actual activity in excess of 15%. PRP has made a claim for back payment for the period April 2010 to April 2011 for radiology services in the sum of $503,880. A tax invoice has been received for the period 1st May 2011 to 30 April 2012 for $503,880. A total of $1,007,760. The Western NSW Local Health District disputes basis for the PRP "rise and fall in activity" calculation.

(ii) Orange and Associated Health Services Public Private Partnership (PPP)

Since the liability to pay Pinnacle Healthcare is based on a financing arrangement involving CPI indexed annuity bond, the capital financing payment will be adjusted in accordance with CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

PARENT 2012 $000	PARENT 2011 $000		CONSOLIDATION 2012 $000	CONSOLIDATION 2011 $000
		35. Reconciliation of Cash Flows from Operating Activities to Net Result		
(61,979)	135,290	Net Cash Flows from Operating Activities	780,215	966,437
(3,687)	(3,584)	Depreciation	(535,422)	(525,138)
68	(1,016)	Allowance for Impairment	(22,945)	(49,730)
2,427	-----	(Increase) / Decrease in Income in advance	(3,934)	-----
577	1,380	(Increase) / Decrease in Provisions	(165,332)	(147,993)
104,614	(28,553)	Increase / (Decrease) in Prepayments and Other Assets	86,237	142,130
(14,718)	(19,103)	Increase in Creditors	(52,977)	(195,878)
(264)	(279)	Loss on Sale of Property, Plant and Equipment	(26,103)	(26,562)
-----	(68,959)	Debt Forgiveness	-----	-----
-----	-----	Right to Emerging Asset	29,775	-----
27,038	**15,176**	**Net Result**	**89,514**	**163,266**
		36. Non-Cash Financing and Investing Activities		
-----	-----	Property, Plant and Equipment Acquired, PPP arrangement	-----	211,657
-----	-----		-----	**211,657**

37. 2011/12 Voluntary Services

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

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

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38. Unclaimed Moneys

All money and personal effects of patients which are left in the custody of Health entities 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 entities.

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 - Parent and Consolidated

The reported actual Net Result was $276 million less than the Statement of Comprehensive Income budget result for the 2011/12 year.

The 2011/12 Statement of Comprehensive Income budget represents the initial budget as allocated by Government at the time of the 2011 State Budget presented to Parliament on 6 September 2011.

Over the course of the 2011/12 year, the Treasurer has approved Net Result adjustments totalling $7.516 million. Of this amount $32.8 million related to increases in 2011/12 budgeted expenses and a further $25.3 million was approved for the recognition of expected increases in general revenue received.

Additionally, the Treasurer approved $216 million in capital appropriations to be rolled over to future years to better align with project delivery and milestones schedules for a range of projects that had largely been impacted by delays in planning and wet weather conditions that occured during 2011/12.

A reconciliation of the movements between actual and budgeted net result includes:

		$M
Budget Result for 2011/12		365
Change in Government Grants & Subsidy		
Decrease in Capital Allocation rolled over to future years	216	
Decrease in Recurrent Allocation rolled over to future years	58	
Increase in Accounting of Crown Entity Liabilities	(40)	234
Sub Total		131
Change in own source revenue performance		
Improvements in revenue received over budget	50	
In year Technical & Parameter adjustments approved by Treasurer	25	75
Sub Total		206
Change in expenditure performance during year		
Includes technical/parameter adjustment approved during the course of 2011/12 by the Treasurer. It includes recognition of the additional cost arising above initial budget estimates to account for the value of the Commonwealth Bond rate at 30 June 2012 and the resultant impact to the value of the Long Service Leave actuarial adjustment recognised.	(32)	
Other variations to expenditure result from normal operating activities	(9)	(41)
Sub Total		165
Recognition of loss from disposal of surplus assets compared to written down asset value and other losses recognised in respect to doubtful or bad debts above budget estimate		(76)
Actual Net Result		**89**

PARENT AND CONSOLIDATED

ASSETS & LIABILITIES

Net assets decreased by $137 million when compared to the initial budget as approved on 6 September 2011. The variation comprised a number of movements between the actual result and the budget estimate.

*	Movement in property, plant & equipment	23
*	Decrease in intangibles	(39)
*	Increase in cash and cash equivalents	178
*	Increase in receivables	33
*	Increase in provisions[1]	(229)
*	Increase in payables	(34)
*	Decrease in Financial Assets at Fair Value	(94)
*	Increase in inventories	13
*	Other miscellaneous movements in assets & liabilities	12
		(137)

[1] The NSW Health initial budget for LSL provision was premised on a 5.2155% Commonwealth Bond Rate that was effective at 30 June 2011. For recognition of the Long Service Leave provision, the bond rate at 30 June 2012 was 3.04%. This decrease had an overall $80.5 million impact over the budget provision and was a major factor in the budget comparison to actual.

STATEMENT OF CASH FLOWS

* The acutal Net Cash Flows from Operating Activities varies from the Budget by $108 million and is principally influenced by the reductions in Government appropriations of $274 million (as referred above), duly adjusted for the impact of additional receipts.

* The Cash Flow from Investing Activities is less than Budget by $290 million due, principally, to the necessary rollover of capital projects to 2012/13.

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

Parent

2010/11

No equity transfers occurred in 2010/11.

2011/12

In 2011/12 net equity of $45.72 million transferred to the three Health Reform Transitional Organisations as part of the dissolution process (see consolidated note below).

Consolidated

2010/11

In 2010/11 Long Service Leave totalling $1.629 billion transferred to the Crown Entity on 31 December 2010. No other transfers were effected outside of the Ministry in 2010/11. However, a series of equity transfers were effected within the Ministry controlled health services, for example, the establishment of Local Health Districts and the Sydney Children's Hospital Network.

2011/12

No equity transfers were effected outside the Ministry in 2011/12. However, a series of equity transfers were effected within the Ministry's controlled Health Services, for example, the establishment of NSW Health Pathology as a unit within the Health Administration Corporation from 1 June 2012, the dissolution of the three Health Reform Transitional Organisations at 31 May 2012 and the establishment of the Health Education and Training Institute from 2 April 2012.

41. Financial Instruments

The Ministry's principal financial instruments are outlined below. These financial instruments arise directly from the Ministry's operations or are required to finance its operations. The Ministry does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Ministry's main risks arising from financial instruments are outlined below, together with the Ministry's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Director General has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Ministry, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit & Risk Committees/internal auditors of each controlled health entity on a continuous basis.

(a) Financial Instrument Categories

PARENT

Financial Assets Class:	**Category**	**Carrying Amount 2012 $000**	**Carrying Amount 2011 $000**
Cash and Cash Equivalents (note 17)	N/A	160,389	235,104
Receivables (note 18)[1]	Loans and receivables (at amortised cost)	100,796	54,308
Other Financial Assets (note 21)	Loans and receivables (at amortised cost)	24,215	12,739
Total Financial Assets		285,400	302,151
Financial Liabilities			
Borrowings (note 28)	Financial liabilities measured at amortised cost		
Payables (note 27)[2]		171,316	145,396
Other (note 30)		697	697
Total Financial Liabilities		172,013	146,093

Notes

1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7)

2 Excludes statutory payables and unearned revenue (ie not within scope of AASB 7)

Ministry of Health
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2012

CONSOLIDATION

Financial Assets Class:	**Category**	**Carrying Amount**	**Carrying Amount**
		2012 $000	**2011 $000**
Cash and Cash Equivalents (note 17)	N/A	1,302,763	1,125,145
Receivables (note 18)[1]	Loans and receivables (at amortised cost)	347,546	309,271
Financial Assets at Fair Value (note 20)	At fair value through profit or loss (designated as such upon initial recognition)	153,510	247,915
Total Financial Assets		**1,803,819**	**1,682,331**
Financial Liabilities			
Borrowings (note 28)	Financial liabilities measured at amortised cost	453,094	461,111
Payables (note 27)[2]		1,008,113	917,391
Other (note 30)		2,128	697
Total Financial Liabilities		**1,463,335**	**1,379,199**

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

(b) Credit Risk
Credit risk arises when there is the possibility of the Ministry's debtors defaulting on their contractual obligations, resulting in a financial loss to the Ministry. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Ministry, including cash, receivables and authority deposits. No collateral is held by the Ministery. The Ministry has not granted any financial guarantees.

Credit risk associated with the Ministry's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

Cash
Cash comprises cash on hand and bank balances deposited in accordance with *Public Authorities (Financial Arrangements) Act* approvals. Interest is earned on daily bank balances at rates of between approximately 3.38% and 5.70% in 2011/12 compared to between 4.5% and 6.0% in the previous year. The TCorp Hour-Glass cash facility is discussed in para (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the Ministry of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the Ministry will not be able to collect all amounts due. This evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Ministry is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Of the total trade debtor balance at year end $99.925 million (2011: $50.569 million) for the Parent and $202.369 million (2011: $174.533 million) for the Consolidated related to debtors that were not considered past due and not considered impaired. Debtors of $0.871 million (2011: $2.633 million) for the Parent and $86.630 million (2011: $134.738 million) for the Consolidated were past due but not considered impaired. Together these represent 100% (2011: 98.2%) for the Parent and 83.3% (2011: 83.7%) for the Consolidated, of total trade debtors. Most of the debtors of the Ministry and its controlled entities are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. There are no debtors which are currently not past due or impaired whose terms have been renegotiated. Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

PARENT		$000	
2012	Total [1,2]	Past due but not impaired [1,2]	Considered impaired [1,2]
<3 months overdue	759	759	-----
3 months - 6 months overdue	-----	-----	-----
> 6 months overdue	112	112	-----
	871	871	-----
2011			
<3 months overdue	1,474	1,474	-----
3 months - 6 months overdue	99	99	-----
> 6 months overdue	2,076	1,060	1,016
	3,649	2,633	1,016

CONSOLIDATED		$000	
2012	Total [1,2]	Past due but not impaired [1,2]	Considered impaired [1,2]
<3 months overdue	86,835	71,132	15,703
3 months - 6 months overdue	28,900	16,666	12,234
> 6 months overdue	41,173	10,743	30,430
	156,908	98,541	58,367
2011			
<3 months overdue	108,084	77,015	31,069
3 months - 6 months overdue	41,253	29,315	11,938
> 6 months overdue	45,719	28,408	17,311
	195,056	134,738	60,318

Notes

1 Each column in the table reports "gross receivables".

2 The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore, the "total" will not reconcile to the receivables total recognised in the statement of financial position.

Authority Deposits

Controlled entities of the Ministry have placed funds on deposit with TCorp, which has been rated "AAA" by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits vary. The deposits at balance date across Health Entities under the control of the Ministry were earning an average interest rate of 4.03% and 7.00%, while over the year the weighted average interest rates reported by Health Entities ranged between 4.77% and 4.91% (2011: 5.24% and 5.42%).
None of these assets are past due or impaired.

(c) Liquidity Risk

Liquidity risk is the risk that the Ministry will be unable to meet its payment obligations when they fall due. The Ministry and its controlled entities continuously manage risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Ministry and its controlled entities have negotiated no loan outside of arrangements with Treasury . or the Private Public Partnership arrangements negotiated through Treasury.

During the current and prior year, there were no defaults on any loans payable. No assets have been pledged as collateral. The Ministry's controlled entities' exposure to liquidity risk is significant. However, this risk is minimised as the Ministry of Health has indicated its ongoing financial support to those entities. Risks to the Ministry are not considered significant as the Ministry is a budget dependent agency that is funded to continue to provide essential health services.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the Ministry of Health. For small business suppliers, where terms are not specified, payment is made not later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be effected in accordance with the above, eg due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated which to the satisfaction of both parties.

The table following summarises the maturity profile of the Ministry's financial liabilities together with the interest rate exposure.

Ministry of Health
Notes to and forming part of the Financial Statements
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Maturity Analysis and interest rate exposure of financial liabilities

PARENT	Nominal Amount	Interest Rate Exposure: Fixed Interest Rate	Interest Rate Exposure: Variable Interest Rate	Interest Rate Exposure: Non - Interest Bearing	Maturity Dates: < 1 Yr	Maturity Dates: 1-5 Yr	Maturity Dates: > 5Yr	Weighted Average Effective Int. Rate
	$000	$000	$000	$000	$000	$000	$000	%
2012								
Payables:								
Accrued Salaries Wages, On-Costs and Payroll Deductions	1,721	-----	-----	1,721	1,721	-----	-----	-----
Creditors	169,595	-----	-----	169,595	169,595	-----	-----	-----
Other Liabilities	697	-----	-----	697	-----	697	-----	-----
	172,013	**-----**	**-----**	**172,013**	**171,316**	**697**	**-----**	
2011								
Payables:								
Accrued Salaries Wages, On-Costs and Payroll Deductions	1,593	-----	-----	1,593	1,593	-----	-----	-----
Creditors	144,207	-----	-----	144,207	144,207	-----	-----	-----
Other Liabilities	697	-----	-----	697	-----	697	-----	-----
	146,497	**-----**	**-----**	**146,497**	**145,800**	**697**	**-----**	

Notes:

1 The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the Ministry can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement Of Financial Position.

Ministry of Health
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Maturity Analysis and interest rate exposure of financial liabilities

CONSOLIDATED	Nominal Amount [1]	Interest Rate Exposure: Fixed Interest Rate	Interest Rate Exposure: Variable Interest Rate	Interest Rate Exposure: Non - Interest Bearing	Maturity Dates: < 1 Yr	Maturity Dates: 1-5 Yr [2]	Maturity Dates: > 5Yr	Weighted Average Effective Int. Rate
	$000	$000	$000	$000	$000	$000	$000	%
2012								
Payables:								
Accrued Salaries Wages, On-Costs and Payroll Deductions	195,900	-----	-----	195,900	195,900	-----	-----	-----
Creditors	812,213	-----	-----	812,213	812,213	-----	-----	-----
Borrowings:								-----
Other Loans and Deposits	1,026,389	1,026,389	-----	-----	50,948	194,505	780,935	9.55
Finance Leases	12,396	12,396	-----	-----	2,937	9,459	-----	6.72
Other Liabilities	2,128	2,128	-----	-----	2,128	-----	-----	-----
	2,049,026	**1,040,913**	**-----**	**1,008,113**	**1,064,126**	**203,964**	**780,935**	
2011								
Payables:								
Accrued Salaries Wages, On-Costs and Payroll Deductions	147,339	-----	-----	147,339	147,339	-----	-----	-----
Creditors	770,052	-----	-----	770,052	770,052	-----	-----	-----
Borrowings:								
Other Loans and Deposits	1,069,588	1,069,588	-----	-----	42,204	178,619	848,765	9.35
Finance Leases	15,821	15,821	-----	-----	3,425	12,131	265	6.70
Other Liabilities	697	697	-----	-----	697	-----	-----	-----
	2,003,497	**1,086,106**	**-----**	**917,391**	**963,717**	**190,750**	**849,030**	

Notes:

1 The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the Ministry can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement Of Financial Position.

2. Of the $194.5 million disclosed in the 2012 'other loans and deposits' time band 1-5 yrs, the Ministry has no intention to effect payments in advance of maturity dates.

d) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The exposures of the Ministry and its controlled entities to market risk are primarily through interest rate risk on borrowings and other price risks associated with the movement in the unit price of the Hour-Glass Investment facilities. The Ministry and its controlled entities have no exposure to foreign currency risk and do not enter into commodity contracts.

The effect on the reported result and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Ministry and its controlled entities operate and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the statement of financial position date. The analysis is performed on the same basis for 2011. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the interest bearing liabilities held by the Ministry's controlled entities.

However, Health Entities are not permitted to borrow external to the Ministry of Health (energy loans which are negotiated through Treasury excepted).

Both Treasury and the Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. The Ministry does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. Therefore, for these financial instruments, a change of interest rates would not affect profit or loss or equity. A reasonably possible change of +/-1% is used consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility. The Ministry's exposure to interest rate risk is set out below and addresses both the Parent and the Consolidated Entity.

		-1%		+1%	
PARENT	**Carrying Amount $'000**	**Profit**	**Equity**	**Profit**	**Equity**
2012					
Financial Assets					
Cash and Cash Equivalents	160,389	(1,604)	(1,604)	1,604	1,604
Receivables	100,796	-----	-----	-----	-----
Other Financial Assets	24,215	-----	-----	-----	-----
Financial Liabilities					
Payables	171,316	-----	-----	-----	-----
Other	697	-----	-----	-----	-----
2011					
Financial Assets					
Cash and Cash Equivalents	235,104	(2,351)	(2,351)	2,351	2,351
Receivables	54,308	-----	-----	-----	-----
Other Financial Assets	12,739	-----	-----	-----	-----
Financial Liabilities					
Payables	145,396	-----	-----	-----	-----
Other	697	-----	-----	-----	-----

Ministry of Health
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d) Market Risk (continued)

CONSOLIDATED	Carrying Amount $'000	-1% Profit	-1% Equity	+1% Profit	+1% Equity
2012					
Financial Assets					
Cash and Cash Equivalents	1,302,763	(13,028)	(13,028)	13,028	13,028
Receivables	347,546	-----	-----	-----	-----
Financial Assets at Fair Value	153,510	(1,535)	(1,535)	1,535	1,535
Financial Liabilities					
Payables	1,008,113	-----	-----	-----	-----
Borrowings	453,094	4,531	4,531	(4,531)	(4,531)
Other	2,128	21	21	(21)	(21)
2011					
Financial Assets					
Cash and Cash Equivalents	1,125,145	(11,251)	(11,251)	11,251	11,251
Receivables	309,271	-----	-----	-----	-----
Financial Assets at Fair Value	247,915	(2,479)	(2,479)	2,479	2,479
Financial Liabilities					
Payables	917,391	-----	-----	-----	-----
Borrowings	461,111	4,611	4,611	(4,611)	(4,611)
Other	697	7	7	(7)	(7)

Other price risk - TCorp Hour-Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour-Glass Investment Facilities, which are held for strategic rather than trading purposes. Neither the Ministry nor its controlled entities have direct equity investments. Units in the following Hour-Glass investment trusts are confined to controlled entities only with the Parent entity having no such investments:

Facility	Investment Sectors	Investment Horizon	2012 $'000	2011 $'000
Cash facility	Cash, money market instruments	Up to 1.5 years	239,943	221,745
Strategic cash facility	Cash, money market	1.5 years to 3 years	67,334	78,960
Medium term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	3 years to 7 years	19,243	68,406
Long-term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	7 years and over	25,724	80,686

d) Market Risk (continued)

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp is trustee for each of the above facilities and is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. Tcorp has also leveraged off internal expertise to manage certain fixed income assets for the Hour Glass facilities. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour-Glass facilities limits the exposure to risk of the Ministry and its controlled entities, as, it allows diversification across a pool of funds with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the Investment facilities, using historically based volatility information collected over a ten year period, quoted at two standard deviations (ie 95% probability). The TCorp Hour-Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour-Glass Statement).

		Impact on profit/loss	
	Change in unit price	**2012 $'000**	**2011 $'000**
Hour-Glass Investment - Cash facility	1%	3,003	1,002
Hour-Glass Investment - Strategic cash facility	2 to 5%	673	748
Hour-Glass Investment - Medium term growth facility	7 to 24%	2,355	3,169
Hour-Glass Investment - Long term growth facilty	15%	6,347	9,307

(e) Fair Value compared to Carrying Amount

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour-Glass facilities, which are measured at fair value. As discussed, the value of the Hour-Glass Investments is based on the share of the value of the underlying assets of the facility held by controlled entities, based on the market value. The Parent entity has no such investments. All of the Hour-Glass facilities are valued using 'redemption' pricing.

Except where specified below, the amortised cost of financial instruments recognised in the Statement of Financial Position approximates the fair value, because of the short term nature of many of the financial instruments. There are no financial instruments where the fair value differs from the carrying amount.

(f) Fair Value recognised in the Statement of Financial Position

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

Level 1 - derived from quoted prices in active markets for identical assets/liabilities.
Level 2 - prices are observable, however, no active market exists for these facilities as they are only accessible to government agencies.
Level 3 - derived from valuation techniques that include inputs for the asset/liability not based on observable market data (unobservable inputs).

	Level 1 $'000	**Level 2 $'000**	**Level 3 $'000**	**2012 Total $'000**
TCorp Hour-Glass Investment Facility	-----	352,244	-----	**352,244**

(The table above only includes financial assets as no financial liabilities were measured at fair value in the Statement of Financial Position.)

There were no transfers between level 1 and 2 during the period ended 30 June 2012.

Note 42 Events after the Reporting Period

Activity Based Funding

A national approach to activity based funding (ABF) commences from 1 July 2012 and will make public hospital funding more transparent and help to drive efficiency in the delivery of hospital services. Through ABF, public hospitals will be funded according to the numbers and kinds of services they provide.

The Commonwealth Government will meet 45% of the increase in National Health Reform Agreement expenditure commencing from 2014/15, rising to 50% by 2017/18.

A National efficient price of public hospital services will be determined by the Independent Hospital Pricing Authority for use in calculating the Commonwealth's share of growth.

Commonwealth and State government contributions for public hospital funding will be transparent with both amounts to be provided to Local Health Districts through the National Health Funding Pool. For small hospitals where ABF would not be appropriate, funding will continue to be provided through block grants.

END OF AUDITED FINANCIAL STATEMENTS

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ACTS ADMINISTERED

Acts Administered

- *Anatomy Act 1977* No 126
- *Assisted Reproductive Technology Act 2007* No 69
- *Cancer Institute (NSW) Act 2003* No 14
- *Centenary Institute of Cancer Medicine and Cell Biology Act 1985* No 192
- *Drug and Alcohol Treatment Act 2007* No 7
- *Drug Misuse and Trafficking Act 1985* No 226, Part 2A (jointly with the Minister for Police and Emergency Services, remainder, the Attorney General)
- *Fluoridation of Public Water Supplies Act 1957* No 58
- *Garvan Institute of Medical Research Act 1984* No 106
- *Health Administration Act 1982* No 135
- *Health Care Complaints Act 1993* No 105
- *Health Care Liability Act 2001* No 42
- *Health Practitioner Regulation (Adoption of National Law) Act 2009* No 86 and the Health Practitioner Regulation National Law (NSW) (except section 165B of that Law and section 4 of that Act in so far as it applies section 165B as a law of New South Wales, the Attorney General)
- *Health Professionals (Special Events Exemption) Act 1997* No 90
- *Health Records and Information Privacy Act 2002* No 71
- Health Services *Act 1997* No 154
- *Human Cloning for Reproduction and Other Prohibited Practices Act 2003* No 20
- *Human Tissue Act 1983* No 164
- *Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937* No 37
- *Lunacy (Norfolk Island) Agreement Ratification Act 1943* No 32
- *Mental Health Act 2007* No 8
- *Mental Health Commission Act 2012* No 13
- *Mental Health (Forensic Provisions) Act 1990* No 10, Part 5 (remainder, Attorney General)
- *New South Wales Institute of Psychiatry Act 1964* No 44
- *Poisons and Therapeutic Goods Act 1966* No 31
- *Private Health Facilities Act 2007* No 9
- *Public Health Act 1991* No 10
- *Public Health (Tobacco) Act 2008* No 94
- *Public Health Act 2010* No 127
- *Research Involving Human Embryos (New South Wales) Act 2003* No 21
- S*moke-free Environment Act 2000* No 69
- *Sydney Hospital (Trust Property) Act 1984* No 133

Legislative Changes

New Acts

- *Mental Health Commission Act 2012*

Amending Acts

- *Health Legislation Amendment Bill 2012*
- *Health Services Amendment (National Health Reform Agreement) Bill 2012*

Repealed Acts

- *Gladesville Mental Hospital Cemetery Act 1960* No 45
- *Tuberculosis Act 1970* No 18

Orders

- *Health Services (Health Education and Training Institute) Order 2012*
- *Health Services (Justice and Forensic Mental Health Network) Order 2012*
- *Health Services (NSW Kids and Families) Order 2012*
- *Health Services (Dissolution of Health Reform Transitional Organisations) Order 2012*
- *Health Practitioner Regulation National Law (NSW) Amendment (Health Professionals) Order 2012*

Subordinate Legislation

Principal Regulations made

- Nil

Significant Amending Regulations made

- *Assisted Reproductive Technology Amendment (Transitional Provisions Relating to Donated Gametes) Regulation 2012*
- *Health Services Amendment (Ambulance Services) Regulation 2011*
- *Health Practitioner Regulation (New South Wales) Amendment Regulation 2012*
- *Poisons and Therapeutic Goods Amendment (Licences) Regulation 2011*
- *Public Health (Disposal of Bodies) Amendment (Cremation) Regulation 2011*

Repealed Regulations

- *Ambulance Services Regulation 2005*
- *Drug and Alcohol Treatment Regulation 2009*

DISABILITY ACTION PLAN

2009 –14

The NSW Ministry of Health has developed the NSW Health Disability Action Plan, which includes the Disability Action Plans of other agencies within NSW Health. The NSW Health Disability Action Plan can be found as Schedule 1 of the NSW Health Disability Action Plan at www.health.nsw.gov.au.

Achievements in 2011-12 include:

- The establishment of two additional Specialised Clinical Service Pilots in Northern Sydney Local Health District and South Western Sydney Local Health District to address the health needs of people with intellectual disability. These pilots build on the existing flagship model of service provision within South Eastern Sydney Local Health District with the aim of developing a sustainable specialised health service for people with intellectual disability. The pilot projects aim to develop an innovative partnership model for the access to a comprehensive and coordinated range of health services for people with intellectual disability and their carers living in regional and rural areas of NSW.
- The provision of information and expertise in the development of the interagency Therapy Services website to provide improved access to information regarding Therapy Services in NSW in partnership with Ageing, Disability and Home Care (ADHC).
- Development of an interagency workplan and schedule for implementation to accompany the Interagency Agreement on the care and support pathway for people with an acquired brain injury with Housing NSW, Lifetime Care and Support Authority and ADHC.

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

Under the ***Government Information (Public Access) Act 2009*** (GIPA Act), there is presumption in favour of the disclosure of Government information unless there is an overriding public interest against disclosure.

Review of proactive release program – Clause 7(a)

The NSW Ministry of Health undertakes reviews of its information on a regular basis and routinely uploads information on its website that may be of interest to the general public. This includes reviewing and updating a wide range of publications and resources for the public, including reports, factsheets, brochures and pamphlets. Factsheets are also available in other languages from the NSW Multicultural Health Communication Service website. The most accessible way for the public to access this information is via the NSW Health website at www.health.nsw.gov.au.

The NSW Ministry of Health also uploads on its website information bulletins that provide advice to the NSW public health sector; Health Statistics that allow users to access data and tailor reports about the health of the NSW population; NSW population health surveys that provide ongoing information on health behaviours, health status and other factors that influence the health of the people of NSW; Policy Directives that communicate material that is to be complied with and implemented by the NSW public health system, and Guidelines that provide advice or guidance to the NSW public health system.

The NSW Health website contains a large amount of information that is available to the public. The website contains approximately 37,000 web pages and information is uploaded and updated on a daily basis.

Number of access applications received – Clause 7(b)

During 2011-12, the NSW Ministry of Health received 110 formal access applications under the *GIPA Act*. Of the 110 formal applications received, 40 were completed (including 10 carried forward from 2010-11); five applications were withdrawn and 55 applications were transferred to other agencies. Ten applications received during the reporting period were undecided as at 30 June 2012 and have been carried forward to the next reporting period 2012-13.

During the reporting period, seven applications were invalid as they did not comply with the formal requirements of section 41 of the *GIPA Act*.

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

During the reporting period, the NSW Ministry of Health refused two access applications because the information being requested was information referred to in Schedule 1 of the *GIPA Act* (Information for which there is conclusive presumption of overriding public interest against disclosure).

The following tables (A-H) outline statistical information about access applications – Clause 7(d) and Schedule 2.

Table A: Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	12	1	4	7	1	3	0	2
Members of Parliament	1	0	0	0	0	0	0	0
Private sector business	4	3	1	0	0	0	0	0
Not for profit organisations or community groups	5	2	0	1	0	0	0	0
Members of the public (application by legal representative)	2	1	0	4	0	0	0	1
Members of the public (other)	7	4	1	3	0	1	0	2

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to *Table B*.

Table B: Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications*	2	1	0	3	0	0	0	3
Access applications (other than personal information applications)	25	5	6	11	1	4	0	2
Access applications that are partly personal information applications and partly other	4	5	0	1	0	0	0	0

*A ***personal information application*** is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual). The total number of decisions in Table B should be the same as *Table A*.

Table C: Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	5
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	5

Table D: Conclusive presumption of overriding public interest against disclosure:

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	1
Cabinet information	2
Executive Council information	0
Contempt	0
Legal professional privilege	1
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

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

Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	2
Law enforcement and security	0
Individual rights, judicial processes and natural justice	10
Business interests of agencies and other persons	7
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F: Timeliness

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	23
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal) - (Note: all applications continued to be processed with the applicant receiving Notice of Decision)	27
Total	0

Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	1	1	2
Internal review following recommendation under section 93 of Act	1	0	0
Review by ADT	0	0	0
Total	2	1	2

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

Table H: Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	1
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	1

MULTICULTURAL POLICIES AND SERVICES PROGRAM

NSW Health Achievements 2011-12

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2011-12
Central Coast Local Health District	Domestic and Family Violence in Culturally and Linguistically Diverse Communities on the Central Coast Project	The project aims to reduce the rate of domestic violence within the Central Coast culturally and linguistically diverse community. The *Domestic and Family Violence in Culturally and Linguistically Diverse Communities on the Central Coast* report was completed and will provide a framework for further action. Workshops were held for leaders of culturally and linguistically diverse communities and service providers. A poster and pamphlet
Illawarra Shoalhaven Local Health District	Discussing organ and tissue donation with Macedonian, Greek and Serbian Orthodox communities in the Illawarra	An evidence-based, community-centred intervention for the Macedonian, Serbian and Greek Orthodox communities in the Local Health District was conducted. The project achieved: • 11 focus group discussions with 98 participants using interpreters • Delivery of community awareness events for 250 attendees • Development of targeted interventions based on research findings located on the Donate Life website (http://www.donatelife.gov.au) • Increasing in awareness of organ and tissue donation processes, understanding of importance of discussing their decision with family and awareness of registration processes.

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2011-12
Nepean Blue Mountains Local Health District	South Sudanese Child and Family Health Outreach Clinic	This pilot project focused on the South Sudanese community, seeking to increase access to family health checks and provide support, education and information on all aspects of parenting. It was nominated for a Nepean Blue Mountains Health Award. Specifically, the project aimed to: • Increase screening of South Sudanese families by Child and Family Health staff • Increase access to early intervention when issues are identified • Build trust in and understanding of Community Health by the community. The project delivered four clinics, with 21 children under five years of age attending. 19 children had their first-ever developmental check. Early indications are that a change in community behaviour has occurred, and that an understanding of the importance of preventative health, which can lead to improved child and family health outcomes, has developed.
Northern Sydney Local Health District	Oral Health Outreach Project	Concerns raised by teachers prompted the Oral Health Service undertake outreach to improve the oral health of students enrolled in Intensive English Classes at Chatswood High School. Newly arrived students, including students from a refugee-like background, were the focus. Oral health promotion programs were delivered to students and bilingual support staff. Dental assessments were provided at the school, with follow-up priority treatment at the dental clinic at Royal North Shore Hospital. Students received a resource pack including a toothbrush, toothpaste, water bottle, wristband, *Oral Health for Young People* Z-Card and NSW Public Dental Health Service brochure. An oral health promotion session has been introduced into the *Families in Cultural Transition* program provided by the school for parents and carers.
South Eastern Sydney Local Health District	Integrated strategies addressing women's health in specific communities	Targeted programs were implemented to address women's health in communities that are under-represented users of existing services, have high needs and are challenging to engage with. Achievements include: • Employment of the first South Pacific Islander and Maori women's health worker to identify the communities' health needs and develop sustainable solutions to improve the health of women in these communities • A Filipino women's project that focused on pregnancy, maternal health and prevention of domestic violence • Extension of the successful *Centering Pregnancy* model to Bengali women (*Centering Pregnancy* is a multifaceted model that integrates health assessment, education, and support, into a unified program within a group setting) • The *Sustaining NSW Families Home Visiting Project* that employs bilingual staff to support postnatal women and their babies from the Arabic-speaking and Chinese communities.
South Western Sydney Local Health District	"Holy"–stic Wellness, a church based health promotion for Pacific Communities	Cardiovascular health promotion was conducted with Pacific communities, to increase their awareness of lifestyle risk factors for chronic diseases. Education and exercise sessions were held in Pacific churches after the church ceremony, taking an opportunistic approach to access the target group when they were already gathered. Church leaders collaborated and supported the program, which delivered health information sessions to nine churches attended by different Pacific communities. The average number of attendees was about 20 and, in one session, close to 200 people. Physical health checks were conducted including measurement of blood pressure, height and weight and computed BMI. All participants reported increased knowledge about cardiovascular disease risk factors, healthy eating and the importance of increased physical activity.
Sydney Local Health District	Healthy Eating at Playgroup project	Five playgroup schemes providing a weekly service to over 200 children, with the majority from culturally and linguistically diverse backgrounds, were targeted. Results indicated changes in food and drinks provided with a shift to more fruit, vegetables, water, cheese, wholegrain breads and cereal foods. Supply of sweet biscuits, high fat crackers, juice and cordial was reduced, with discouragement of milk in bottles for toddlers. Playgroup facilitators reported maintaining high levels of motivation to promote healthy eating. There was a 22% increase in the number of staff who felt more informed about healthy eating and a 29% increase in the number of staff who felt they had greater access to reliable information about food and nutrition for 0-5 year olds.
Western Sydney Local Health District	Prevention of diabetes in the Indian sub-continent communities	There is a high and growing prevalence of gestational and type 2 diabetes among members of Indian sub-continent communities living in Blacktown Local Government Area. Two major events, attracting over 300 participants, were held in Blacktown and Mt Druitt to provide the target communities with information about diabetes, risk factors and prevention approaches. The events provided opportunities to identify and discuss behavioural risks, attitudes, customs, issues and barriers related to participants' eating and lifestyle practices that may impact on their and their families' health. The information collected will assist health and partner organisations to develop targeted prevention and management strategies for gestational / type 2 diabetes in Indian subcontinent communities. A detailed report, with recommendations, will be available in 2012-13.
Hunter New England Local Health District	MOMS (Mums, Obstetrics and Multicultural Services)	This project aimed to support culturally and linguistically diverse women in Newcastle, Maitland and Port Stephens during the perinatal period. All culturally and linguistically diverse women using antenatal clinics were offered access to the program. The MOMS workers, who assessed and responded to the women's perinatal risk factors, contacted the women. Women were invited to group sessions post-partum, covering topics such as bonding with your baby, bringing up your baby in a bilingual household, child safety around the home and mental well being for mother and baby. Groups of over 20 women from many different cultural backgrounds attended regularly with their new babies.
Mid North Coast Local Health District	Education sessions for newly arrived refugees	Many refugees have not had the opportunity to access good quality health care. They may also have a poor understanding of the resources available to them in Australia to improve their health. Health Education sessions were provided to newly arrived refugees on women's health, healthy bodies and sex education for teenagers.
Murrumbidgee Local Health District	Refugee Health Assessment Service	Murrumbidgee Local Health District provided funding to the Murrumbidgee Medicare Local to establish a refugee health assessment service in August 2010. The Clinic is staffed by local General Practitioners and provides screening and treatments that are required in the first few months of settlement. Links have been established for the patients into General Practices. Ongoing care is provided by the GP of the patients' choice.
Northern NSW Local Health District	Health Equity - making a difference	An e-learning site for practitioners to develop their skills and understanding of health equity practice has been established. One of the topics addresses culturally and linguistically different groups. The course has been evaluated and its development finalised.
Western NSW Local Health District	Culturally and Linguistically Diverse Carers Project	The *Culturally and Linguistically Diverse Carers Project* aims to increase access to hidden carers. Key achievements include: • The Western NSW Local Health District Carer Support Program is now represented on the Central West-Orana-Far West Multicultural Interagency Network • Culturally and linguistically diverse-specific carer resources have been developed for distribution to culturally and linguistically diverse carers • Partnerships have been strengthened with local government and non-government agencies and other Local Health Districts - particularly the Hunter New England Local Health District Interpreter Service.

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2011-12
PILLARS		
Agency for Clinical Innovation	Therapeutic Diet Specifications	Released in December 2011, the *Therapeutic Diet Specifications* outline the nutritional requirements for more than 100 diets used in NSW hospitals, including Halal and Kosher. The specifications include lists of foods allowed and not allowed for each diet. These diets are being implemented by *HealthShare NSW* in a staged approach over the next few years.
Clinical Excellence Commission	Breaking Down the Barriers: Health Literacy, Communication and Health Services	On 2nd April 2012, the health literacy seminar - *Breaking Down the Barriers: Health Literacy, Communication and Health Services* – was held and attended by over 155 health care professionals, managers, executives and consumers. The program focused on strategies for health services to assess and break down health literacy barriers and support health care professionals to improve communication with Aboriginal, culturally and linguistically diverse and lower socioeconomic status patients.
SPECIALTY HEALTH NETWORKS		
St Vincent's Health Network	Community Health projects with various communities	*Stepping On* - an evidence based falls prevention program for the elderly - was conducted with the Chinese-speaking community. Outcomes included creating links with the Chinese community, fostering understanding of services available, and improved strength and balance in participants. An aqua fitness group and health education at the Asylum Seekers Centre has continued. St Vincent's Community Health also provided a flu-shot mini clinic at the Asylum Seekers Centre.
Justice and Forensic Mental Health Network	Cultural Diversity Training for staff	Competency-based training and assessment in *Certificate 3 Health Administration Certificate HLTHIR403B Work effectively with culturally diverse clients and co-workers* was held for 16 Clinical Service Officers in November 2011. Training was provided free by South East Sydney Local Health District Multicultural Health Service.
Sydney Children's Hospital Network (NB: this report relates to Sydney Children's Hospital – Randwick only)	Shaken Baby Prevention Project	The *Shaken Baby Prevention Project* is well-established, with growing acceptance internationally. In the past year a set of postcards and posters were produced aimed at providing men with information about how to respond appropriately to a crying baby, strategies for settling a crying baby and encouraging men to ask for help when they need it. The resources have been translated into Arabic, Chinese, Dari and Hindi.
STATEWIDE MULTICULTURAL HEALTH SERVICES		
Multicultural Health Communications Service	Coordination, launch and marketing of NSW Multicultural Health Week	*Multicultural Health Week* promotes and communicates information about the health of multicultural communities in NSW, including addressing the needs of culturally and linguistically diverse populations. The launch was attended by key health executives, community and government and non-government organisations. The *Multicultural Health Week* website received over 2500 hits and over 10,000 resources and publications were distributed. Over $300,000 was value-added in free media throughout the week. Further details at: www.multiculturalhealthweek.com/
Ambulance Service of NSW	Calling an Ambulance Migrant Education program	The *Calling an Ambulance Migrant Education program* was developed in 2011. It aims to equip people from non-English speaking backgrounds with the skills and confidence to call triple zero (000) in a medical emergency. The *Calling an Ambulance Migrant Education program* is a multilingual health resource produced in September 2010, written to align with the national curriculum of the Adult Migrant English Program, the Certificates I, II and III in Spoken and Written English. A wallet sized reminder card on how to call triple zero (000) in a medical emergency was produced in Arabic, Bengali, Chinese (traditional), Dari, Hindi, Indonesian, Korean, Lebanese (Arabic), Persian (Farsi), Thai and Vietnamese.
Transcultural Mental Health Centre	Mental Health Month 2011 Program for culturally and linguistically diverse communities	A factsheet *Wellbeing- Invest in Your Life* was developed, translated (English and 10 community languages) and distributed. One hundred and ninety-four USBs with the translated factsheets were distributed to community organisations and mental health services across NSW. The Transcultural Mental Health Centre sponsored the culturally and linguistically diverse Category Award as part of the Mental Health Association of NSW Mental Health Matters Awards, and provided seven grants for culturally and linguistically diverse communities as part of the Mental Health Association Small Grants Program. Other Transcultural Mental Health Centre initiatives during Mental Health Month included: a statewide targeted mail out campaign distributing over 32,000 multilingual resources across Local Hospital Districts (to 718 units/services) and 672 ethno-specific organisations; and 16 community and services provider engagement activities implemented, with 955 participants.
Multicultural Problem Gambling Service for NSW	Focused intervention – Turkish community	A number of initiatives were conducted to address problem gambling in the Turkish community, including radio and newspaper interviews by clinicians, a focus group for Turkish community workers and community leaders, and community engagement sessions. Specific emphasis was placed on developing open communication and exchange with the leaders of the six mosques in Sydney and surrounding area. These mosques engage approximately 80% of Turkish population as well as others of Islamic faith in NSW. Results include stigma reduction around help seeking, particularly for males, and raised community awareness about problem gambling.
Western Sydney Local Health District - Diversity Health Institute Clearinghouse	Diversit-e Magazine	Diversit-e Magazine is an online multicultural health magazine published by the Diversity Health Institute Clearinghouse twice per year. The magazine is distributed to over 3800 subscribers nationally and is on the Diversity Health Institute website (www.dhi.health.nsw.gov.au). The magazine aims to enhance clinical expertise and best practice and engage and inform service providers on issues related to multicultural health. Issues published in 2011-12 have focussed on Models of Care and Mental Health for culturally and linguistically diverse communities.
Western Sydney Local Health District - NSW Education Program on Female Genital Mutilation	Development of Clinical Practice Guidelines for Pregnancy and Birthing Care for Women Affected by Female Genital Mutilation	Many circumcised women have expressed concerns that the particular needs that they had during the antenatal, birthing and post-natal periods were not being met in the public hospital system of NSW. Consultations were held with key stakeholders, including Ministry of Health staff, midwives, multicultural health service providers, Non-Government Organisation Women's Services, Women's Health Nurses, the NSW Refugee Health Service and women from affected communities now resident in NSW. The document is currently being finalised and will be distributed to Local Health Districts for consultation and implementation.
Western Sydney Local Health District - Women's Health at Work Program	Women's Health at Work – Cleaning Industry Project	Women's Health at Work Program identified women from culturally and linguistically diverse backgrounds employed in the cleaning industry as a priority group. Working in partnership with *United Voice* (a union representing workers in the cleaning industry) Women's Health at Work gained access to women who were contracted to Centro Bankstown and Westfield Parramatta. Women's health and workplace health education sessions were provided on cervical and breast screening, exercise, healthy eating, blood pressure and diabetes and what screening services exist in their local areas. Participants identified major work-related health issues. A series of gentle exercises developed by an occupational therapist were introduced. Overall, 28 women from 15 culturally and linguistically diverse backgrounds attended the sessions.

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2011-12
MINISTRY OF HEALTH BRANCHES		
Inter-Government and Funding Strategies and Integrated Care	NSW Policy and Implementation Plan for Healthy Culturally Diverse Communities	NSW Ministry of Health developed, approved and launched the *NSW Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016*, a statewide policy directive giving direction to NSW Health services and complying with the requirements of Multicultural Policies and Services Program.
Mental Health and Drug and Alcohol Office	Training of Multicultural Mental Health Outcome and Assessment Tool - MH-OAT	A Multicultural MH-OAT resource was developed for mental health services. This enabled clinicians to conduct culturally appropriate and sensitive assessments for people undergoing mental health assessment in both inpatient and community settings. A training resource, including a one-hour DVD, was developed and rolled out to train clinicians on these resources. All mental health services have now had staff trained and have copies of the training DVD for any new staff.
Population Health	NSW HIV Strategy 2006-2010: culturally and linguistically diverse Populations priority evaluation	In 2011-12, the external evaluation of the NSW HIV Strategy was completed following extensive stakeholder consultation, and with oversight from a multi-sectoral advisory committee. Culturally and linguistically diverse populations are identified as a priority population in the Strategy. The evaluation found that the Strategy had functioned as an important and appropriate statewide strategy. The workforce development training provided to organisations working on HIV prevention, treatment, care and support with culturally and linguistically diverse communities was found to be generally of a high quality, with a recommendation that it should continue.
Maternity, Children and Young People's Health	Sustaining NSW Families	*Sustaining NSW Families* is a child development program that supports vulnerable families to establish healthy parent / child relationships and thereby optimise child development outcomes. The program uses bilingual nurses to provide a structured program from pregnancy through to the child's second birthday. Eligible Mandarin and Arabic-speaking families from low socio-economic circumstances in the Arncliffe Local Government Area are offered this free intensive home visiting service.
Oral Health Strategy	Healthy Mouth: Something to Smile About DVD	The *Healthy Mouth: Something to Smile About* DVD aims to provide culturally and linguistically appropriate information to newly arrived refugees on oral health and accessing public dental services. Key messages include having a healthy diet, drinking tap water, brushing well, and having dental check-ups. The DVD was launched on the 21 June 2012. It has been translated into seven community languages (Arabic, Sudanese Arabic, Tamil, Nepali, Dari, Karen and Urdu) and uses amateur actors from the local community in scenes designed to present key oral health messages in an accessible way.

NSW CARERS (RECOGNITION) ACT 2010

Implementation across NSW Health

NSW Health is committed to working with, and for, carers to improve their quality of life and the quality of life for the people for whom they care. This responsibility is shared throughout all levels of the public health system. Carers are our clients, the carers of our clients, and our colleagues.

The *NSW Carers (Recognition) Act* was introduced in 2010 to recognise the 11% of the population of NSW who are carers. The NSW Ministry of Health has convened a steering committee to oversee the development and introduction of the *NSW Health Carers (Recognition) Act* Implementation Plan. The Steering Committee will ensure that the strategic activity undertaken under the Implementation Plan meets NSW Health's obligations, as a human service agency, under the Act including the elements of the NSW Carers Charter. The Steering Committee comprises representatives from the Ministry of Health, the Local Health District Carers Program, four pillar organisations and a carer representative.

The draft *NSW Health Carers (Recognition) Act* Implementation Plan is under review by the Steering Committee and key stakeholders across NSW Health. The draft Plan outlines strategies to ensure that staff and agents of this agency:

a) understand the NSW Carers Charter and take action to reflect its 13 principles in policy and service delivery,
b) have processes in place to consult with carers on policy matters that may affect them,
c) have human resource policies in place that serve the needs of the NSW Health workforce who are carers.

Implementation of the Plan builds on significant work being undertaken across the health system to better engage with and support carers including:

- Implementation of the TOP5 program in 15 public hospitals under the Clinical Excellence Commission Partnering with Patients Program. TOP5 was developed by the Central Coast Local Health District Carer Program. TOP5 uses carer knowledge of the patient with dementia to improve care delivery in the hospital.
- The Walking with Carers in NSW resource was developed by the Nepean Blue Mountains Local Health District Carer Program. Walking with Carers in NSW provides essential information for carers about their rights within the NSW Health care system, the location of health services, payments and allowances, contact details for Commonwealth Respite and Carelink centres, information for working carers, young carers and Aboriginal carers; and tips on self-care. The statewide resource is available at the Better Health Centre on tel: 9856 0452.
- Funding delivered to support the NSW Carers Awards 2011. The NSW Carers Awards acknowledge and celebrate the significant contribution carers make to the person or people that they care for and to the community.
- Development of the NSW Health e-Carers Learning Program for all NSW Health staff on the Online Learning Centre. E-Carers provides learning modules to improve staff awareness of Carers, their issues and the strategies to support them. Information on the NSW Carer Charter is included in the learning program.

PRIVACY MANAGEMENT PLAN

The NSW Ministry of Health provides ongoing privacy information and support to the NSW public health system.

The NSW Health Privacy Contact Officers network group met in November 2011 and May 2012, which provided professional development opportunities for these staff in relation to:

- Personally Controlled Electronic Health Records (EHR)
- Guidelines on use of email containing health information
- Review of the NSW Health Privacy Manual policy document
- Privacy training in staff orientation
- Compliance actions resulting from privacy complaints

The Ministry's Privacy Contact Officer has attended or presented to various groups or committees in 2011-12, including:

- Attendance at an information seminar on the 'Personally Controlled EHR'
- Ministry of Health Privacy Training Workshop for biostatisticians and public health staff
- Privacy Training Workshop for Bureau of Health Information
- Privacy Training Workshop for Health Information Managers and other staff at Western NSW Local Health District
- Privacy Training Workshop for Health Information Managers and other staff at Southern Local Health District
- Privacy Training Workshop for Health Information Managers and other staff at Northern Local Health District

Internal Review

The *Privacy and Personal Information Protection Act 1988* provides a formalised structure for managing privacy complaints relating to this Act and the *Health Records and Information Privacy Act 2002*. This process is known as 'Internal Review'.

During 2011-2012, the Ministry of Health received two applications for Internal Review.

- An internal review application was received in September 2011 alleging that the Department of Health (now the Ministry of Health) had inappropriately collected the applicant's personal information. The review considered the relevant collection principles in both the *Privacy and Personal Information Protection Act 1988* and the *Health Records and Information Privacy Act 2002* and no breach was identified.
- An internal review application was received in January 2012 and the applicant requested that the Ministry undertake internal reviews under the *Privacy and Personal Information Protection Act 1988* and the *Health Records and Information Privacy Act 2002*. Two separate internal reviews were conducted. The complaints related to the use and disclosure of the applicant's personal information by the Minister for Health, the former Department of Health (now the Ministry of Health) and other third parties. No breach of either the *Information Protection Principles* or the *Health Protection Principles* was identified.

PUBLIC INTEREST DISCLOSURES (PID)

On 30 September 2011, the NSW Health Public Interest Disclosures (PID) Policy-Directive was published. The PID Policy Directive provides procedures for receiving, assessing and dealing with public interest disclosures in compliance with the *Public Interest Disclosures Act 1994* (NSW).

The NSW Ministry of Health is committed to being open and accountable and the PID Policy Directive is intended to give staff confidence that if they report any instances of wrongdoing involving corrupt conduct, maladministration, government information contravention or serious and substantial waste, their report will be treated appropriately and staff will be protected from reprisals.

The NSW Ministry of Health aspires to an ethical organisational environment where all staff are confident that a disclosure or wrongdoing will be managed effectively.

For the NSW Ministry of Health, the Principal Officer under the PID Policy is the Director-General, NSW Health. The Director, Strategic Relations and Communications has been appointed in the PID Disclosures Coordinator role to accept public interest disclosures from staff within the Ministry. There have been no disclosures reported within the Ministry during the first PID reporting period 1 January 2012 to 30 June 2012.

SENIOR EXECUTIVE PERFORMANCE STATEMENTS

Dr Mary Foley

Position Title: Director-General
SES Level: 8
Remuneration: $464,600
Period in Position: 15 months

In 2011-12, Dr Foley provided high level executive leadership and management of the NSW Health system. This included a leading role in negotiations with the Commonwealth and other States and Territories to ensure the effective and sustainable implementation of National Health Reform in NSW. Dr Foley also provided executive oversight of the implementation of the changes to the governance of NSW Health, resulting in a smaller, more strategic Ministry of Health; devolution of decision making to Local Health Districts, and increased clinical leadership, engagement and support through clarifying and strengthening responsibilities of the Clinical Excellence Commission and the Agency for Clinical Innovation.

The Minister for Health has expressed satisfaction with the Director-General's performance.

Key Achievements in 2011-12

- Providing strategic leadership to ensure the effective introduction of a new funding model, including Activity Based Funding for hospitals and Local Health Districts (LHDs) in accordance with the requirements and timetable set out in the National Health Reform Agreement.
- Issuing of Service Agreements for all 15 Local Health Districts, the Sydney Children's Hospitals Network, St Vincent's Health Network, Ambulance Service of NSW, Justice and Forensic Mental Health Network.
- Chairing the NSW Health Efficiency Improvement Taskforce (HEIT) to ensure a strategic focus and utilising this Taskforce as a Steering Committee to the Commission of Audit Health Review.
- Establishing an Office of Preventive Health.
- Establishing the Pain Management Taskforce, which developed a NSW Pain Management Plan to ease burden of sufferers of chronic pain, improve their quality of life and help them re-enter the workforce.
- Establishing a Medical Research Taskforce, which developed a Medical Research Strategic Plan.
- Establishing the NSW Mental Health Commission.
- Oversighting the design and implementation of a new Performance Framework for Local Health Districts (LHDs) based on devolved decision-making, transparent funding, including Activity Based Funding, clear accountabilities for LHDs and appropriate monitoring, support and intervention roles for the Ministry of Health

Karen Crawshaw PSM

Position Title: Deputy Director-General, Governance, Workforce and Corporate
SES Level: 7
Remuneration: $402,150
Period in Position: 4 years and 9 months cumulative as Deputy Director-General

In 2011-12, Ms Crawshaw oversaw the provision of legal, legislative and property services, by the Ministry, commenced the restructuring of Ministry services to support ministerial and parliamentary processes and communications, was responsible for leading Ministry work on procurement and asset management policy, and for supporting high standards of governance and accountability across NSW Health. Ms Crawshaw led key industrial relations negotiations and consultation and provided strategic leadership on action to enhance the culture, productivity and capacity of the NSW health workforce.

The Director-General has expressed satisfaction with Ms Crawshaw's performance.

Key Achievements in 2011-12

- Provided strategic leadership in meeting the Government's election commitment to provide 2,475 additional nurses and continued the implementation of the staffing arrangements under the Nurse's and Midwives Award.
- Provided executive leadership of the human resource, governance and legal changes required to implement the 2011 Governance Review of NSW Health.
- Oversighted the wage negotiations for 2011-12 which were conducted under the provisions of the *Public Sector Wages Policy*.
- Executive lead supporting the development of the revised Code of Conduct, improvements in workplace culture and the NSW Health Workplace Culture Framework.
- Executive oversight of the development of a 10 Year Health Professionals Workforce Plan.
- Leadership and development of strategies to enhance the productivity and capacity of the NSW Health workforce including:
  - the establishment of a Masters of Clinical Medicine to support a new role in the medical workforce of "Senior Hospitalist".
  - changes to the way in which redundancy in the NSW Health Service is managed
  - reducing red tape through changes to recruitment and selection policy and practice.
- Led further development of health system local decision-making through revised policies, delegations and tools for Districts and Networks and supported the establishment and operation of a regular forum for health system Board Chairs.
- Strategic oversight of the Health Legislative Program.

Dr Rohan Hammett

Position Title: Deputy Director-General, Strategy and Resources
SES Level: 7
Remuneration: $402,150
Period in Position: 5 months

Dr Rohan Hammett joined the Ministry in February 2012 from the Commonwealth Department of Health and Ageing (DoHA) where he had been the National Manager of the Therapeutic Goods Administration and a member of the Executive of DoHA.

The Director-General has expressed satisfaction with Dr Hammett's performance.

Key Achievements in 2011-12

- Oversaw the design and implementation of the NSW State Funding Model based on activity-based payments.
- Led the implementation of the National Health Reform Agreement requirements in NSW.
- Finalised the Review of NSW Health arising from the Commission of Audit.
- Delivered the NSW Health Total Asset Management Plan.
- Commenced a Grants Management Improvement Program.
- Provided Secretariat support for the NSW Minister at the Standing Council on Health.
- Attended Australian Health Ministers' Advisory Council meetings.
- Represented NSW on the Hospital Principal Committee.
- Managed inter-government negotiations and Commonwealth-State Relations for NSW Health.
- Managed the policy areas supporting Aged Care, Primary Health, Rural Health, and Multicultural Health.
- Developed new funding programs to support Pain Management and Palliative Care.
- Was a member of the Board of Health Infrastructure advising on capital developments across NSW.
- Managed the NSW Health efficiency and program savings.

Dr Kerry Chant

Position Title: Deputy Director-General, Population and Public Health and Chief Health Officer
SES Level: 7
Remuneration: $385,850
Period in Position: 3 years and 5 months cumulative as Chief Health Officer and Deputy Director-General

Dr Kerry Chant is a Public Health physician with extensive experience in the NSW public health system. Dr Chant leads strategic population health programs and policies which address tobacco use, obesity, chronic disease prevention, public health emergencies, Aboriginal health and maternal and child health.

The Director-General has expressed satisfaction with Dr Chant's performance.

Key Achievements in 2011-12

- Oversighted the development of the NSW Government response to the NSW Health and Medical Research Strategic Review and supported the establishment of the Office for Health and Medical Research.
- Led the development of the NSW Tobacco Strategy 2012 – 2017, which included further strengthening of laws to reduce the population's exposure to second-hand tobacco smoke.
- Led the development of the Public Health Regulation 2012, under the *Public Health Act 2010*, which strengthens laws to protect and promote public health, control risks to public health, and promote the control and prevention of the spread of infectious disease.
- Oversighted the development and launch of Increasing Organ Donation in NSW: Government Plan 2012 in tandem with the preparation of supportive legislative amendments.

John Roach PSM

Position Title: Chief Financial Officer
SES Level: 6
Remuneration: $320,650
Period in Position: 2 years and 11 months

Mr John Roach commenced as the Chief Financial Officer from July 2009 having held previous senior appointments within NSW Health including Chief Executive of Health Support Services (now HealthShare NSW) and Director of Financial and Corporate Services at the former South Eastern Sydney Illawarra Area Health Service.

The Deputy Director-General, Strategy and Resources, has expressed satisfaction with Mr Roach's performance during 2011-12.

Key Achievements 2011-12:

- Provided effective financial management and control of the $16.4 billion NSW Health recurrent budget achieving an on budget (combined operating and asset) result for 2011-12.
- Led the successful implementation of the new funding arrangements under the National Health Reform Agreement, with NSW being the first State to commence new national cash payments from 1 July 2012.
- Provided financial leadership and guidance to support the transition to the new funding model (including Activity Based Funding) and implementation of transparent funding for Local Health Districts and Specialty Networks.
- Effectively restructured the financial information and reporting system for Local Health Districts to support the new funding arrangements.
- Served as the principal representative on matters of financial management and performance in monthly performance review meetings with Local Health District/ Specialty Network Chief Executives to ensure compliance with financial benchmarks and targets and implementation of remedial actions where required.
- Provided financial leadership to Local Health Districts for the implementation of locally developed financial plans to ensure health services are provided within available funds and to ensure liquidity is appropriately managed.
- Negotiation and submission of system wide recurrent financial information to NSW Treasury for annual funding requirements and enhancements.
- Oversaw the completion of the progressive rollout of the Statewide Management Reporting Tool (SMRT) and Statewide Patient Management Billing System in all Local Health Districts/Specialty Networks in NSW.

David Gates

Position Title: Director Business and Asset Services and Chief Procurement Officer
SES Level: 5
Remuneration: $285,300
Period in Position: 5 years cumulative as Director, Business and Asset Services and Chief Procurement Officer

In 2011-12, Mr Gates provided leadership in procurement policy development and asset management and directed specific procurement projects to support the efficient delivery of health services. Mr Gates is also responsible for ensuring quality operational support to the Ministry for Health.

The Deputy Director-General Governance Workforce and Corporate has expressed satisfaction with Mr Gates' performance.

Key Achievements in 2011-12

- Led the accreditation of NSW Health as a Procurement Agency under the new State Contracts Board regime, including a revised five-year forward procurement plan.
- Developed strategies to improve the effectiveness and management of the NSW Health System asset portfolio and better identification of assets surplus to Health need.
- Coordinated the Local Health District based asset strategic plans and the procurement of a new Asset and Facility Management Information System capable of delivering a state consistent asset register and associated asset management systems and tools.
- Led the development of a new energy management information system and supported a number of energy management initiatives in cooperation with LHDs.

Leanne O'Shannessy

Position Title: Director Legal and Regulatory Services and General Counsel
SES Level: 5
Remuneration: $277,700
Period in Position: 4 years cumulative as General Counsel

In 2011-12, Ms O'Shannessy provided legal and legal policy advice to the public health system. Ms O'Shannessy was responsible for the development of legislative proposals and management of the Subordinate Legislation Program and litigation (including oversight of legal panels for employment law and medico-legal/coronial matters) involving the Ministry or involving issues of statewide significance and conducts regulatory compliance, including oversight and conduct of prosecutions.

The Deputy Director-General, Governance, Workforce and Corporate has expressed satisfaction with Ms O'Shannessy's performance.

Key Achievements in 2011-12

- Managed the Health Legislative Program including the Subordinate Legislative Program including:
  - *Tobacco Legislation Amendment Act 2002* – To support the implementation of the NSW Tobacco Strategy 2012-2012
  - *Health services Amendment (National Health Reform Agreement) Act 2002* - To establish the National Funding Authority and support the establishment of National Health funding arrangements
  - *Mental Health Commission Act 2012* - To establish the Mental Health Commission
- Managed the tender and appointment of a panel to provide services to public health organisations in state employment law matters.
- Managed the tender for the statewide contract to develop and implement board member training for Local Health District and Speciality Network Boards.
- Led the development of a website dedicated to Local Health District and Specialty Health Network board members which provides a range of resources to assist board members in undertaking their roles.

Annie Owens

Position Title: Director, Workplace Relations
SES Level: 5
Remuneration: $270,100
Period in Position: 3 years and 9 months

In 2011-12, Ms Owens managed the Ministry's human resources strategy and provided support and guidance to staff on all personnel issues. Ms Owens managed system-wide industrial relations issues, including the arbitration and negotiation of wages and employment conditions. Ms Owens also managed personnel functions and administration of the Health Executive Service and led human resources and workplace health and safety policy development relevant to the NSW Health Service.

The Deputy Director-General Governance Workforce and Corporate has expressed satisfaction with Ms Owens's performance.

Key Achievements in 2011-12

- Managed the wage negotiations for 2011-12 conducted under the provisions of the Public Sector Wages Policy.
- Led the continued implementation of Staffing Arrangements under the Nurses' and Midwives' Award across the public health system.
- Managed the human resource implications of a restructure of the Ministry of Health following the 2011 Governance Review of NSW Health.
- Managed the introduction of a new policy for managing excess staff of the NSW Health Service to align with the new policy applying to employees in the NSW Government Service.

SENIOR EXECUTIVE SERVICE

Number of CES/SES positions at each level within the Ministry of Health:

SES LEVEL	AS AT 30 SEPTEMBER 2012*	AS AT 30 JUNE 2011
8	1	1
7	4	3
6	1	3
5	5	2
4	10	8
3	6	10
2	2	6
1	0	1
Total positions	**29**	**34**

Number of female CES/SES officers within the Ministry of Health:

AS AT 30 SEPTEMBER 2012*	AS AT 30 JUNE 2011
14	16

* From 1 July 2012, a revised Ministry executive structure was implemented following a Governance Review of NSW Health.

SUSTAINABILITY

The NSW Health Environmental Sustainability Strategy 2012-15 was approved in January 2012. The Strategy sets out the NSW Health vision, identifies opportunities to incorporate environmental sustainability into our business and proposes strategic priorities for action. NSW Health is committed to participating in broader sustainability programs, this includes being an active member of CitySwitch, participation in Earth hour and mobile muster.

Energy Management

- In 2011-12, three applications were approved under the NSW Treasury Loan Fund. Projects to be implemented include a major control system and lighting upgrade at Westmead Hospital, a cogeneration unit overhaul at Mt Druitt Hospital and a chiller replacement at Maitland Hospital.
- NSW Health and the Office of Environment and Heritage's partnership continued in 2011-12 and 27 additional sites are currently developing a range of energy saving projects.
- 27 Ambulance Stations received grant funding under the Office of Environment and Heritage's Government Building Retrofit Program to implement a range of energy and water saving projects.

Waste Reduction and Purchasing Policy (WRAPP)

In October 2011, the Waste Reduction and Purchasing Policy for NSW Health was promulgated. This policy and its guidelines will assist the Local Health Districts and other Health entities achieve the targets under WRAPP reporting requirements to Government.

NSW Health has achieved a reduction in the majority of areas including construction waste; bricks (49% increase in recycling, noting a large increase in possible landfill), paper (reduced purchasing and proportionally 2% increase in recycling) and vegetation; increase of 12% reuse by managing more effectively and considering the effects on the environment.

HEALTH STATISTICS

Infectious Disease Notifications in NSW 138
Public Hospital Activity Levels 139
Private Hospital Activity Levels 143
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Mental Health Act – Public Hospital Activity Levels 146
Mental Health Act – Private Hospital Activity Levels 148

INFECTIOUS DISEASE NOTIFICATIONS IN NSW

Incidence rate of disease notifications in NSW (per 100000 popn.), 2002 to 2011

CONDITION	ONSET YEAR									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Adverse event after immunisation	2.7	3.3	2.8	1.6	1.1	3.5	3.7	1.8	2.5	2.8
Anthrax	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0	0.0
Arboviral infection	9.9	15.4	17.0	15.9	28.1	21.7	26.4	19.8	21.8	16.2
Barmah Forest virus infections[b]	6.0	6.8	6.0	6.6	9.4	8.3	7.6	5.0	3.6	6.3
Ross River virus infections[b]	2.7	7.4	10.4	8.5	17.9	12.2	16.5	12.8	14.9	7.9
Other[b]	1.2	1.2	0.6	0.8	0.8	1.2	2.3	2.0	3.3	2.0
Blood lead level >= 15ug/dl[b]	7.5	5.0	4.4	3.3	4.3	4.0	3.7	2.5	3.2	3.6
Botulism	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Brucellosis[b]	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.1
Chancroid[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chlamydia trachomatis infection	87.6	116.5	149.1	166.8	176.9	180.4	200.0	211.4	255.1	284.9
Congenital chlamydia[b]	0.2	0.3	0.4	0.7	0.6	0.4	0.6	0.7	0.5	0.4
Chlamydia - other[b]	87.4	116.2	148.7	166.1	176.3	180.0	199.4	210.7	254.6	284.5
Cholera[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Creutzfeldt-Jakob disease[b]	NN	NN	0.1	0.1	0.2	0.1	0.1	0.2	0.1	0.1
Cryptosporidiosis[b]	4.6	3.0	5.3	12.6	11.4	7.9	6.9	20.6	4.9	5.0
Diphtheria	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Food-borne illness (NOS)[e]	0.6	16.1	8.2	4.6	7.4	11.1	9.5	12.7	13.0	11.1
Gastroenteritis (institutional)	26.4	53.7	190.6	20.6	156.1	151.9	144.5	167.4	106.9	125.9
Giardiasis[b]	13.0	15.4	18.4	21.5	25.3	28.2	25.4	29.6	32.2	32.8
Gonorrhoea[b]	22.9	19.9	21.3	23.3	25.5	20.0	19.0	23.3	32.2	39.9
Haemolytic uraemic syndrome	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.1	0.0	0.1
H.influenzae type b[b]	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Hepatitis A	2.3	1.8	2.0	1.2	1.4	0.9	1.0	1.4	1.2	0.8
Hepatitis B	50.8	40.9	39.9	40.0	36.5	37.7	36.1	37.2	36.4	35.2
Hepatitis B -acute viral[b]	1.3	1.1	0.8	0.8	0.8	0.8	0.6	0.5	0.5	0.4
Hepatitis B -other[b]	49.5	39.8	39.1	39.2	35.7	36.9	35.5	36.7	35.9	34.8
Hepatitis C	93.9	73.4	68.6	63.5	63.3	60.2	53.3	53.7	53.3	46.2
Hepatitis C -acute viral[b]	2.2	1.8	0.9	0.6	0.8	0.9	0.4	0.6	0.5	0.6
Hepatitis C -other[b]	91.7	71.6	67.7	62.9	62.5	59.3	52.9	53.1	52.8	45.6
Hepatitis D[b]	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1
Hepatitis E[b]	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.3
HIV infection[b]	6.0	6.2	6.0	5.8	5.4	5.6	4.6	4.6	4.3	4.6
Influenza	15.2	12.9	14.0	21.1	10.0	29.9	26.5	181.2	22.4	78.0
Influenza-Type A[b]	11.6	11.5	11.8	16.8	7.2	24.7	12.0	177.3	19.8	54.9
Influenza-Type B[b]	3.6	0.8	1.8	4.0	2.7	2.7	14.3	2.3	2.0	21.7
Influenza-Type A&B[b]	NN	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.5	0.4
Influenza-Type NOS[b]	0.0	0.6	0.4	0.2	0.1	2.5	0.2	1.4	0.1	1.0
Legionellosis	0.6	0.9	1.2	1.2	1.1	1.5	1.2	1.3	1.3	1.2
L. longbeachae[b]	0.3	0.6	0.4	0.3	0.3	0.4	0.7	0.9	0.7	0.4
L. pneumophila[b]	0.3	0.3	0.8	0.9	0.8	1.1	0.5	0.4	0.5	0.8
Legionnaires' disease - other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Leprosy	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.0
Leptospirosis[b]	0.6	0.6	0.6	0.5	0.2	0.1	0.2	0.3	0.3	0.5
Listeriosis[b]	0.2	0.4	0.4	0.4	0.4	0.3	0.5	0.4	0.4	0.3
Lymphogranuloma venereum(LGV)[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.8	0.5

CONDITION	ONSET YEAR									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Malaria[b]	1.6	1.8	1.5	3.0	2.1	1.4	1.6	1.3	1.7	1.1
Measles	0.1	0.3	0.2	0.1	0.9	0.1	0.6	0.3	0.4	1.2
Meningococcal disease	3.2	3.0	2.2	1.9	1.5	1.5	1.2	1.3	1.1	1.0
Meningococcal - serogroup B[b]	1.6	1.5	1.2	1.1	0.8	1.1	0.7	0.8	0.7	0.6
Meningococcal - serogroup C[b]	0.8	0.7	0.4	0.2	0.2	0.1	0.1	0.1	0.1	0.0
Meningococcal - serogroup W135[b]	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1
Meningococcal - serogroup Y[b]	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.1
Meningococcal - other	0.8	0.7	0.5	0.5	0.4	0.2	0.2	0.3	0.2	0.2
Meningococcal-conjunctivitis	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Mumps[b]	0.4	0.5	1.0	1.6	2.3	4.7	1.1	0.6	0.5	0.9
Paratyphoid[b,d]	0.2	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pertussis	30.4	41.5	53.2	85.8	72.1	30.4	124.8	175.3	130.4	181.1
Pneumococcal disease (invasive)[b]	13.3	12.0	13.4	9.5	8.2	7.5	7.8	6.7	7.0	7.3
Psittacosis[b]	2.3	1.3	1.2	1.8	1.4	0.5	0.6	0.3	0.2	0.3
Q fever[b]	4.6	4.3	3.3	2.1	2.6	3.0	2.4	2.0	1.9	1.6
Rotavirus[b]	NN	NN	NN	NN	NN	NN	NN	NN	19.3	14.6
Rubella	0.5	0.3	0.3	0.1	0.5	0.1	0.2	0.1	0.2	0.2
Congenital rubella[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rubella - other[b]	0.5	0.3	0.3	0.1	0.5	0.1	0.2	0.1	0.2	0.2
Salmonella infection[b,d]	31.8	27.8	31.9	31.9	30.1	36.7	32.4	38.6	52.6	48.4
Shigellosis[b]	1.3	0.9	1.4	2.0	1.1	1.0	1.6	2.2	1.6	1.8
Syphilis	6.9	11.7	11.3	8.1	9.1	11.9	11.9	13.2	11.4	10.7
Congenital syphilis	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0
Syphilis infection[b,c]	1.9	3.6	4.4	3.6	3.4	6.6	6.1	7.5	5.9	5.8
Syphilis other[b]	5.0	8.1	6.9	4.4	5.6	5.2	5.8	5.7	5.5	4.9
Tetanus	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tuberculosis[bg]	6.8	5.8	6.2	6.9	6.7	6.6	7.0	7.2	6.5	4.2
Typhoid[b]	0.4	0.2	0.6	0.4	0.5	0.5	0.6	0.7	0.4	0.6
Verotoxin - producing Escherichia coli infections[b]	0.1	0.0	0.1	0.2	0.1	0.3	0.3	0.3	0.1	0.1

a Onset: the earlier of patient reported onset date, specimen date or date of notification **b** Laboratory-confirmed cases only **c** includes syphilis primary, syphilis secondary, syphilis < 1 y duration and syphilis newly acquired **d** From 2005, all paratyphoid recorded as salmonellosis **e** Food-borne illness cases are only those notified as part of an outbreak **g** Tuberculosis data for 2011 was incomplete at the time of report and subject to change **NOS** not otherwise specified **NN** not notifiable for that year. No case of the following diseases have been notified since 1991: Plague[b], Diphtheria[b], Granuloma Inguinale[b], Lyssavirus[b], Poliomyelitis[b], Rabies, Smallpox, Typhus[b], Viral Haemorrhagic Fever, Yellow Fever. 2009 influenza data: cases reported to Public Health Units; contain 50 laboratory notifications from either interstate residents or overseas travellers

PUBLIC HOSPITAL ACTIVITY LEVELS

Average available beds and treatment spaces[1], June 2012[2]

LOCAL HEALTH DISTRICT/ SPECIALTY HEALTH NETWORK	HOSPITAL BEDS			
	BEDS AVAILABLE FOR ADMISSION FROM EMERGENCY DEPARTMENT[3]	OTHER HOSPITAL BEDS[4]	OTHER BEDS[5]	TREATMENT SPACES[6]
Sydney Children's Hospitals Network	348	87	10	31
St Vincent's Health Network	314	170	0	33
Sydney LHD	1,245	457	0	261
South Western Sydney LHD	1,370	447	152	361
South Eastern Sydney LHD	1,243	494	127	265
Illawarra Shoalhaven LHD	736	254	55	162
Western Sydney LHD	991	578	94	333
Nepean Blue Mountains LHD[7]	528	287	33	189
Northern Sydney LHD	1,157	514	151	255
Central Coast LHD	679	125	80	144
Hunter New England LHD	1,737	803	383	534
Northern NSW LHD	632	183	68	197
Mid North Coast LHD	457	129	21	155
Southern NSW LHD	370	130	109	149
Murrumbidgee LHD	702	174	444	235
Western NSW LHD	726	307	462	321
Far West LHD	97	19	24	36
Justice Health and Forensic Mental Health Network	190	155	0	1
Total NSW[8,9]	13,519	5,312	2,213	3,661
2010/11 Total[10]	13,466	5,203	2,082	3,598
2009/10 Total	13,452	5,090	2,150	3,566
2008/09 Total	13,254	5,047	2,141	3,558
2007/08 Total	13,468	5,028	2,119	3,503

Notes: **1** Source: NSW Health Bed Reporting System. **2** Results are reported as average for the month of June, being the last month of each financial year. During the course of a year, average available bed numbers vary from month to month, depending on the underlying activity. **3** 'Beds available for admission from emergency department' include adult acute overnight; paediatric acute overnight; mental health acute overnight; critical care; emergency short stay units, and medical oncology beds. These are the types of beds usually used for admission from emergency departments. **4** 'Other hospital beds' include day only; mental health other (including drug and alcohol); sub and non acute beds (including rehabilitation); statewide specialist services (including transplant, specialist spinal injury and severe burns unit); neonatal intensive care unit; maternity (obstetrics), and palliative care beds. These beds are the types of beds usually used for selected specialty care and day only services or for sub/non acute services. A smaller proportion of admissions from emergency departments may also occur in this category. **5** 'Other beds' include hospital in the home; residential/community and transitional aged care; respite beds and mental health community residential beds. **6** 'Treatment spaces' include same day therapy (including chemotherapy) and renal dialysis; emergency department beds/spaces; operating theatre and recovery beds/spaces; delivery suites; bassinets/cots for babies and transit lounges for discharge of patients. **7** Beds for Hawkesbury District Health Service have been included to reflect contractual arrangements for the treatment of public patients in that facility. **8** Totals exclude Albury Base Hospital (managed by Victoria as part of the integrated Albury-Wodonga Health Service since 1 July 2009), Lottie Stewart Nursing Home and Governor Phillip Residential Aged Care Facility (no longer under Local Health District management). Data for all previous years has been excluded for these facilities to enable more accurate comparisons. In addition, following local audits, HNE corrected the number of beds available for admission from emergency department for June 2011 (less 30), and NBM corrected the number of 'Other Beds' (less 11) - the 2010/11, 2009/10 and 2008/09 results have been recast to reflect this correction. **9** During the month of June 2012 a number of beds were unavailable including HNELHD -18 (essential maintenance) NNSWLHD -10 and HNELHD -10 (medical staff shortages) and NNSWLHD -16 (storm damage). **10** Historical information can only be provided for four previous years as the granularity of bed type data for years prior to 2007-08 is not sufficient to enable reporting under the four categories of beds presented in this table.

Estimated bed/treatment space equivalents purchased from Local Health Districts/Networks in 2012-13

LOCAL HEALTH NETWORK/ SPECIALTY HEALTH NETWORK	ADDITIONAL ACUTE ADMITTED PATIENT ACTIVITY (COSTWEIGHTED SEPARATIONS) PURCHASED IN 2012/13	BED EQUIVALENTS OF ADDITIONAL ACTIVITY
Sydney Children's Hospitals Network	639	5
St Vincent's Health Network	900	8
Sydney LHD	2,937	27
South Western Sydney LHD	7,271	75
South Eastern Sydney LHD	2,543	25
Illawarra Shoalhaven LHD	1,718	18
Western Sydney LHD	4,455	41
Nepean Blue Mountains LHD	2,362	21
Northern Sydney LHD	2,449	24
Central Coast LHD	2,090	23
Hunter New England LHD	4,000	38
Northern NSW LHD	2,800	27
Mid North Coast LHD	1,675	16
Southern NSW LHD	950	10
Murrumbidgee LHD	544	5
Western NSW LHD	650	6
Far West LHD	40	0
Total NSW	38,023	369

Notes: The following assumptions have been used to estimate the impact of additional purchased activity:

Overall:
- Overnight bed occupancy rate of 85%
- Same Day bed occupancy rate of 120%
- Same Day units operational 5 days per week
- Proportion of additional activity converted to additional capacity(100%)

Specific to each LHD:
- % of acute admissions as Same Day
- Average cost weight per Same Day episode
- Average cost weight per Overnight episode
- Average length of stay per Overnight acute episode

Available Beds/Treatment Spaces and Activity Based Reporting

A new funding and purchasing model was implemented in NSW from 1 July 2012 which is consistent with National Health Reform arrangements. Under this model Local Health Districts and Speciality Health Networks are funded to provide an agreed level of health service activity to meet local needs.

For 2012-13, the NSW Ministry of Health has purchased increased levels of activity from all Local Health Districts.

In addition to funding new infrastructure in 2012-13, Local Health Districts and Specialty Health Networks are using innovative approaches to service delivery including enhancement of ambulatory care; new hospital in the home services; increases in day surgery; expansion of discharge support through purchase of community packages, and improved models of care.

The above Table outlines the additional admitted patient activity purchased for 2012-13 from each Local Health District and Specialty Health Network and related bed equivalents. The estimation model assumes that the majority of additional patient activity outlined will require accommodation in either 'hospital beds' or 'other beds'.

Selected Data for the year ended June 2012 Part 1[1,2,10]

LOCAL HEALTH DISTRICT/ SPECIALTY HEALTH NETWORK	SEPARATIONS	PLANNED SEP %	SAME DAY SEP %	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE)[3, 6]	DAILY AVERAGE OF INPATIENTS[4]
Justice and Forensic Mental Health	595	89.4	53.9	24,760	41.9	68
Sydney Children's Hospitals Network	47,709	52.2	46.4	146,588	3.1	402
St Vincent's Health Network	41,169	51.6	51.0	177,527	3.4	486
Sydney LHD	141,894	48.2	43.2	603,121	4.0	1,652
South Western Sydney LHD	195,822	38.8	43.9	720,274	3.3	1,973
South Eastern Sydney LHD	155,593	42.7	41.1	650,345	3.7	1,782
Illawarra Shoalhaven LHD	98,840	32.7	46.4	385,116	3.3	1,055
Western Sydney LHD	153,174	41.7	44.6	576,037	3.2	1,578
Nepean Blue Mountains LHD	68,762	35.0	37.2	250,017	3.2	685
Northern Sydney LHD	123,943	35.2	35.3	604,363	4.1	1,656
Central Coast LHD	77,288	42.5	42.8	299,534	3.5	821
Hunter New England LHD	208,327	43.3	41.6	801,136	3.5	2,195
Northern NSW LHD	97,772	44.6	47.2	308,978	2.9	847
Mid North Coast LHD	68,485	42.7	47.8	235,090	3.1	644
Southern NSW LHD	46,603	39.8	48.2	154,265	2.5	423
Murrumbidgee LHD	65,578	32.6	44.2	227,750	2.6	624
Western NSW LHD	82,708	39.9	43.0	296,390	2.8	812
Far West LHD	8,423	48.9	50.3	29,557	2.8	81
Total NSW	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010-11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
Percentage change (%)[9]	**3.3**	**-0.3**	**0.2**	**1.6**	**-2.6**	**1.6**
2009-10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615
2008-09 Total	1,555,480	41.4	42.6	6,368,298	3.7	17,447
2007-08 Total	1,527,382	41.1	42.0	6,417,358	3.7	17,534

Selected Data for the year ended June 2012 Part 2[1,2,10]

LOCAL HEALTH DISTRICTS/ SPECIALTY HEALTH NETWORK	OCCUPANCY RATE[5] JUNE 12	ACUTE BED DAYS[6]	ACUTE OVERNIGHT BED DAYS[6]	NON-ADMITTED PATIENT SERVICES[7]	EMERGENCY DEPT. ATTENDANCES[8]
Justice and Forensic Mental Health	n/a	22,438	22,168	3,840,004	n/a
Sydney Children's Hospitals Network	86.8	146,496	124,352	929,723	88,539
St Vincent's Health Network	106.7	133,744	112,789	562,338	42,891
Sydney LHD	88.7	552,527	491,223	1,877,944	149,577
South Western Sydney LHD	93.9	632,874	548,659	2,392,271	231,254
South Eastern Sydney LHD	95.9	527,426	468,400	3,119,446	196,347
Illawarra Shoalhaven LHD	92.8	308,033	262,246	1,259,327	136,933
Western Sydney LHD	90.2	479,354	411,592	2,638,446	151,538
Nepean Blue Mountains LHD	90.1	213,751	188,189	859,211	107,285
Northern Sydney LHD	88.9	484,477	442,160	1,794,620	173,566
Central Coast LHD	96.2	264,096	231,058	964,078	113,531
Hunter New England LHD	81.9	710,464	624,036	2,513,430	386,772
Northern NSW LHD	88.9	271,706	225,648	994,908	183,585
Mid North Coast LHD	90.4	203,468	171,102	570,008	115,793
Southern NSW LHD	69.9	112,102	89,697	548,216	108,672
Murrumbidgee LHD	68.0	162,937	134,040	980,141	116,636
Western NSW LHD	77.6	226,938	191,420	1,140,021	204,765
Far West LHD	62.4	22,958	18,728	161,745	29,997
Total NSW	88.6	5,475,789	4,757,507	27,145,876	2,537,681
2010-11 Total	89.1	5,449,313	4,757,219	26,302,057	2,486,026
Percentage change (%)[9]	**-0.5**	**0.5**	**0.0**	**3.2**	**2.1**
2009-10 Total	88.3	5,549,809	4,869,508	26,291,232	2,442,982
2008-09 Total	87.4	5,523,318	4,874,799	27,808,772	2,416,774
2007-08 Total	85.1	5,506,019	4,872,016	27,426,053	2,417,818

1 Health Information Exchange (HIE) data were used. The number of separations includes care type changes. **2** Activity includes services contracted to private sector. Data reported are as of 31/8/2012. **3** Acute average length of stay = (Acute bed days/Acute separations). **4** Daily average of inpatients = Total Bed Days/365. **5** Bed occupancy rate is based on June data only. Facilities with peer groups other than A1a to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. Unqualified baby bed days were included from 2002/03. **6** Acute activity is defined by a service category of acute or newborn. **7** Includes services contracted to the private sector. Source: Webnap and webDOHRS as at 24/09/2012. **8** Source: HIE, Webnap and webDOHRS as at 24/09/2012. Pathology and radiology services performed in emergency departments have been excluded since 2004/05. **9** Planned separations, same day separations and occupancy rates are percentage point variance from 2010/11. **10** As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

PRIVATE HOSPITAL ACTIVITY LEVELS

Private hospital activity levels for the year ended 30 June 2012

	LICENSED BEDS[1]	TOTAL ADMISSIONS				SAME DAY ADMISSIONS				DAILY AVERAGE		BED OCCUPANCY[4]	
LOCAL HEALTH DISTRICTS	NUMBER	NUMBER	% VARIATION ON LAST YEAR	MARKET SHARE %[2]	MARKET SHARE VARIATION[3]	NUMBER	% VARIATION ON LAST YEAR	MARKET SHARE %[2]	MARKET SHARE VARIATION[3]	NUMBER	% VARIATION ON LAST YEAR	%	VARIATION ON LAST YEAR[3]
Sydney LHD	325	59,806	3.0	29.7	0.2	48,213	4.5	44.0	3.1	384	1.5	96.4	3.8
South Western Sydney LHD	256	52,674	5.5	21.2	0.0	38,152	5.5	30.8	-2.4	271	2.5	111.7	2.7
South Eastern Sydney LHD	1,174	234,790	5.4	60.1	1.0	164,419	6.6	72.0	2.6	1,333	5.3	93.7	15.8
Illawarra Shoalhaven LHD	292	45,003	-0.7	31.3	-0.8	33,146	-0.5	41.9	-9.1	277	0.4	82.1	1.2
Western Sydney LHD	717	115,139	11.1	42.9	1.5	81,501	13.4	54.4	-0.4	808	11.4	84.0	-5.6
Nepean Blue Mountains LHD	347	34,952	5.8	33.7	0.6	17,877	12.3	41.1	1.2	242	7.7	90.8	5.0
Northern Sydney LHD	1,724	269,893	5.4	68.5	0.3	187,599	6.8	81.1	0.3	1,872	2.9	69.7	-1.1
Central Coast LHD	282	42,651	4.6	35.6	0.4	30,014	5.8	47.5	0.4	323	4.7	109.9	4.8
Hunter New England LHD	883	129,780	7.3	38.4	0.9	88,514	10.1	50.6	2.8	860	9.2	102.0	6.2
Northern NSW LHD	87	27,997	9.2	22.3	1.2	23,841	10.7	34.1	1.3	126	4.5	105.5	-14.7
Mid North Coast LHD	140	24,808	1.4	26.6	-0.5	19,010	2.6	36.8	-2.1	146	2.8	122.5	20.5
Southern NSW LHD	4	2,678	32.1	5.4	1.2	2,653	42.9	10.6	1.0	7	32.1	90.8	-8.4
Murrumbidgee LHD	195	41,620	2.6	38.8	-0.8	28,362	3.1	49.4	-9.5	227	9.0	103.6	8.4
Western NSW LHD	148	15,322	-0.6	15.6	-0.2	10,192	0.2	22.3	-1.3	87	1.3	54.2	-0.6
Total NSW	6,574	1,097,113	5.6	39.5	0.5	773,493	7.2	51.5	-0.1	6,962	5.3	95.7	3.9

1 Licensed beds as at 30 June 2012. **2** Market share calculations include Sydney Children's Hospital Network, Justice and Forensic Mental Health, St Vincent's Health Network and Far West LHD in the total for NSW. Source: Licenced Beds - Private Health Care Branch, Others - Health Information Exchange. **3** Market share variation on total admissions and same day admissions and bed occupancy variance on last year are percentage point variation from 2010/11. **4** Bed Occupancy for the current and previous year has been recalculated excluding the Day Procedure Centres. These data are not comparable with last year's Annual Report. **5** Occupancy rates more than 100% are due to an increased number of multiple same day separations.

MENTAL HEALTH ACT SECTION 108

In accordance with Section 108 of the *NSW Mental Health Act (2007)* this report details mental health activities for 2011-12 in relation to:

(a) achievements during the reporting period in mental health service performance

(b) data relating to the utilisation of mental health resources.

Historical tables are presented in this report with the latest updates of 2011-12 data. Yearly aggregated bed numbers and hospital activity are presented as 10-year time series (2002-03 – 2011-12).

To view the Mental Health Appendix for previous years please visit the NSW Ministry of Health web portal: http://www.health.nsw.gov.au/pubs/subs/annual.asp

This report includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. Primary Care, Rehabilitation and Aged Care). Therefore the numbers reported here may differ from those in national reports (e.g. Report on Government Services, Mental Health Services in Australia, National Mental Health Report)

Total Beds and Activity

The Mental Health Bed Survey data show that in 2011-12 there were 2772 funded mental health beds in NSW, an increase of 10 extra beds in 2011-12 from 2010-11.

Funded bed numbers have increased by almost 5% or more each year since 2008-09 to 2010-11. Average increase between 2002-03 and 2007-08 was 3%.

The average availability of funded beds across NSW increased slightly from 93% in 2010-11 to 94% in the current year (range 2002-03 to 2011-12: 93% to 98%). The average occupancy of available beds in 2011-12 was 86%, (range 2002-03 to 2011-12: 85% to 91%).

FUNDED BEDS	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Funded Beds at 30 June	2,004	2,107	2,157	2,219	2,314	2,360	2,491	2,636	2,762	2,772
Increase since 30 June 2003	-	103	153	215	310	356	487	632	758	768

AVERAGE AVAILABILITY (FULL YEAR)	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2010-11
Average Available beds	1,899	1,985	2,075	2,153	2,261	2,283	2,396	2,475	2,576	2,601
Increase since 30 June 2003	-	86	176	254	362	384	497	576	677	702
Average Availability (%) of funded beds	-	94%	96%	97%	98%	97%	96%	94%	93%	94%

AVERAGE OCCUPANCY (FULL YEAR)	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2010-11
Average Occupied beds	1,702	1,773	1,847	1,912	2,056	2,059	2,120	2,163	2,198	2,224
Increase since 30 June 2003	-	71	145	210	354	357	418	461	496	522
Average Occupancy (%) of available beds	-	89%	89%	89%	91%	90%	88%	87%	85%	86%

Source – NSW Health HIE. Note: In the tables above, average available beds may be less than funded beds due to: (i) definitional differences regarding non-acute CAHMS beds, which only operate during the week and school terms (ii) commissioning periods between the completion of construction and full operation of new units/beds; (iii) temporary closures due to renovation or operational reasons; and (iv) data reporting issues. Average availability is calculated by dividing the total average available beds by the total funded beds (expressed as a percentage). Average occupancy is calculated by dividing the total average occupied beds by the total average available beds (expressed as a percentage).

Acute and Non-Acute Inpatient Care

Mental health inpatient services provide care under two main care types – acute care and non-acute care.
The next two tables show service utilisation for these care types since 2002-03.

Mental Health Acute Inpatient Care (Separations from Overnight Stays)

ACUTE INPATIENT CARE	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Acute Overnight Separations	22,843	24,759	25,182	27,815	29,297	29,251	29,784	29,016	29,829	30,208
Increase since 30 June 2003	-	1,916	2,339	4,972	6,454	6,408	6,941	6,173	6,986	7,365
Increase (%) since 30 June 2003	-	8%	10%	22%	28%	28%	30%	27%	31%	32%

Source – NSW Health HIE

Interpretation

Over the past 10 years there has been an increase each year in mental health acute bed numbers and overnight acute separations. On average over the 10-year period from 2002-03 to 2010-11, funded acute beds and acute overnight separations increased each year by 4.9% and 3% respectively.

In 2011-12, LHDs, which saw an increase in acute bed numbers were: South Western Sydney LHD (two extra adult beds in Liverpool hospital), Northern Sydney LHD (four extra adult beds in Manly hospital), and Hunter New England LHD (four extra older people beds in Mater Mental Health Service).

More detailed information on acute funded bed operations and availability is provided in the Public Hospital Activity Table and associated footnotes.

Mental Health Non-Acute Inpatient Care – Occupied Bed-days

NON-ACUTE INPATIENT CARE	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Non-Acute Overnight OBDs	256,208	266, 134	263,688	253,210	257, 736	250, 721	272, 064	278, 112	279, 034	284, 689
Increase since 30 June 2003	-	9, 926	7, 480	- 2, 998	1, 528	- 5, 487	15, 856	21, 904	22, 826	28, 481
Increase (%) since 30 June 2003	-	4%	3%	- 1%	1%	- 2%	6%	9%	9%	11%

Source – NSW Health HIE

Interpretation

Funded non-acute bed numbers (1,083) remained the same in the current year (2011-12) as in 2010-11. A substantial increase in non-acute bed numbers was seen in 2010-11, when the total number of non-acute beds increased by 7.3% (80 beds) from 2009-10.

More detailed information on non-acute funded bed availability and operations is provided in Public Hospital Activity Table and associated footnotes.

Ambulatory Care (Contacts)

AMBULATORY CONTACTS	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ambulatory Contacts	1, 252, 829	1, 431, 729	1,731, 870	1,709, 934	1,763, 071	1,720, 713	1,796, 526	1,962, 430	2, 212, 711	2, 326, 170
Increase since 30 June 2003	-	178, 900	479, 041	457, 105	510, 242	467, 884	543, 697	709, 601	959, 882	1, 073, 341
Increase (%) since 30 June 2003	-	14%	38%	36%	41%	37%	43%	57%	77%	86%

Source – NSW Health HIE. Note: (i) An issue with the extract process for community mental health data for the Hunter New England LHD has resulted in HNE contact data not being available in the NSW HIE for June 2012. The 2011-12 figure reported above (2,326,170) includes HNELHD data for the 11 months July 2011 to May 2012. The 2011-12 ambulatory contacts total will be updated in the 2012-13 Annual Report. (ii) The number of ambulatory contacts for 2010-11 has been revised. Ambulatory contact data for 2010-11 presented in the previous report (NSW Annual Report, 2010-11) was missing the contact numbers from the Hunter New England LHD. As the Hunter New England data is now available in the State HIE, the revised number including contacts from Hunter New England LHD shows an increase in the number of contacts for 2010-11 from 1,907,902 (old) to 2,212,711 (revised).

Interpretation

Over the decade since the collection of this indicator commenced in 2000-01, the rates of recording of ambulatory contacts in NSW have increased substantially (see previous reports for 2000-01 and 2001-02 data). There is, however, variability in the recording of community contact data between LHDs. This may reflect local data system issues as well as differences in local practices for collection and processing of clinician-reported activity data.

Mental Health – Public Hospitals Activity Levels

Public Psychiatric Hospitals and Co-located Psychiatric Units in Public Hospitals - with beds gazetted under the *Mental Health Act 2007* and other non-gazetted Psychiatric Units

LHD/HOSPITAL	FUNDED[1] BEDS AT 30 JUNE		AVERAGE AVAILABLE[2] BEDS IN YEAR		AVERAGE OCCUPIED[3] BEDS IN YEAR		OVERNIGHT[4] SEPARATIONS IN 12 MTHS TO 30/6/12
	2011	2012	2010-11	2011-12	2010-11	2011-12	
X700 Sydney LHD	**241**	**241**	**223**	**228**	**194**	**202**	**2,892**
Acute Beds - Adult	140	140	136	136	133	135	2,339
Acute Beds - Older	30	30	30	30	27	29	252
Non-Acute Beds - Adult	35	35	35	35	24	25	19
Non-Acute Beds - Child/Adolescent[5]	36	36	22	27	10	13	282
X710 South Western Sydney LHD	**166**	**168**	**167**	**167**	**157**	**158**	**3,032**
Acute Beds - Adult	142	144	143	143	135	137	2,913
Acute Beds - Child/ Adolescent	10	10	10	10	8	7	101
Non-Acute Beds - Adult	14	14	14	14	14	14	18
X720 South Eastern Sydney LHD	**158**	**158**	**158**	**158**	**150**	**144**	**2,385**
Acute Beds - Adult[6]	112	112	112	112	111	105	2,163
Acute Beds - Older	12	12	12	12	9	11	92
Non-Acute Beds - Adult	34	34	34	34	30	28	130
X730 Illawarra Shoalhaven LHD	**113**	**113**	**106**	**109**	**90**	**93**	**1,730**
Acute Beds - Adult	73	73	72	73	63	67	1,527
Acute Beds - Older	14	14	14	14	11	10	128
Acute Beds - Child/ Adolescent[7]	6	6		2		1	18
Non-Acute Beds - Adult	20	20	20	20	16	15	57
X740 Western Sydney LHD	**375**	**375**	**353**	**341**	**306**	**295**	**3,009**
Acute Beds - Adult[8]	148	148	148	144	143	130	2,620
Acute Beds - Older	10	10	10	10	6	10	77
Acute Beds - Child/Adolescent	9	9	9	9	8	7	71
Non-Acute Beds - Adult	135	135	135	135	120	117	62
Non-Acute Beds - Older[9]	32	32	16	7	5	6	51
Non-Acute Beds - Child/Adolescent[5, 10]	17	17	11	12	2	2	120
Non-Acute Beds - Forensic	24	24	24	24	22	23	8
X750 Nepean Blue Mountain LHD	**54**	**54**	**54**	**54**	**48**	**50**	**1,613**
Acute Beds - Adult	54	54	54	54	48	50	1,613
X760 Northern Sydney LHD	**329**	**333**	**325**	**329**	**286**	**284**	**3,078**
Acute Beds - Adult	103	107	102	106	89	91	2,422
Acute Beds - Older	30	30	30	30	28	28	267
Non-Acute Beds - Adult	151	151	151	150	132	130	64
Non-Acute Beds - Older[11]	30	30	33	33	33	32	4
Non-Acute Beds - Child/Adolescent[5]	15	15	9	10	4	3	321
X770 Central Coast LHD	**84**	**84**	**83**	**84**	**67**	**65**	**1,796**
Acute Beds - Adult	69	69	69	69	54	51	1,683
Acute Beds - Older	15	15	14	15	13	14	113
X800 Hunter New England LHD	**367**	**371**	**362**	**367**	**290**	**297**	**4,214**
Acute Beds - Adult	167	167	167	167	134	135	3,586
Acute Beds - Older[12]	18	22	22	18	18	20	148
Acute Beds - Child/Adolescent	12	12	12	12	6	8	241
Non-Acute Beds - Adult	81	81	72	81	62	66	128
Non-Acute Beds - Older	59	59	59	59	41	40	101
Non-Acute Beds - Forensic	30	30	30	30	29	28	10
X810 Northern NSW LHD	**73**	**73**	**73**	**73**	**64**	**64**	**1,462**
Acute Beds - Adult	65	65	65	65	59	58	1,351
Acute Beds - Child/Adolescent	8	8	8	8	5	6	111
X820 Mid North Coast LHD	**72**	**72**	**63**	**72**	**58**	**61**	**1,014**
Acute Beds - Adult	52	52	52	52	47	48	967
Non-Acute Beds - Adult	20	20	11	20	11	13	47

LHD/HOSPITAL	FUNDED[1] BEDS AT 30 JUNE		AVERAGE AVAILABLE[2] BEDS IN YEAR		AVERAGE OCCUPIED[3] BEDS IN YEAR		OVERNIGHT[4] SEPARATIONS IN 12 MTHS TO 30/6/12
	2011	2012	2010-11	2011-12	2010-11	2011-12	
X830 Southern NSW LHD	**96**	**96**	**95**	**96**	**79**	**78**	**1,137**
Acute Beds - Adult	26	26	25	26	22	22	777
Non-Acute Beds - Adult	22	22	22	22	18	17	210
Non-Acute Beds - Older	48	48	48	48	39	39	150
X840 Murrumbidgee LHD	**60**	**60**	**60**	**60**	**47**	**46**	**1,104**
Acute Beds - Adult	44	44	44	44	36	35	1,042
Non-Acute Beds - Older	16	16	16	16	11	11	62
X850 Western NSW LHD[13]	**273**	**273**	**160**	**168**	**120**	**130**	**1,471**
Acute Beds - Adult	66	66	52	56	37	39	1,037
Acute Beds - Older	12	12	7	12	6	10	80
Acute Beds - Child/Adolescent	10	10		4		3	88
Non-Acute Beds - Adult	149	149	84	70	61	55	261
Non-Acute Beds - Older	16	16	15	16	14	14	5
Non-Acute Beds - Forensic[14]	20	20	2	10	2	9	0
X860 Far West LHD	**6**	**6**	**6**	**6**	**5**	**5**	**164**
Acute Beds - Adult	6	6	6	6	5	5	164
X690 St Vincent HN	**48**	**48**	**50**	**51**	**44**	**44**	**1,433**
Acute Beds - Adult	33	33	32	33	30	29	1,310
Acute Beds - Older[15]	15	15	18	18	14	15	123
X630 Sydney Childrens HN	**16**	**16**	**15**	**12**	**10**	**10**	**204**
Acute Beds - Child/ Adolescent	16	16	15	12	10	10	204
X170 Justice and Forensic Mental Health	**231**	**231**	**223**	**226**	**183**	**198**	**592**
Acute Beds - Forensic[16]	152	152	144	147	118	121	580
Non-Acute Beds - Forensic	79	79	79	79	65	77	12
NSW - TOTAL	**2,762**	**2,772**	**2,576**	**2,601**	**2,198**	**2,224**	**32,330**

SUMMARY - Bed Type and Sub-Program							
Adult Acute	1,300	1,306	1,279	1,286	1,146	1,137	27,514
Older Acute	156	160	157	159	132	147	1,280
C&A Acute	71	71	54	57	37	42	834
Forensic Acute	152	152	144	147	118	121	580
Adult Non-Acute	661	661	578	581	488	480	996
Older Non-Acute	201	201	187	179	143	142	373
C&A Non-Acute	68	68	42	49	16	18	723
Forensic Non-Acute	153	153	135	143	118	137	30

1 "Funded beds" are those funded by NSW Ministry of Health (MoH). **2** "Average Available beds" are the average of 365 nightly census counts. This data is extracted from the SAP Beds Report by Health System Information and Performance Reporting (HSIPR) Branch in the MoH. In rare instances higher numbers of available beds than funded are reported. This may be due to a number of reasons such as use of surge beds in high demand periods or incorrect reporting of available bed numbers in the reporting system. **3** "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year. **4** "Overnight Separations" (i.e. admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. **5** The rates of availability and occupancy of beds in the non-acute Child and Adolescent units are complicated by the confirguation of some units and the fact that they operate mainly during week days (excluding public holidays) and school terms. **6** Sutherland hospital has 6 nominal older persons beds but these beds are not Specialised Mental Health Services to Older People (SMHSOP) funded, they are part of the adult acute bed base. **7** The average availability and occupancy of these beds is low because they only became operational in March 2012.
8 Four PECC beds in Blacktown hospital were unavailable from October 2011. These beds were reopened as short stay beds in March 2012. The Short Stay beds will revert to PECC Beds as part of the Blacktown Hospital re-development. Four beds at Cumberland hospital were closed in December 2011 for clinical safety reasons. Re-development of the affected unit is currently in negotiation with MHDAO. **9** WSLHD has closed 16 beds at Lottie Stewart hospital. MHDAO is working with the LHD to reallocate resources from this closure to support other models of SMHSOP within the LHD. Some beds at Mt Druitt hospital were not available over the year resulting in low average availability and occupancy of older non-acute beds. **10** The Child and Adolescent non-acute available bed number is not correctly reported in SAP. The unit had several beds unavailable across the year. The data reported here is, therefore, an over-estimate of average available non-actute C&A beds in this LHD. **11** Macquarie Hospital operated with an additional 4 temporarily funded beds throughout 2010/11. The temporary funding expired on 30/06/2011. Three of these beds remained open (available) but unfunded in 2011/12 generating higher numbers of available than funded beds. **12** Additional recurrent funding was received for 4 beds which opened on 14 May 2012. Mater has been using these beds on a need basis even before their funding status was made permanent. As a result they have reported higher average occupancy than availability. **13** Two beds at Mudgee District hospital were unavailable. LHD is in negotiation with MHDAO to use these beds as a safe assessment room. The transition of beds from Bloomfield hospital to Orange Mental Health Service has caused many beds to be unavailable over the year. Reconfiguration of the funded bed base at Orange Mental Health Service is currently in progress. **14** The Forensic ward at Orange Mental Health Service was opened in March of 2011 with 20 funded beds. Fifteen beds have been operational in this unit only since March 2012 resulting in low bed availability and occupancy for the year. **15** Four additional beds in neuro-psychiatric ward are funded outside Mental Health and are not included in the Funded Bed count. Average availability of these 4 beds were under reported for part of the year. **16** Beds in three Acute Wards of the Forensic Hospital were reconfigured in 2012. Adult Male beds increased from 23 to 33, C&A beds reduced from 16 to 6 and Women's beds remained the same with a net effect that the funded acute bed base remains the same.

MENTAL HEALTH – PRIVATE HOSPITAL ACTIVITY LEVELS

In 2011-12, 21 private hospitals authorised under the *Mental Health Act* provided inpatient psychiatric services in NSW in 795 authorised beds.

Changes from 2010-11 to 2011-12

Two new mental health units, St Vincent's Private at Darlinghurst (20 beds) and The Hills Clinic at Kellyville (32 beds) were opened in 2011-12. Major increases in funded bed numbers happened at Brisbane Waters (increase from 16 beds in 2010-11 to 30 beds in 2011-12) and Warners Bay Private (increase from 25 beds in 2010-11 to 51 in 2011-12). Lingard Private Hospital experienced a small reduction in bed numbers from 27 in 2010-11 to 25 in 2011-12.

Overall, in 2011-12 there was an increase of 90 authorised mental health beds (12.4%) across all private hospitals (from 705 in 2010-11 to 795 in 2011-12). Most of the new beds did not become operational until half way or much later in the current year. This means that the increase in bed numbers in 2011-12 has not, as yet, translated into a corresponding increase in overnight admissions to these hospitals.

In 2011-12, overnight admissions to private hospitals across NSW increased slightly by 1.4% (from 10,739 in 2010-11 to 10,889 in 2011-12). Conversely, same day admissions increased by 25% (from 19,769 in 2010-11 to 24,711 in 2011-12).

Overall, in 2011-12, 98% (777) of the funded beds were available and 76% (587) of the available beds were occupied across all Private hospitals in NSW on 30 June 2012.

Private Hospitals in NSW Authorised under the *Mental Health Act 2007*

HOSPITAL / UNIT	AUTHORISED BEDS[1]	AVAIL AUTHORISED BEDS [2]		IN RESIDENCE		AVG AVAILABLE BEDS[3]	AVG OCCUPIED BEDS[4]	ADMITTED IN 12 MTHS TO 30/6/12		ON LEAVE
	as at 30/06/12	as at 30/6/11	as at 30/6/12	as at 30/6/11	as at 30/6/12	12 mths to 30/6/12	12 mths to 30/6/12	Over Night	Same Day[5]	as at 30/6/12
Albury/Wodonga Private	12	12	12	12	11	12	5	107	98	0
Brisbane Waters[6]	30	16	30	16	16	24	17	347	0	2
Campbelltown Private	26	26	26	16	15	26	16	279	529	5
Dudley Private Hospital	13	13	13	11	5	12	8	199	0	0
Hills Private	32	32	32	29	13	32	17	335	872	1
Lingard[7]	25	27	24	24	20	24	21	390	18	0
Mayo Private Hospital	9	9	9	8	7	9	8	140	10	0
Mosman Private	18	18	18	18	16	18	16	271	1,546	2
Northside Clinic[8]	93	93	92	77	79	92	82	1,300	6,640	0
Northside Cremorne Clinic	36	36	36	29	23	36	28	406	887	0
Northside West Clinic[9]	57	57	48	37	39	48	36	591	4,638	0
South Pacific	37	37	37	35	28	37	32	633	3,406	0
St John of God Burwood[10]	86	86	79	69	58	68	62	1,217	87	7
St John of God Richmond	88	88	88	85	66	88	71	1,217	28	3
St Vincent's Private Hospital[11]	20		20		14	20	10	47	5	0
Sydney Southwest Private	18	18	18	11	12	18	13	223	0	4
The Hills Clinic[12]	32		32		18	32	24	455	897	5
The Sydney Clinic	44	44	44	44	43	44	36	1,133	0	0
Warners Bay Private[13]	51	25	51	25	46	43	36	689	30	0
Wesley Ashfield	38	38	38	31	35	38	7	477	3,674	0
Wesley Kogara	30	30	30	25	23	30	8	433	1,346	0
Total 2011–12	**795**		**777**		**587**	**751**	**553**	**10,889**	**24,711**	**29**
Total 2010-11		705		602		666	544	10,739	19,769	6
Total 2009-10		687		552		693	510	9,721	24,318	17
Total 2008-09		645		523		632	490	8,927	17,089	2
Total 2007-08		637		507				8,288	17,110	1

1 The hospital is licensed to use these beds for psychiatric care - does not include ECT beds **2** Number of beds available for use at 30 June 2012 (includes empty and occupied beds) **3** Average available beds are the average of 365 nightly census count **4** Average occupied beds are calculated from total over night bed days for the period **5** Same day admissions are mainly for day only programs **6** Increase in bed number from 16 in 2010/11 to 30 in the current year **7,8,9,10** One bed at Lingard and Northside Clinic each, 9 at Northside West Clinic and 7 at St John of God Burwood were unavailable **11,12** New facilities in 2011/12 **13** Increase in bed number from 25 in 2010/11 to 51 in the current year. Source 1: Authorised beds number provided by Private Health Care Branch of NSW Health Department. Source 2: All other data is collected from survey of Private Hospitals

Erratum

Table for 'Private Hospital in NSW Authorised Under the *Mental Health Act 2007*' published in the *NSW Health Annual Report 2010-11* had missing data and data errors. This table is being re-reproduced here with corrections.

Private Hospitals in NSW Authorised under the *Mental Health Act 2007*

HOSPITAL / UNIT	AUTHORISED BEDS[1]	AVAIL AUTHORISED BEDS [2]		IN RESIDENCE		AVG AVAILABLE BEDS[3]	AVG OCCUPIED BEDS[4]	ADMITTED IN 12 MTHS TO 30/6/11		ON LEAVE	DEATHS IN
	as at 30/06/11	as at 30/6/10	as at 30/6/11	as at 30/6/10	as at 30/6/11	12 mths to 30/6/11	12 mths to 30/6/11	Over Night	Same Day[5]	as at 30/6/11	12 mths to 30/6/11
Albury/Wodonga Private	12	0	12	0	12	9	6	107	110	0	0
Brisbane Waters	16	16	16	15	16	16	13	251	0	0	2
Campbelltown Private	26	26	26	20	16	26	18	776	0	0	0
Dudley Private Hospital	13	13	13	9	11	13	8	138	0	0	0
Hills Private	32	32	32	23	29	32	24	689	0	0	0
Lingard	27	27	27	22	24	27	23	407	41	0	0
Mayo Private Hospital	9	9	9	5	8	9	7	158	28	0	0
Mosman Private	18	18	18	18	18	18	16	292	0	0	0
Northside Clinic[5]	93	92	92	82	77	92	81	1,286	6,271	0	0
Northside Cremorne Clinic[5]	36	36	36	29	29	36	30	497	821	0	0
Northside West Clinic[5]	57	52	48	26	37	51	37	641	3,770	0	0
South Pacific[5]	37	37	37	30	35	37	32	591	3,409	0	0
St John of God Burwood[5]	86	86	84	65	69	57	62	1,322	130	0	0
St John of God Richmond[5]	88	88	88	74	85	88	69	1,268	2	0	0
Sydney Southwest Private	18	18	18	14	11	18	12	193	175	6	0
The Sydney Clinic	44	44	44	42	44	44	28	804	0	0	0
Warners Bay Private	25	25	25	24	25	25	21	382	15	0	0
Wesley Ashfield[5]	38	38	38	30	31	38	30	492	3,411	0	0
Wesley Kogarah[5]	30	30	30	24	25	30	27	445	1,586	0	1
Total 2010–11	**705**		**693**		**602**	**666**	**544**	**10,739**	**19,769**	**6**	**3**
Total 2009/10		687		552		693	510	9,721	24,318	17	5
Total 2008/09		645		523		632	490	8,927	17,089	2	4
Total 2007/08		637		507				8,288	17,110	1	0
Total 2006/07		653		657				8,436	24,310	30	0

1 The hospital is licensed to use these beds for psychiatric care - does not include ECT beds. **2** Number of beds available for use at 30 June 2010 (includes empty and occupied beds). **3** Average available beds are the average of 365 nightly census count. **4** Average occupied beds are calculated from total over night bed days for the period. **5** Same day admissions in these facilities are mainly for day only programs. Source 1: Authorised beds number provided by Private Health Care Branch of NSW Health Department. Source 2: All other data is collected from survey of Private Hospitals

Data Sources for the Annual Report

The 'Funded Beds' data for Public Health facilities was compiled from the 'Bed Survey' in June-July 2012. The survey collects data on bed numbers against bed types by financial-sub-program at ward/unit level in mental health facilities in Local Health Districts twice a year.

Data for 'Average Available Beds' was compiled from the Sustainable Access Plan (SAP), Bed Report by Health System Information and Performance Reporting (HSIPR) Branch of the Ministry of Health. 'Average Occupied Beds', 'Non-acute Occupied Bed Days' and 'Overnight Separations' in Public Health facilities was extracted and compiled from data tables in the DOH HIE (data was extracted in late August 2012).

The 'Authorised Beds' data in Private facilities is provided by the Private Health Care Branch in NSW Ministry of Health. Other data for Private Hospitals presented in the table 'Private Hospitals in NSW Authorised under the *Mental Health Act 2007*' is manually collected in a survey (conducted in June 2012) from Private providers of mental health care/service.

Ambulatory Contact data was extracted in August 2012 from the MH-AMB (Mental Health Ambulatory) tables in DOH HIE.

Other Information

Forensic beds in Morisset Hospital, Cumberland Hospital and Orange Health Service are included under Hunter New England, Western Sydney and Western NSW LHDs respectively.

A new Justice and Forensic Mental Health Network was established as a state wide service that provides forensic mental health services to forensic patients as well as to adult and juvenile offenders in local courts, in custody and detention, and in the community. It also provides health services to adult offenders in police cells.

Funded bed numbers at facility and ward level is available via InforMH, a unit of the Mental Health and Drug and Alcohol Office (MHDAO), NSW Ministry of Health. This data is updated and maintained on an ongoing basis via annual survey and other communications with the LHDs.

A number of LHDs are in negotiation with MHDAO regarding closure and transition of mental health beds in their LHD. The Public Hospital Activity table provides details of these negotiations in associated footnotes.

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NSW MINISTRY OF HEALTH

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Director-General: Dr Mary Foley

Key Achievements 2011-12

- The 2011-12 budget saw a record $17.3 billion invested in NSW public health care.
- Established the Office for Health and Medical Research to drive the implementation of the Ten Year NSW Health and Medical Research Strategic Plan.
- Invested $32 million in the Medical Research Support Program, including an additional $5 million of a $20 million commitment over four years to improve medical research.
- Ministry of Health's Statement of Comprehensive Income reports a net result of $89 million favourable compared to the initial budget result of $365 million.
- Recorded $59 million favourable to revised budget result in respect of NSW Health's financial performance against NSW Treasury's revised 2011-12 Net Cost of Service.
- Established a record 850 intern training positions for 2012.
- Delivered key agreement priorities with respect to the NSW Pain Management Plan.
- Re-organised the health system to focus on patients:
  - Conducted a Governance Review that devolved the management of health services to Local Health Districts and Specialty Health Networks to ensure that those working closest to the patient are empowered to make decisions about patient care
  - Realised the potential of statewide and shared services to improve efficiencies and develop economies of scale across the health system
  - Abolished the three clusters as a middle layer of administration and established Local Health Districts
  - Strengthened the role of the Pillars and created a smaller, more strategic NSW Ministry of Health.
- Held the first meeting of the NSW Suicide Prevention Ministerial Advisory Committee (the Committee) on 22 February 2012. The establishment of this Committee was a key commitment under the NSW Suicide Prevention Strategy 2010-2015.
- Provided $17 million to strengthen out-of-home care and support for people with chronic disease and introduced health checks in community pharmacies to assist in the early identification of people with chronic disease.
- Established an Office of Preventive Health responsible for statewide coordination of key preventive health programs and reporting on the achievements of the Preventive Health Fighting Fund.
- Established the NSW Mental Health Commission from July 2012 to better manage the experience of people with mental illness, their families and carers.
- Established a Ministerial Advisory Committee on Preventive Health to provide advice about strategies to keep people healthy and out of hospital.
- Delivered on Government commitments:
  - Developed a $4.7 billion health infrastructure plan over four years
  - On track to achieve the government commitment of 1,390 more beds available by March 2015
  - Increased the number of doctor intern training positions by 80 to 850 in 49 hospitals, and expanded medical specialist training capacity in NSW public hospitals.
  - Employed more than 46,500 nurses and midwives in full and part-time permanent positions in NSW, including 15,000 in rural and regional areas.
  - Surpassed the Government's commitment to employ 2,475 additional nurses and midwives over four years.

AGENCY FOR CLINICAL INNOVATION

821-843 Pacific Highway, Chatswood
PO Box 699
Chatswood NSW 2057

Telephone: 8644 2200
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Website: www.aci.health.nsw.gov.au
Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Dr Nigel Lyons

Year in Review

Established in January 2010, the Agency for Clinical Innovation (ACI) is the primary agency in NSW for engaging clinicians and designing and implementing best practice models of care by working with doctors, nurses, allied health, managers, consumers and the community to promote improvements in health service delivery and sustainable system-wide change proposals.

It was a year of rapid change and growth for the ACI, following the significantly expanded role proposed in the NSW Health Governance Review which included the transfer of responsibilites from the NSW Ministry of Health to the ACI, including Clinical Redesign, Chronic Disease Program, Clinician Groups in Acute Care, Surgical Services Taskforce, Anaesthesia and Critical Care, Primary Care and extensive recruitment.

A new organisational structure was implemented to reflect the new functions and enhanced scope of the ACI, and Directors were appointed to the six portfolio areas across the ACI. These portfolios include Clinical Program Design and Implementation; Primary Care and Chronic Services; Surgery, Anaesthesia and Critical Care; Acute Care; Corporate Services; and Engagement, Executive Support and Communications. Each clinical network and taskforce now sits within a portfolio, with the ability to work in collaboration and across portfolios strongly encouraged.

A new strategic plan has been developed in consultation with staff, stakeholders and consumers, focusing on the ACI's role in driving clinician-led, patient-centred innovation in clinical practice.

It has been a busy and exciting 12 months for the ACI. The achievements are a result of the dedicated and highly skilled staff and network members who have worked tirelessly to see the benefits of the ACI's work flow to hospitals across the state. The ACI will continue to work with the NSW Ministry of Health, Local Health Districts, clinicians, managers and consumers to design and deliver real health care improvements for patients, carers and the community in NSW.

Dr Nigel Lyons, Chief Executive

Key Achievements 2011-12

- Nutrition Network Nutrition Standards + Therapeutic Diet Specifications implementation. Hospital menus across NSW are being revised to meet these standards, focused on preventing malnutrition in hospitals and improving nutrition and food quality.
- Musculoskeletal Network Osteoarthritis Chronic Care Program (OACCP) implementation and evaluation. The OACCP, primarily for those waitlisted for elective hip or knee joint replacement, was implemented in 17 sites across NSW.
- Cardiac Network Snapshot Study coordination. The first-ever Snapshot Study in Australian Hospitals collected clinical data on every patient over 18 years of age admitted to hospital with a suspected acute coronary syndrome to provide a better understanding of standards and inequities of care.
- Burns Network SHARE peer support program implementation and evaluation. A peer support program supporting patients with a burn injury at Concord Repatriation General Hospital, Royal North Shore Hospital and the Royal Rehabilitation Centre Sydney. This program won the Volunteer Service of the Year Award in the 2012 NSW Health Awards.
- Aged Health Network Care of the Confused Hospitalised Older Person Study (CHOPS) implementation. This project was implemented across five pilot sites: Armidale Rural Referral, Batemans Bay, Campbelltown, Pambula and Ryde Hospitals.
- Burn Injury Network Model of Care publication. Covers Burn Injury prevention through hospital and acute care to ongoing treatment, rehabilitation and reconstruction.
- Respiratory Network Service Mapping Survey. An online survey of 84 existing pulmonary rehabilitation services in NSW was conducted to identify issues impacting on service delivery and the educational needs of the workforce.
- Renal Network 2nd Dialysis Models of Care Program completion and implementation. Ten dialysis units supported teams to participate in this program. Eight of the teams successfully changed the way they provide care and achieved improved outcomes for patients and staff. One of these projects is a finalist in the NSW Health Awards 2012.
- Blood and Marrow Transplant (BMT) Network Quality Management System. Successfully completed the implementation of the centralised quality management system for all BMT Laboratories, Apheresis and Clinical Units.
- Neurosurgery Extended Day Only / 23 Hour Clinical Protocol Guideline: Microdiscectomy. Completion of guidelines for non-complex patients requiring lumbar-sacral microdiscectomy. These guidelines are also the first day only/23-hour clinical protocol developed for neurosurgery.

BUREAU OF HEALTH INFORMATION

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Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Kim Browne (Acting)

Year in Review

In a year when the Bureau passed its second anniversary of operation, we continue our commitment to providing the people of NSW with timely and accurate reports on the performance of their health system.

In August 2011, the Director-General of the Ministry of Health presented a Governance Review to the Minister. In the review, the Bureau was recognised *"as the primary source of quality information to the community, healthcare professionals and policymakers"* and has been *"successful in its efforts to produce health performance information to both assist patient choice and contribute to public debate."*

One of the outcomes of the review was the transfer of wider responsibilities for public reporting accountability to the Bureau. As a result, we are pleased the management of the Patient Survey will transfer to the Bureau from July 2012.

We have also continued to produce our core publications, *Hospital Quarterly, Healthcare in Focus*, and two reports under the banner of our *Insights Series*. As part of our commitment to provide the people of NSW with an accurate understanding of the performance of their health system, we regularly review the way we deliver these reports.

In the coming year, the Bureau looks to continuing to provide the community and clinicians of NSW with quality reports on their health system.

Key Achievements 2011-12

- Released four issues of *Hospital Quarterly*.
- Released the second issue of our annual performance report *Healthcare in Focus*
- Released two reports as part of our ongoing *Insight Series. Chronic Disease Care: Another piece of the picture* and *Patient Care Experiences: Outpatient services in NSW public hospitals*.
- In *Hospital Quarterly*, we reviewed the approach to reporting time measures in emergency departments and introduced the National Emergency Access Target.

- Commenced reporting trends over the past five years for individual hospitals so the community can identify areas to improve and assess whether any improvements have been sustained.
- Developed a collaborative working partnership with the Agency for Clinical Innovation, to leverage information to drive improvement in healthcare.
- To assist with the transparency of processes, the Bureau prepared Data Quality Assessments, Technical Supplements and Background Paper documents describing how measurements are chosen for reports.
- The Bureau published a *How To Interpret* document with reports, to assist with understanding of findings within our reports.
- The Bureau completed two internal audits for this financial year. The areas of focus were Fiduciary Control and Strategic Information Management and Security. These audits found the Bureau's fiduciary controls are *'adequate and are operating effectively' and our 'in-house information management practices and workflows are sound'*.
- Website taskforce charged with ongoing revision of website functions to ensure constant improvements in usability.

CLINICAL EXCELLENCE COMMISSION

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Telephone: 9269 5500
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Website: www.cec.health.nsw.gov.au
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Chief Executive: Professor Clifford Hughes, AO

Year in Review

This year saw the realisation of the vision of the Clinical Excellence Commission to make healthcare in NSW demonstrably better and safer for patients and a more rewarding work place for staff. In December 2011, functions and staff from the former quality and safety branch were transferred to the CEC. This has had a major unifying impact on quality and safety measures across the state. We are now one staff with one mission.

The year also saw renewed and stronger ties with the other three pillars. In particular, the partnership with the Agency for Clinical Innovation (ACI) has been strengthened with regular executive interchanges but more importantly close involvement of our project staff in "joint ventures". Together, the CEC and ACI have delivered a SEPSIS program across all emergency departments in the NSW public health system. At the same time the CEC has collaborated and supported the ACI's program on the management of dementia. Our partnerships are strengthened by strong governance provided by a single board in both organisations.

The Clinical Leadership Program remains a hallmark of the programs and success of the CEC. This year we have graduated 150 senior clinicians from modular courses and 880 nurses and health practitioners from a state-wide program delivered in each LHD. The CEC looks forward to supporting the Health Education Training Institute as it develops leadership programs for junior clinicians and managers.

The strengthened CEC program depends entirely on strong clinical engagement. Of primary importance is the provision of accurate and timely data to clinicians working on the front line. We have produced a suite of reports and publications, made widely available to both the public and staff.

We have also continued our strong liaison with the Bureau of Health Information (BHI). Their performance reporting data is invaluable in identifying areas of need or success. CEC and BHI have collaborated with other stakeholders, including the Cancer Institute, in the publication of the fourth Chartbook for NSW Health. This volume has matured to the point where our partners and the CEC will be providing a much broader range but more focused suite of reports.

The success of the CEC is attributable to our stakeholders. Firstly, to all staff of NSW Health who so willingly participate in our programs and projects; they provide invaluable feedback and membership for our committees, steering groups and working parties. Finally, but most importantly, we have gained incredible insights by listening to and partnering with patients. The narrative of their journeys through the system is inspirational. They have challenged LHDs to take up a new challenge – the Patient Based Care Challenge. The experiences and the expertise that our patients bring to the table drive care at the bedside.

Professor Clifford Hughes AO, Chief Executive

Key Achievements 2011-12

- **Between the Flags:** This program is a world-leading initiative addressing the need for improved early recognition and management of the deteriorating patient in the acute hospital ward setting. In the last 12 months there has been a 14% reduction in Root Cause Analyses related to failure to recognise and manage the deteriorating patient.
- **In Safe Hands:** This new program was launched in September 2011 and is designed to build high reliability patient care teams by providing them with the relevant standards, tools, skills and resources to enable them to become self-sufficient teams in order to provide the best care for their patients. Rural pilot sites have been developed through collaboration with international experts.
- **National Hand Hygiene Initiative:** The CEC conducted 11 Gold Standard Assessor workshops between July 2011 and June 2012 and 80 new auditors were validated as gold standard assessors. NSW reported a steady improvement in hand hygiene compliance from 74.7% to 78.9% and has continuously trended above the national average. Hand Hygiene posters are being developed for display in all hospital wards in NSW.

- **Sepsis Kills:** Phase 1 of the Sepsis Kills Program continues and 65 Emergency Departments across NSW are actively participating with strong uptake by clinicians and facility managers. Phase 2 commenced in 2012 and is focused on improvement initiatives in hospital inpatient wards, initially in small facilities in rural and remote areas of NSW followed by implementation in large facility inpatient wards.
- **Health Care Associated Infection:** The program is responsible for assisting facilities to minimise the risk of patients developing a preventable health care associated infection through infection control, environmental cleaning, antimicrobial stewardship and reprocessing of instruments. The *Staphylococcus aureus* blood stream infection rate for NSW of 1.17 bloodstream infections per 10,000 bed days is well below the national benchmark of 2.0 per 10,000 bed days. Posters are being developed for display in all hospital wards throughout NSW.
- **Medication Safety:** The CEC has expanded on its existing role in medication safety and quality use of medicines, becoming a leading agency for this work in NSW. Two hundred and forty health care facilities have now submitted MSSA data to the CEC, with 150 NSW public health facilities and 67 facilities having now completed the self-assessment more than once. After a successful pilot, the 2012 ISMP International Medication Safety Self Assessment for Oncology was released for use worldwide.
- **Clinical Leadership Program:** Interest in the CEC program has remained strong, with enrolment figures increasing over the past five years. To meet the increased demand a second cohort of the executive program has been offered for the last three years. At the completion of 2012, over 1200 participants will have completed the program since its inception and over 950 clinical practice improvement projects have been undertaken as part of the program.
- **Quality Systems Assessment:** NSW is the first state to introduce a self-assessment of quality and safety. In 2011, an overall response of 99% was achieved, which included over 1200 clinical departments and 113 facilities across the state. All Local Health Districts have begun to address recommendations from each self-assessment and 73% of recommendations from 2007/2008 have been completed.
- **Paediatric Clinical Practice Guidelines Audit Project:** The project has two key objectives, to develop and implement audit processes to monitor compliance with clinical practice guideline implementation, and to obtain clinician feedback on the uptake and use of the guidelines in everyday clinical practice.
- **Falls Prevention:** In 2012, the NSW Fall Prevention Network Forum focused on working with special populations such as Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) community members.
- **Partnering With Patients:** The development of a *Patient Based Care Challenge* for the Local Health Districts has been used to galvanise the health services with clear governance commitment to improve patient care experience. Recounting a 'patient story' now begins each LHD board meeting.
- **Special Committees**
  - **The Collaborating Hospitals' Audit of Surgical Mortality (CHASM)** This is a systematic peer-reviewed audit of deaths associated with surgical care.
  - **The Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)** This Committee provides expert clinical assessment of the cause of deaths during or shortly after anaesthesia.
- **Incident Information Management Systems Program:** The CEC provides a key role in review and analysis of statewide clinical incident data and root cause analysis reviews and ensures lessons learned are fed back to clinicians and the community.

HEALTH EDUCATION AND TRAINING INSTITUTE

Shea Close, Gladesville
Locked Bag 5022
Gladesville NSW 1675

Telephone: 9844 6551
Facsimile: 9844 6544
Website: www.heti.nsw.gov.au
Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Ms Heather Gray

Year in Review

The Health Education and Training Institute (HETI) was formed as a new Chief Executive-governed Statutory Health Corporation on 2 April 2012 with a wide remit to coordinate education and training for the NSW public health system. HETI pursues excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff. HETI has delivered some significant achievements in a relatively short timeframe while continuing to manage a wide range of programs and resources to support training for medical interns, generalists and specialists, nursing and midwifery professionals, allied health professionals, rural and remote clinicians and other health workers.

HETI works in collaboration and partnership with the Local Health Districts (LHD) and Specialty Networks (SN), our fellow Pillar agencies and a wide range of stakeholders in the delivery of quality evidence based training. HETI has developed a District HETI Operational Model as a process to manage the collaborative work of identifying and delivering priority education and training for LHDs and SNs.

HETI has been tasked as a priority to develop leadership – in particular senior leadership – within the NSW public health system. To this end, HETI has produced a Leadership Discussion Paper and undertaken a consultation process to develop a range of leadership programs, starting with the Clinicians and Executive Team Leadership (CETL) Program for hospital leadership teams.

Other major achievements have included an organisational Governance review and preparation for a restructure as HETI

begins to set up the organisation needed to deliver on its full range of functions while managing record numbers of applicants for intern training places and accrediting more training places.

HETI has enhanced the access and management of education and learning opportunities across the State (including rural and remote) through the development of a statewide learning management system and the promotion of simulated learning environments and interdisciplinary clinical training.

Heather Gray, Chief Executive

Key Achievements 2011-12

- Developed the District HETI Education and Training Operational Model.
- Developed a Leadership Discussion Paper and senior team leadership program.
- Conducted a Governance Review and preparation for a restructure.
- Managed record numbers of applicants for intern training places and accredited 50 more GP training places.
- Enhanced the delivery of training in over 22 specialist training networks across NSW.
- Established Interdisciplinary Clinical Training Networks (ICTN) across NSW.
- Produced *Get Ready* – a multidisciplinary training program for medical, nursing and allied health pre-graduates to improve teamwork and communication.
- Implemented Rural and remote GP procedural and rural generalist training and achieved 79 rural and remote participants in rural leadership programs.
- Developed educational resources for Allied Health – the *Superguide* and *Learning Guide*, best practice governance framework for training, and research into barriers and enablers of workplace learning.
- Developed a Nursing and Midwifery *Superguide* for the supervision of Nursing and Midwifery trainees.

AMBULANCE SERVICE OF NSW

Balmain Road, Rozelle
Locked Bag 105
Rozelle NSW 2039

Telephone: 9320 7777
Facsimile: 9320 7800
Website: www.ambulance.nsw.gov.au
Business Hours: 9.00am - 5.00pm, Monday to Friday
Acting Chief Executive: Mike Willis

Year in Review

The past year saw the Ambulance Service of NSW (Ambulance) continue to focus on improving the patient experience and developing a strong workforce.

Operational developments have included engaging our volunteer network through the Volunteers Conference in Bathurst and strengthening the partnership between communities, volunteers and organisations delivering ambulance services on our behalf.

The State Cardiac Reperfusion Program continued to be rolled out across the state with additional paramedics receiving reperfusion training. Since the program commenced, 764 patients have received accelerated cardiac reperfusion, and pre-hospital thrombolysis is well established in the Hunter and New England zones, with 115 patients receiving this lifesaving intervention.

The Ambulance Management Qualification was recognised for its outstanding development program for current and aspiring managers. Having now qualified 475 staff, this ambulance specific training enhances our frontline managers, strengthens organisational capabilities and our vision of Excellence in Care.

The Healthy Workplace Strategy team continued to build on the positive cultural changes across Ambulance by implementing Phase 2 of the Respectful Workplace Training program, which provides staff with practical steps to identify and minimise behaviours relating to workplace concerns and prevent bullying.

Capital works enhancements included the arrival of two new Beechcraft KingAir 350s that are capable of supporting the inter-hospital transfer of patients requiring specialised medical treatment and the replacement of Batemans Bay, Byron Bay, Coonamble, Cessnock and Narrabri Ambulance stations.

The implementation of standardised rostering processes and myShift has streamlined paramedic rostering, increased efficiency across NSW and positioned Ambulance as an early adopter of the electronic rostering system.

Mike Willis, A/Chief Executive

Key Achievements 2011-12

- As part of the State Cardiac Reperfusion Program (a collaborative clinical redesign initiative between Ambulance and the Ministry of Health) reperfusion training was provided to 394 paramedics; 98 monitors/defibrillators were equipped to transmit 12 lead ECGs to specialist receiving hospitals; and the provision of pre-hospital administration of thrombolytic therapy to communities within the Hunter New England Local Health District footprint commenced.
- The stroke training package was developed for inclusion in the scheduled paramedic education program across regional NSW. This package forms part of the Stroke Project, a collaboration with the Ministry of Health and NSW Agency for Clinical Innovation and aims to improve patient access to stroke services across the hospital network, in particular to early stroke thrombolysis at an Acute Thrombolytic Centre.
- An Operational Support Manager for Ambulance Volunteers and Community First Responders was appointed to deliver a standardised approach to volunteering in Ambulance across the state. This role is based in the new State Coordination Centre in Bathurst. Volunteers completing Ambulance training will now receive Certificate II Medical First Response, a nationally recognised qualification.

- Establishment of an online learning program on suicide risk assessment and management for frontline staff. The interactive learning program builds on training provided in the Ambulance generic mental health training program and is in response to a recommendation from the NSW Suicide Prevention Strategy.
- The Phase 2 Respectful Workplace Training program was developed and rolled-out across Ambulance to further improve workplace culture for all 4300 staff. This program reinforces and builds on the key messages from Phase 1, providing staff with practical steps to identify and minimise behaviours relating to workplace concerns and prevent bullying.
- A number of significant Workforce programs were recognised, including: Ambulance Management Qualification awarded the 2011 Australian Human Resource Institute National Award for Outstanding Talent, Healthy Workplace Strategies awarded the 2011 TMF Risk Management Leadership Award, the Ambulance bariatric truck awarded the 2011 TMF Occupational Health and Safety and Injury Management Risk Management award, and the 2012 NSW Aboriginal Health Award for Closing the Gap Through Innovation and Excellence in Workforce.
- Air Ambulance introduced the first of its new fixed wing fleet. The new Beechcraft KingAir 350 can transport two stretchers and up to three ambulant patients or larger retrieval teams. With a greater payload capacity, it can transport heavier patients and those requiring more complex heart/lung bypass equipment.
- Implemented standardised rostering protocols and procedures, supported by a paramedic rostering manual, to streamline Ambulance rostering processes and improve efficiency throughout the state. The statewide rollout of the myShift website also provided a simpler, efficient and more transparent process for paramedics to request and allocate overtime for backfilling of shifts and shift swaps.
- The Capital Works Program saw the replacement of the Batemans Bay, Byron Bay, Coonamble and Cessnock Ambulance stations, with Cessnock subsequently winning a Regional Master Builders Association award. Narrabri Station was also completed as part of the new Narrabri Hospital and Murrurundi Station was officially opened in May.
- Continued rollout of the Clinical Outreach Program Phase II – Wide Area Network (WAN) Re-architecture. The project has upgraded the WAN data bandwidth by as much as a 50-fold increase, deployed new networking devices and deployed new routers, including 3G backups to approximately 260 Ambulance stations across the state.

HEALTH INFRASTRUCTURE

Level 8, 77 Pacific Highway, North Sydney
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North Sydney NSW 2059

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Website: www.hinfra.health.nsw.gov.au
Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Robert Rust

Project Value

Health Infrastructure is responsible for planning, management and delivery of major capital works projects and programs over $10m across NSW Health. Health Infrastructure was established in 2007 as an entity within the Health Administration Corporation (HAC) governed by a Board. The approved value of capital projects managed by Health Infrastructure as at 30 June 2012 was $3.394 billion.

PROJECTS	($M)
Planning Projects	688*
Work in progress projects	1795
Public private partnership projects	721
Sub-Acute Beds Program	190

*Total value of project is included

Capital Spend in 2011-12

Health Infrastructure capital project spend in 2011-12 was $370.6M

PROJECT	($M)
Planning Projects	52
Work in progress projects	282
Sub-Acute Beds Program	36

Planning Projects undertaken in 2011-12

The following projects were included in the Health Infrastructure Planning Capital Program in 2011-12:

- South East Regional Hospital Bega
- Blacktown and Mt Druitt Hospitals Redevelopment/ Expansion Stage 1
- Gulgong Multipurpose Service
- Hornsby/Ku-ring-gai Hospital Redevelopment Stage 1
- Parkes and Forbes (Lachlan Health Service)
- Missenden Mental Health Unit at Royal Alfred Hospital
- Northern Beaches Hospital
- Northern NSW Planning - Lismore / Byron Bay
- Royal North Shore Hospital Clinical Services Building
- Tamworth Hospital Redevelopment Stage 2
- Wollongong Hospital Elective Surgery Unit

New Works in Progress in 2011-12

The following are major projects commenced as 'New Works' in 2011-12:

PROJECT (ETC)	($M)
Campbelltown Hospital Redevelopment and Emergency Department	139
Dubbo Hospital - Stages 1 and 2	79
Graythwaite Rehabilitation Centre	41
Port Macquarie Base Hospital Expansion	110
Prince of Wales Hospital Comprehensive Cancer and Blood Disorder Centre	47
St. George Hospital Emergency Department	36
Wagga Wagga Base Hospital Redevelopment	270

Projects Completed in 2011-12 include

PROJECT (ETC)	($M)
Grafton Surgical Services	20
Liverpool Hospital Redevelopment Stage 2	397
Manilla MPS – Health One	38
Narrabri Hospital Redevelopment	37
Nepean Hospital Redevelopment Stage 3	95
Werris Creek MPS – Health One	11

Other Project Delivery Achievements in 2011-12

Current status of six car park expansion projects:

- Liverpool Hospital Car Park Redevelopment – Completed
- Nepean Car Park project – in construction
- Blacktown and Wollongong Car Parks progressing on implementation phase
- Sutherland and Westmead at demand/viability stages

- Introduced a system where selected work is carried out on individual sites in advance of the main contracts works. This approach minimises delays in the delivery process.
- NSW Treasury assesses agencies for accreditation for each of the two procurement phases (Planning and Project Delivery). HI gained final accreditation for the project delivery procurement phase and are considered to have all the capabilities necessary to carry out all capital works procurement without external support.

Regional Hospital Upgrades

The Regional Priority Round 4 of the Australian Government's Health and Hospitals Fund (HHF) was announced in May 2012. The projects listed below will be delivered by HI over the next four years with funding contributions by the NSW Government in addition to HHF Funding.

PROJECT (ETC)	($M)
Lismore Hospital Redevelopment Stage 3	80
Kempsey District Hospital Redevelopment	80
Hillston Multipurpose Service	12
Peak Hill Multipurpose Service	12

Related Activities

Land sales forming part of the funding for projects are also managed by Health Infrastructure .

HEALTHSHARE NSW

Level 17, 821 Pacific Highway,
Chatswood NSW 2067
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Chatswood NSW 2057

Telephone: 8644 2000
Facsimile: 9904 6296
Website: www.health.nsw.gov.au
Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Mike Rillstone

Year in Review

The mission of HealthShare NSW is to support the delivery of patient care through the provision of statewide services, and to be responsive to the needs of hospitals, clinicians and health managers working in the State's public health system.

These statewide services must offer value-for-money solutions, which are innovative and operationally effective, ensuring the best utilisation of health resources.

Over several years we have worked to transition staff and processes from outdated local structures to a modern shared service environment. This has left us well positioned to pursue further efficiencies and to capitalise on the economies of scale that HealthShare NSW provides.

While it will take time to harvest all the dividends of a shared services model, early gains are apparent, with annual recurrent savings to date in the order of $40 million per annum.

As we look to the future, we acknowledge that these savings are just the start, and that HealthShare NSW still has much work to do to fully realise its potential.

We are working closely with Local Health Districts and Health Agencies to build a framework for meaningful customer involvement in all stages of service planning and delivery, and will establish a Business Performance Unit to help us measure our service performance in more effective and transparent ways.

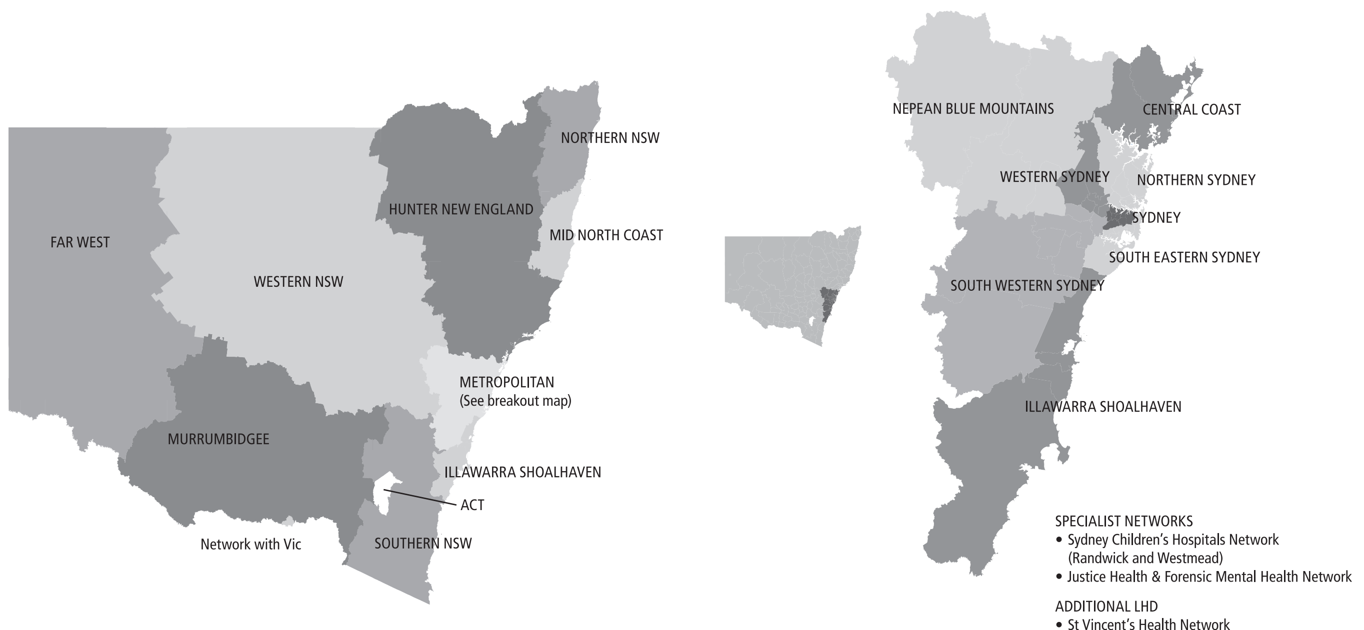
As part of our commitment to strengthening the organisation's customer service focus, we have commenced plans for online customer dashboards measuring our performance in key service areas. The strategic advice of Executives from LHDs in the development of performance indicators will continue this important reform work and mature our service delivery model.

Mike Rillstone, Chief Executive

Key Achievements 2011-12

- Preparations for the new governance model for shared services led by a Board to support the transition to HealthShare NSW to ensure improved support and service for our customers.
- Further development of external industry benchmarks to measure shared service performance including improved dashboard and KPI reporting for customers.
- Reduction in waiting times for clients of EnableNSW and improvement of equity in access for all disability clients in NSW.
- Leveraging greater NSW Health purchasing power for goods through product standardisation and more effective negotiating practices.
- Continuation of the Food Service Improvement Program to ensure all patient meals are appetising, easily accessed and meet statewide nutritional standards.
- Continued drive towards maturity of the clinical program through a common statewide electronic medical record capability that supports the majority of clinical specialties, provides clinical outcome reporting and clinical decision-making support.
- Commencement of implementation of the electronic medications management program to improve patient safety.
- Standardisation of ICT infrastructure across the State to better support clinical initiatives including preparation for the transition to the whole of government data centre.
- Leading the national agenda with the planning and rollout of the Patient Controlled Electronic Health Record program especially in the innovative development of the electronic Blue Book for families.
- Continued success of the statewide StaffLink program rollout ensuring all Local Health District staff benefit from the advantages of receiving their pay and payslips through the modern new HR and payroll system

LOCAL HEALTH DISTRICTS



Eight Local Health Districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Metropolitan NSW Local Health Districts

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

Rural and Regional NSW Local Health Districts

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

CENTRAL COAST
Local Health District

Holden Street, Gosford
PO Box 361
Gosford NSW 2250

Telephone: 4320 2111
Facsimile: 4320 2477
Website: www.health.nsw.gov.au/cclhn
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Matt Hanrahan

Local Government Areas

Gosford and Wyong

Public Hospitals

Gosford, Long Jetty Healthcare Centre, Woy Woy, Wyong

Community Health Centres

Erina, Kincumber, Lake Haven, Long Jetty, Mangrove Mountain, Toukley, Woy Woy, Wyong, Wyong Central

Child and Family Health

Aboriginal Maternal and Infant Health Service (AMIHS), Gosford, Building Strong Foundations (BSF), Gosford, Family Care Cottage Gosford Gateway Centre, Family Care Cottage Wyong Kanwal Health Service, Gosford Child & Family Health Centre, Gateway Centre, Mangrove Mountain, Sustaining NSW Families, Wyong Central

At Community Health Centres: Erina, Kincumber, Lake Haven, Long Jetty, Toukley, Woy Woy, Wyong Central

Oral Health Clinics

East Gosford (Child), Gosford Hospital, The Entrance (Child), Woy Woy Hospital, Wyong Hospital

Other Services

Aboriginal Health, Acute Post Acute Care (APAC), BreastScreen, Child Protection, Chronic Care, Community Nursing, Drug and Alcohol, Mental Health, HIV and Related Programs (HARPS), Violence, Abuse, Neglect and Sexual Assault, Palliative Care, Women's Health, Youth Health

Demographic Summary

Central Coast Local Health District (CCLHD) is located to the north of metropolitan Sydney and provides healthcare services to an area of just over 1853 square kilometres. The area extends from the Hawkesbury River to the southern shore of Lake Macquarie and from the eastern NSW coastline to the Great Northern Road in the west and encompasses the local government areas of Gosford and Wyong. Most of the population live along the coast and lakes. There is a large influx of visitors to the coastal areas during the summer months.

Approximately 318,369 residents (4.4% of the population of NSW) live in the area. CCLHD is a popular retirement area and up to 5.8% of the NSW population aged over 65 years live in the area. The proportion is significant, as older age groups need considerably more health care than the general population. In 2011, 19% of the CCLHD population was aged 65 or more.

By 2021, the CCLHD population is expected to increase by 11.6% to more than 355,402 people. Most of this growth is expected to occur in the Wyong Local Government area (LGA) where the population growth is projected to be 17.7%.

The highest growth rates are expected to be in the population aged between 70 and 84 years. By 2021, there will be 9939 more people aged 70-84 years (an increase of 30.1%) and 1704 people aged 85 years and older (an increase of 19.2%) in CCLHD.

CCLHD has a different multicultural profile to many areas of metropolitan Sydney. In 2011, 89% of CCLHD residents were born in Australia or are from an English-speaking country and 90.9% of residents speak English only. Italian, Spanish, German, Greek and Cantonese are the most reported languages other than English spoken in CCLHD.

In 2011, the Aboriginal and Torres Strait Islander population in CCLHD was 9018, representing 2.9% of the District's population. The majority of Aboriginal people reside in Wyong LGA.

Overall death rates and potentially avoidable deaths under the age of 75 years (those deaths that could have been potentially avoided through lifestyle modification, early detection and prolonging life activities) for CCLHD residents are significantly above NSW rates. Cardiovascular disease and cancer are the most common cause of death.

Year In Review

The past year has exemplified the high calibre of staff we are fortunate to have at Central Coast Local Health District. With significant increases in demand, and within an environment of change, our staff continue to focus on the delivery of high quality health care to our community. It is a credit to staff that we have been able to treat and care for as many people as we have during the past 12 months. The transition from an Area Health Service to a Local Health District is almost complete and staff have been active in ensuring a smooth transition and understanding of the changes that this process has entailed.

The commencement of new performance measures as part of the National Health Reform has also required the District to consider the way we work and what we can do differently to meet the new requirements while ensuring patient safety and quality.

Much of the year has involved preparation for the introduction of the new funding model on 1 July 2012, a significant change for the District.

We have also seen physical signs of change at our facilities with several capital works projects forging ahead. The $38.6 million Cancer Centre is on track to commence providing public radiotherapy services for the first time on the Central Coast in early 2013. Work commenced on the $14 million, 30-bed sub-acute Rehabilitation Unit at Woy Woy Hospital.

Work was completed on the $1.9 million Long Jetty and Wyong refurbishment for Transition Care and Sub-Acute services, which included the relocation of sub-acute beds to Wyong Hospital to form a 28-bed Sub-Acute Unit (which opened in April 2012) and the refurbishment of a ward at Long Jetty to provide a 16-bed Transitional Care Unit.

A new $4.53 million Integrated Education Centre is complete at Wyong Hospital. The Centre will provide vastly improved education and training facilities for our doctors, nurses and allied health professionals and will enable the development of a multidisciplinary clinical team teaching program.

Developing leaders for the future is a key component of ensuring we are attuned to the healthcare needs of our community in the years to come. A number of clinicians have already completed clinical leadership programs and will help to develop future role models for the District.

I would like to acknowledge the support of District Board members who bring a great variety of skills to the District.

Finally, but by no means least, I would like to acknowledge the ongoing support of our community who show their support in many ways from volunteering in our hospitals, raising funds for additional equipment or writing a letter to say thank you to staff for the care they received.

Matt Hanrahan, Chief Executive

Key Achievements 2011-12

- CCLHD won the Minister's Award for Excellence at the NSW Health Awards with the project '*One shot or two? – a smarter choice for hospital in the home*' a collaboration between pharmacy and Acute Post-Acute Care.
- The District performed within budget while experiencing increasing demand in emergency presentations and a 12.6% increase in the number of elective surgery operations performed. A significant achievement made possible by the dedication and flexibility of our staff.
- Construction commenced on the new $38.6 million Cancer Centre that will provide public radiotherapy services for the first time on the Central Coast. The Prime Minister joined local federal and state members of parliament and community representatives to view the start of construction of the concrete bunkers that will house the linear accelerators.
- Work commenced on the $14 million 30-bed sub-acute Rehabilitation unit at Woy Woy Hospital.
- Planning began for an Emergency Medical Unit and an Urgent Care Centre at Wyong Hospital.
- Work was completed on the $1.9 million Long Jetty and Wyong refurbishment for Transition Care and Sub-Acute services, which included the relocation of sub-acute beds to Wyong Hospital to form a 28-bed Sub-Acute Unit (which opened in April 2012) and the refurbishment of a ward at Long Jetty to provide a 16-bed Transitional Care Unit.
- Work was completed on the $4.53 million Integrated Education Centre at Wyong Hospital with the new centre expected to be operational early in the new financial year.
- Work commenced on the new Transitional Care Unit at Long Jetty Healthcare Centre following the transfer of patients to the new sub-acute ward at Wyong Hospital.
- An innovative approach to delivering clinical training for nurses was implemented at Wyong Hospital. The Real Education Delivered is a mobile clinical education service that enables nurses to receive a variety of speciality specific clinical training without having to leave the ward, typically a deterrent to attending training.
- Completed a successful EQuIP 5 alignment survey ensuring quality and safety have continued to be addressed during the transition to the Local Health District.

ILLAWARRA SHOALHAVEN

Local Health District

Loftus Street, Wollongong
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South Coast Mail Centre NSW 2521

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Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Susan Browbank

Local Government Areas

Kiama, Shellharbour, Shoalhaven and Wollongong

Public Hospitals

Bulli, Coledale, David Berry, Kiama, Milton-Ulladulla, Port Kembla, Shellharbour, Shoalhaven District Memorial, Wollongong

Community Health Centres

Cringila, Culburra, Dapto, Helensburgh, Jeringa, Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Wollongong, Wreck Bay

Child and Family Health

Barnardos, South Coast Children's Family Centre Warrawong, Binji & Boori, Aboriginal Maternal Infant Child Health Service (AMICH) Shoalhaven, Child and Family Service Kids Cottage Warilla, Child and Family Service Port Kembla Hospital, Illawarra Aboriginal Maternal Infant Child Health Service, Illawarra Child Development Centre, Northern Family Care Centre Woonona, Shoalhaven Family Care Centre, Southern Family Care Centre Berkeley, Wreck Bay Community Centre

Early Childhood Centres: Albion Park, Berkeley, Corrimal, Cringila, Culburra, Dapto, Fairy, Figtree, Flinders, Gerringong, Helensburgh, Jervis Bay, Kiama, Mt Terry, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warilla, Wollongong, Woonona

Oral Health Clinics

Adult Clinics: Kiama, Nowra, Port Kembla Hospital, Shellharbour Hospital, Ulladulla, Warilla, Wollongong

Child Clinics: Bulli, Kiama, Nowra, Port Kembla Hospital, Shellharbour Hospital, Ulladulla, Warilla, Wollongong

Other Services

In addition to hospital and community-based services, the ISLHD also provides: Public Health Services, Population Health Services, Planning, Performance and Redesign Services, Workforce Services, Information Technology Services and Other Corporate Services

Demographic Summary

The Illawarra Shoalhaven Local Health District covers four Local Government Areas (LGAs); Wollongong, Kiama, Shellharbour and Shoalhaven. The District covers a large geographic region of approximately 5687 square kilometres and extends along 250 kilometres of coastline, from Helensburgh in the Northern Illawarra to North Durras in the Southern Shoalhaven.

The Australian Bureau of Statistics 2011 Census data shows that 368,822 are residents within the Illawarra Shoalhaven Local Health District. The Illawarra and Shoalhaven population is projected to reach 406,873 by 2016, and 425,136 by 2021. This equates to a projected per annum growth rate of 0.9% across the District.

Some groups in our communities have greater and/or distinct health care needs when compared to the rest of the population, based on various factors that include:

- Rurality – in 2011, approximately 92,000 people were living in the rural Shoalhaven LGA, representing 25% of the population.
- Age – based on the premise that older people and children utilise health services more than others:
  - The Illawarra and Shoalhaven have a higher proportion of people aged 75 years and older (8.5%) when compared to the NSW average (6.9%).
  - Children aged less than five years make up 6.1% of the population – lower than the NSW average of 6.6%.
  - The fastest growing age group between 2011 and 2021 will be the 85 years and over age group (45% increase).
- Relative disadvantage – the Illawarra and Shoalhaven population, on average, is more disadvantaged than the NSW population, based on the composite Socio Economic Index for Areas (SEIFA).

Culturally and Linguistically Diverse (CALD) communities are well represented in Illawarra and Shoalhaven. In 2011, an estimated 86,304 Illawarra and Shoalhaven residents were born overseas. This equates to 23% of the population.

In 2011, 10,763 Illawarra and Shoalhaven residents are Aboriginal and/or Torres Strait Islander, equating to 2.9% of the total population. Of the total Aboriginal and Torres Strait Islander population, 60% of Aboriginal ISLHD residents live in the Illawarra part of the district (6445) while 40% live in the Shoalhaven (4318).

Year in Review

The Illawarra Shoalhaven Local Health District's (ISLHD) first financial year has been a hugely productive and exciting 12 months. It has seen the District gather momentum in setting the groundwork for the provision of local health services long into the future. The establishment of the Illawarra Shoalhaven Local Health District Board, chaired by Clinical Professor Denis King OAM, has seen our Executive team work closely with members to ensure ISLHD delivers consistently high patient care, which is supported by input from clinicians and the local community.

ISLHD embarked on a significant capital works program, which will deliver $200 million in enhancements across three hospital sites over the next few years.

Preliminary works commenced on the $86 million Elective Surgical Services Centre at Wollongong Hospital, which will see extensive upgrades to capacity and the level of service provided at the region's tertiary referral hospital. This will include an integrated elective surgical service with new operating theatres, clinics, two new surgical wards and an expanded Intensive Care Unit.

Strengthening the provision of cancer services across the District took a major leap with work commencing on the much anticipated $34.8 million Shoalhaven Regional Cancer Centre at Nowra, as well as the $14 million upgrade of the Illawarra Regional Cancer Care Centre at Wollongong Hospital.

Other projects commenced in this period include the ISLHD Teaching and Training Facility and the Chronic Respiratory and Cardiac Rehabilitation Unit. Planning was also underway on the $10.6 million Sub Acute Adult Mental Health Unit at Shoalhaven District Memorial Hospital and the $16 million Ambulatory Care Unit and expansion to Wollongong's Emergency Department.

The past 12 months has seen a significant focus on developing our workforce and promoting a positive workplace. More than 20% of staff have taken part in specialist workshops to date.

The opening chapter of the Illawarra Shoalhaven Local Health District has been a momentous and exciting time. I look forward to continued close collaboration with our Board to further develop an integrated health system, investing in contemporary patient-centred models of care, reconfiguring our capital footprint to meet demand and, of course, building the workforce of the future.

Susan Browbank, Chief Executive

Key Achievements 2011-12

- Reaccreditation of all nine hospitals and community health services within the Local Health District for a further period of four years by the Australian Council on Healthcare Standards.
- Opening of Shellharbour Hospital Renal Centre.
- Commissioning of the Child and Adolescent Mental Health Service Inpatient Unit, Shellharbour Hospital. The Adolescent Inpatient unit is a six-bed facility providing specialist tertiary acute care for young people experiencing serious mental illness.
- Achieved Budgetary Compliance.
- In partnership with the IS Medicare Local, enrolled over 1600 clients in the Connecting Care Program, exceeding state benchmark.

- Linking of Physical and Mental Health Care – Inpatient, Community and General Practitioners. The Mental Health Service has improved the assessment and treatment of physical ill health for mental health consumers, specifically, the Rehabilitation Unit, has been successful in a community partnerships grant with University of Wollongong to promote positive physical health activities for the inpatients in the rehabilitation service.
- Lead Site in the Registry Enhanced Reporting for Medical Oncology Data Extracts for the NSW Cancer Institute.
- Achieved Activity Targets and Wait List Targets.
- Completion of VMO quinquennial appointments.
- Needle and Syringe Exchange Program hit 1500, exceeding state benchmarks.

NEPEAN BLUE MOUNTAINS

Local Health District

C/- Nepean Hospital
Derby Street Penrith
PO Box 63
Penrith NSW 2750

Telephone: 4734 2441
Facsimile: 4734 3737
Website: www.swahs.health.nsw.gov.au
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Kay Hyman

Local Government Areas

Blue Mountains, Hawkesbury, Lithgow and Penrith.

Public Hospitals

Blue Mountains District Anzac Memorial, Lithgow, Nepean, Springwood,

Public Nursing Homes

Portland/Tabulam Health Centre

Community Health Centres

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Child and Family Health

Penrith Borec House, Tresillian Family Care Centre
Community Health Centres: Cranebrook, Lithgow, Katoomba, Penrith, Springwood, St Clair, St Marys

Oral Health Clinics

Oral Health Services are provided at: Blue Mountains District ANZAC Memorial Hospital, Hawkesbury Community Health Centre, Lithgow Community Health Centre, Nepean Hospital, Springwood Hospital

Affiliated Health Organisations

Hawkesbury Hospital (Hawkesbury District Health Service)

Other Services

Pialla Mental Health inpatient service (acute psychiatric care), Centre for Addiction Medicine, Drug and Alcohol Community Health Services and Mental Health Community Health Services are co-located within Community Health Centres wherever possible.

Lithgow Community Mental Health Centre is located in the town centre and provides specialist mental health services for children and adolescents.

Demographic Summary

The estimated resident population of Nepean Blue Mountains Local Health District in 2011 was 345,564, which includes an Aboriginal community (2.6%). The Darug, Gundungarra and Wiradjuri people are the acknowledged traditional owners of the land covered by the NBMLHD. An increasing number of people are identifying as Indigenous in the Census, estimated to be 8825 in 2011, although this is still regarded as an underestimate. The largest Indigenous community resides in Penrith. The Indigenous population is younger than the wider NBMLHD community, with 55.6% aged less than 25 years.

The largest proportions of pre-school aged children (less than 5 years) in 2011 were in Penrith (7.9%) and Hawkesbury LGAs (7.5%). Conversely, the LGAs of Lithgow (11.8%) and Blue Mountains (9.7%) had the highest proportions of older residents aged 70 years and over. In the period 2011 to 2021, the proportion of the population aged less than 10 years is expected to remain steady (from 14.1% to 14.2%), while the proportion of older residents will increase (from 7% to 10%).

Births to existing residents contributed 5020 persons in 2009, with the highest total fertility rate occurring in Lithgow (2.2 per woman) followed by Blue Mountains, Penrith and Hawkesbury with 2.1 per woman. Greater density of dwellings in older areas and new arrivals of refugees and other migrants contributed to population growth. In 2010, NBMLHD received 503 migrants, 79% of whom settled in the Penrith LGA.

Based on the Socio-Economic Indexes for Area (SEIFA) 2006, Index of Socio-economic Disadvantage, NBMLHD had LGAs at both ends of the spectrum. Among the most disadvantaged areas in NSW, scoring below the 1000 average was Lithgow (937), characterised by low income and educational attainment and high levels of unemployment. Conversely, scoring over 1000, suggesting less disadvantage, were Blue Mountains (1051), Hawkesbury (1033) and Penrith (1006) LGAs.

Year in Review

This year, NBMLHD established a number of exciting initiatives and services providing innovative solutions in response to identified community and patient needs. New programs, including the Outreach Chemotherapy Service at Lithgow Hospital and Multidisciplinary Orthopaedic Clinics at Nepean and Blue Mountains Hospitals, have improved services to our population.

NBMLHD has recorded some outstanding results in 2011-12. These include improved waiting times at Emergency Departments, particularly Nepean Hospital and in elective surgery and endoscopy procedures, with no patients waiting outside category times.

Portland Tabulam Health Centre achieved a perfect result for their Aged-Care Standards review, gaining three years' accreditation with no recommendations for further improvement.

Nepean Hospital saw the completion of the Stage 3 redevelopment. The newly constructed East Block includes six new operating theatres, two surgical wards and enhancements to the Intensive Care Unit. The opening of new and upgraded facilities is a significant achievement for all involved.

The NBMLHD Quality Awards recognised the many achievements of staff. The Quality Awards are an excellent initiative, enabling the exceptional dedication and enthusiasm of staff to be recognised. Three projects were finalists at the 2012 NSW Health Awards with PECC Inspirations winning The Minister for Mental Health Award for Excellence in the Provision of Mental Health Services.

A Consumer Engagement framework for NBMLHD has been developed in collaboration with the Medicare Local. This is one of many initiatives the NBMLHD and Medicare Local are working in partnership together, ensuring that the NBM population has the best possible healthcare, from community-based primary health care to acute inpatient services.

As part of the NBMLHD commitment to maintaining a culture of safety, the Safety Office Service has been introduced. This new Service ensures that safety is addressed across the NBMLHD providing practical solutions, based on a foundation of safety, to address patient and staff needs.

Kay Hyman, Chief Executive

Key Achievements 2011-12

- Nepean Hospital Redevelopment Stage 3, East Block and enhancements to Intensive Care Unit was completed.
- Nepean Hospital Redevelopment – Oral Health Centre Stage 1 – completed.
- The Mental Health Building Topping Out Ceremony was held as part of Nepean Hospital Redevelopment Stage 3A.
- Wait times for elective surgery were improved, with no patients waiting outside category times (with 000 achieved and maintained for surgical indicators).
- Wait times for elective endoscopy procedures were improved (with 000 achieved and maintained for endoscopy procedure indicators).
- Emergency Department triage performance improved with targets achieved and maintained.
- Inaugural Nepean Blue Mountains Local Health District Quality Awards were held.
- Women in Custody Health joint initiative received the NSW Premier's Award.
- Launchpad initiative aimed at enhancing accountability of all NBMLHD Cost Centre Managers was developed and implemented, with 200 cost centre managers completing training.
- Governance structures were established and are functioning, including the NBMLHD Board and sub-committees including those that are mandated by legislation.

NORTHERN SYDNEY
Local Health District

Reserve Road, St Leonards
PO Box 4007 LPO
St Leonards NSW 2065

Telephone: 9926 8418
Facsimile: 9926 6025
Website: www.nsccahs.health.nsw.gov.au
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Vicki Taylor

Local Government Areas

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

Public Hospitals

Hornsby Ku-ring-gai, Macquarie, Manly, Mona Vale, Royal North Shore, Ryde

Community Health Centres

Allambie Heights, Berowra, Brooklyn, Chatswood, Galston, Gladesville, Hillview, Manly, Mona Vale, Pennant Hills, Queenscliff, Royal North Shore, Top Ryde, Wiseman's Ferry
Also at: Manly Hospital, Mona Vale Hospital, Wahroonga Rehabilitation Centre

Child and Family Health

Avalon, Balgowlah, Berowra, Carlingford, Chatswood, Cremorne, Crows Nest, Dee Why

Frenchs Forest, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Manly, Marsfield, Mona Vale, Narrabeen, Northbridge, St Ives, Top Ryde, West Ryde

Oral Health Clinics

Cox's Road Dental Clinic, Fisher Road School, Hornsby Hospital, Mona Vale Hospital, Royal North Shore Community Health Centre, Top Ryde Community Health Centre

Affiliated Health Organisations

Neringah Hospital, Greenwich Hospital, Ryde Royal Rehabilitation Centre

Other Services

Acute Post Acute (APAC), Aboriginal Health, BreastScreen, Brookvale Early Intervention Team, Child Protection, Chronic Care, Community Nursing, Dalwood Children's Services, Dee Why Public School Early Childhood Health Outreach, Drug and Alcohol, Mental Health, Richard Geeves Centre, Ryde Community Mental Health, Violence, Abuse, Neglect and Sexual Assault, Sexual Health

Demographic Summary

Northern Sydney Local Health District covers 900 square kilometres. The area extends from Sydney Harbour to Sydney's Upper North Shore and includes Sydney's Northern Beaches, Hornsby and Ku-ring-gai, Ryde and Sydney's North Shore.

The estimated resident population of the Northern Sydney Local Health District at June 2011 was 839,699 and is projected to increase to 903,644 by 2021. This is an 8% increase, although it represents a slightly lower growth rate than the NSW average from 2011-2021 of 11%.

Population density has been calculated with a total for Northern Sydney Local Health District being 933 residents per square kilometre.

In 2011, 2466 residents were Aboriginal and/or Torres Strait Islanders, equating to 0.30% of the total District's population.

In 2011, 314,507 residents were born overseas, equating to 38% of the total District's population.

The ageing population of the Northern Sydney Local Health District is also of note. Over the next 10 years the number of residents aged 70 to 84 years is projected to increase at nearly four times the rate of the general population (30%), while the number aged over 84 years is projected to grow at more than twice the background rate (17%).

Healthcare needs increase rapidly with age and a significant increase in acute, sub-acute, ambulatory and community-based care needs is expected with the large increase in the elderly population is expected.

Year in Review

This year we transitioned from being a Local Health Network to become the Northern Sydney Local Health District and the Board was appointed to strengthen and support local decision-making. It has been an excellent year in terms of budget achievements, the progression of major capital works across the District and the introduction of unique models of care that will continue to improve how we deliver our services to our community.

Northern Sydney Local Health District is made up of highly skilled and dedicated staff who have continued to deliver exceptional care in all our hospitals and community-based services, while at the same time seeking ways to enhance our patients' and clients' experiences. Strengthening education and research remains a high priority to complement our clinical work.

Meanwhile, demand for our services has continued to increase with emergency department presentations totalling 172,303 across the District, an increase of 5% on the previous year. In addition, there have been 12,387 elective surgery procedures performed.

Despite activity levels increasing, all facilities within Northern Sydney Local Health District are reaching or exceeding clinical care quality and safety key performance indicators. In particular, compliance with hand hygiene is above the state average and our infection rates have remained low and within state benchmarks.

We continue to strengthen and further develop our relationships with our partners in health, including Medicare Locals, NGO's and community organisations to implement innovative ways to deliver care. Examples of these partnerships include our Northern Sydney Transitional Care Unit in Belrose, opened in May, and the establishment of a mobile x-ray service to provide quick and accurate diagnoses to elderly or disabled individuals where they live when required.

Northern Sydney Local Health District has also embarked on an ambitious capital works schedule that will provide our patients with modern and purpose-built facilities. Construction has begun on an all-inclusive rehabilitation centre at Ryde Hospital, an enhanced mental health facility for adults, adolescents and children at Hornsby Ku-ring-gai Hospital and works are almost complete for the new Royal North Shore Hospital.

I would like to congratulate all the staff at Northern Sydney Local Health District for their enthusiasm and ongoing commitment to providing high quality care and look forward to working with them throughout 2012-13.

Adjunct Professor Vicki Taylor, Chief Executive

Key Achievements 2011-12

- Construction of the Royal North Shore Hospital Acute Services Building proceeded rapidly throughout 2011-12 with the design finalised and extensive change management consultation and planning completed in preparation for transition into the new building scheduled to be fully commissioned in December 2012.
- Construction of the $41 million Graythwaite Rehabilitation Centre at Ryde Hospital commenced in 2011-12. Health Minister Jillian Skinner attended the 'turning of the sod ceremony' on 7 May 2012. Commissioning is scheduled for late 2013.
- A $33.6 million upgrade of mental health facilities at Hornsby Ku-ring-gai Hospital is underway to create a new 35-bed acute adult mental health unit, a 12-bed child and adolescent acute inpatient service and a new CAMHS Community Mental Health Centre due for completion in mid-2013.
- The Northern Sydney Transitional Care Unit (NSTCU) at Belrose was opened by the Minister on 1 May 2012. The Northern Sydney Transitional Aged Care Program (TACP) now has 88 community and 20 residential care places.
- Compliance with the '5 Moments of Hand Hygiene' across NSLHD's facilities is above the state average, while infection rates of all types have remained low and within state benchmarks.
- The community/consumer participation initiatives of the NSLHD Executive and Board and designated Board member Chair of the PCPC have resulted in a recognised leadership in consumer engagement at state and national levels.
- NSLHD was successful with a Headspace tender for the funding of an intensive youth mental health outreach team.
- NSLHD employed an Aboriginal Employment and EEO Officer in February 2012, resulting in 12 Aboriginal people appointed to positions, four of which were targeted cadetships. The development of an Aboriginal Recruitment and Retention Policy will assist Aboriginal people to gain

employment at NSLHD, as well as assist managers to recruit suitable Aboriginal people into positions.

- An innovative mobile x-ray service provided by the Medical Imaging Department, Northern Beaches Health Service visits nursing homes, retirement complexes and private homes to provide quick and accurate diagnoses to elderly or disabled individuals where they live. This saves long journeys and sometimes lengthy waits in hospital emergency departments. The service grew from a $355,000 Grant by the NSW Ministerial Task Force on Emergency Care and a generous donation from the Manly Warringah Division of General Practitioners.
- NSLHD appointed a Director of Research and Practice Development - Nursing & Midwifery to strengthen the culture and commitment from nursing and midwifery to research and practice development, and in turn support the District's Director Nursing & Midwifery to progress local, state, and national nursing and midwifery initiatives pertinent to research and practice development.

SOUTH EASTERN SYDNEY

Local Health District

Cnr The Kingsway and Kareena Road, Caringbah
Locked Mail Bag 21
Taren Point NSW 2229

Telephone: 9540 7756
Facsimile: 9540 8757
Website: www.sesiahs.health.nsw.gov.au
Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Terry Clout

Local Government Areas

Sydney (part), Woollahra, Waverley, Randwick, Botany Bay, Rockdale, Kogarah, Hurstville, Sutherland (and Lord Howe Island)

Public Hospitals

Gower Wilson Multi-Purpose Service – Lord Howe Island, Prince of Wales Hospital and Health Services, Royal Hospital for Women, St George Hospital and Health Services, Sutherland Hospital and Health Services, Sydney/Sydney Eye Hospital and Health Services

Public Nursing Homes

Garrawarra Centre

Community Health Centres

Bondi Junction, Caringbah (at Sutherland Hospital), Engadine, Maroubra, Menai, Randwick (at Prince of Wales Hospital), Rockdale

Child and Family Health

Arncliffe, Brighton, Caringbah, Cronulla, Engadine, Gymea, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

Oral Health Clinics

Chifley, Daceyville, Hurstville, Mascot, Menai, Randwick (at Prince of Wales Hospital), Rockdale, Surry Hills

Affiliated Health Organisations

Calvary Health Care Sydney, Waverley War Memorial Hospital

Other Services

Aboriginal Community Health – La Perouse
Breast Screening – Miranda
Community Mental Health – Bondi Junction, Hurstville, Kogarah (Kirk Place), Maroubra Junction
Dementia Respite Care and Rehabilitation – Randwick (Annabel House)
HIV/ AIDS and Related Programs – Alexandria, Darlinghurst, Surry Hills (Albion Street Centre)
Paediatric Disability – Kogarah
Sexual Health, Youth, Drug & Alcohol – Darlinghurst (Kirketon Road Clinic)

Demographic Summary

In June 2010, SESLHD had an estimated resident population of 840,000, which is just over 11.5% of the state's total population. Over 6000 of the District's population are of Aboriginal descent.

The population is expected to grow by almost 12% by 2028. The fastest growing age groups will be 85 years and over (a 52% increase) and 70-84 years (a 30% increase).

The overall LHD age structure is similar to that of NSW as a whole. However, the SESLHD is a large and heterogeneous District. For example, older people (65 years and over) are relatively over-represented in the District's South (16.5% versus 14% in NSW as a whole). Conversely, in the District's North children aged 10-14 years are under-represented (3.6% versus 6.2% for NSW).

There is also large intra-District diversity in socioeconomic status. The Index of Relative Socio-Economic Disadvantage score for SESLHD is much higher (1041.45) than for NSW as a whole (983.57). However, some Local Government Areas (LGA) are among the least advantaged in the state (Rockdale 992.5 and Botany Bay 962.3). Those with low socioeconomic status include families in poverty (e.g. single parent families), older people and couples who may be asset-rich but income-poor, and homeless people. SESLHD has the largest cohort of homeless people of all NSW Local Health Districts.

One of the distinguishing features of the SESLHD population is its increasing diversity, reflecting increased immigration to the District over the last decade. More than half the District's population (51%) were born overseas (compared to less than 30% in NSW as a whole). Almost 23% of the District's population were born in non-English speaking countries. Around 5.5% of the District's residents have been living in Australia for less than five years (compared to 2.5% in NSW as a whole).

Year in Review

Over the past 12 months, South Eastern Sydney Local Health District (SESLHD) has worked closely with its Board, which was established on 1 July 2011. Chaired by the Honourable Morris Iemma, the Board has led the Local Health District in successfully delivering high quality and safe health care. The 11-person Board has made courageous decisions to future-proof health services for the community, while supporting our committed staff in the delivery of world-standard health care.

With careful planning by our Population Health and Planning Unit and extensive consultation with clinicians, the Board and consumer groups, SESLHD has implemented the SESLHD Strategy 2012-17 and SESLHD Health Services Plan. These future-focused plans provide a clear opportunity to position the LHD as a leader in offering exemplary healthcare. Over the last 10 years, hospitalisations among SESLHD residents have increased by about 35%, presenting both challenges and opportunities, which the Strategy and Health Plan address. Against a backdrop of rising costs of health care and an ageing and growing population, SESLHD is developing programs to reduce the burden of chronic disease, reduce health inequities and achieve excellence in clinical practice.

SESLHD has also been at the forefront of implementing the new State funding model, including Activity Based Funding (ABF), which is an added tool to support the Budget and Service Level Agreement with the Ministry of Health. The LHD is proud of the work it has done with the Board, clinical councils and the community who have taken an active role in the organisation's fiscal planning and management. While ABF signals a new form of financial modelling, our staff continue to work tirelessly in meeting the growing demand of services and ensuring the LHD meets its budgetary expectations. In its day-to-day operations, the organisation keeps at the forefront the two goals the Ministry of Health is the lead for in the *NSW 2021 – A Plan to Make NSW Number One*. Those goals are: Keep people healthy and out of hospital; and provide world-class clinical services with timely access and effective infrastructure.

SESLHD is also committed to delivering on five focus areas – Community and Patients; Partners; Clinical networks and services; Resource accountability; Staff culture and equality. The LHD will build on the strong relationships it has forged with the community, offering transparent health services and is committed to maintaining the NSW Health Minister's commitment to local decision-making and accountability.

Terry Clout, Chief Executive

Key Achievements 2011-12

- Establishment of the SESLHD Board – The Board has been instrumental in the successful development and introduction of the SESLHD's Health Services Plan 2012-17 and SESLHD Strategy, which will take the LHD forward. The Board has shown great leadership and courageous decision-making and the LHD executive holds extensive consultations with the Board.
- SESLHD Health Services Plan 2012-17 – Developed in partnership with the Clinical and Quality councils, SESLHD Board and the community, this Plan lays the foundation for future proofing health care and making essential services sustainable for coming years.
- SESLHD Strategy 2012-17 – This strategy, formed by clinicians, delivery partners and the wider community, outlines the vision, values, priorities and principles agreed by the SESLHD's Board for our organisation and services over the next five years.
- Activity Based Funding – The successful implementation of Activity Based Funding by the LHD is a testament to the extensive financial modelling carried out in the past 12 months. Extensive consultation and valuable support from both the clinicians and Board has attributed to ensuring SELSHD has met the demands on activity while maintaining within budget.
- Clinician Engagement – The invaluable input of clinicians through the clinical councils has seen the successful adoption of the SESLHD Services Plan and Strategy, which will lead the LHD into the future. Clinicians make a significant contribution to all aspects of the organisation, including fiscal management; service delivery and community engagement.
- Community Engagement – SESLHD is proud of the strong transparent ties it has forged with its local communities through the establishment of Community Advisory Councils. SESLHD has developed invaluable resource tools for patients by the introduction of fact sheets, which are available on the website and provide current information on health services.
- Infection Control – The LHD has taken a proactive approach to infection control with hand hygiene compliance rates now 2% higher than the state average, at 79%. The successful implementation of the Anti-Microbial Stewardship program at St George Hospital has been recognised by the Clinical Excellence Commission as being a leader in the field to reduce inappropriate antimicrobial use, improve patient outcomes and reduce adverse consequences of antimicrobial use.
- Mental Health – The NSW Health Dementia Policy Team based at SESLHD worked with an expert advisory group to write the NSW Dementia Services Framework Draft Implementation Plan, which was launched by the Minister for Ageing in September 2011. The Essentials of Care program has commenced in all nine inpatient units intended to improve models of care through better teamwork.
- Establishment of the Department of Primary and Ambulatory Care – A dedicated department focusing on community health and chronic disease, it works with key services to plan and treat the growing needs of the community. Emphasising one of the Minister for Health's goals to keep people out of hospitals by developing preventative health programs.
- Capital Works program – To meet the growing needs of the community, SESLHD is undertaking a significant capital works program, which will ensure improved health care for patients. This includes: a $76 million cancer centre at Prince of Wales Hospital; a $39 million new emergency department at St George Hospital; an $8 million Mental Health Unit for Older People at St George; a Mental Health Intensive Care Unit at Randwick Campus.

SOUTH WESTERN SYDNEY
Local Health District

Corner of Lachlan and Hart Streets
Scrivener Street, Warwick Farm
Locked Bag 7279, Liverpool BC 1871

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Website: www.health.nsw.gov.au/swslhn
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Amanda Larkin

Local Government Areas
Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee

Public Hospitals
Bankstown-Lidcombe, Bowral and District, Camden, Campbelltown, Fairfield, Liverpool Hospital

Community Health Centres
Bankstown, Bigge, Bowral, Cabramatta, Campbelltown – Sexual Health Clinic, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Moorebank, Narellan, Prairiewood, Rosemeadow, Wollondilly

Bankstown - The Corner Youth Health Service, Campbelltown - Traxside Youth Health Service, Fairfield Liverpool Youth Health Team (FLYHT), Lurnea Aged Day Care, Miller - The Hub

Child and Family Health
Appin, Bargo, Bringelly, Cabramatta, Camden, Chester Hill, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway, Hilltop, Holsworthy, Hoxton Park, Liverpool, Macquarie Fields, Macarthur Square, Miller, Minto, Mittagong , Moss Vale, Mt Pritchard, Narellan, Padstow, Panania, Penrose , Picton, Robertson, Tahmoor, Thirlmere, Wattle Grove

Oral Health Clinics
Bankstown, Bowral, Fairfield, Ingleburn, Liverpool (Adult), Narellan, Rosemeadow, Tahmoor, Yagoona (Adult)

Affiliated Health Organisations
Braeside Hospital, Carrington Centennial Care, Karitane, SCARBA, The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Other Services
Aboriginal Health, Community Health, Drug Health, Mental Health, Population Health, Allied Health

Demographic Summary
SWS LHD is one of the most ethnically diverse and populous Local Health Districts in NSW. In 2011, there were an estimated 875,384 residents, or 12 per cent of the NSW population, living in the District.

The District continues to be one of the fastest growing regions in the state. The population is projected to increase by 21 per cent over the next 10 years, and reach 1.058 million people by 2021. In the decade 2011-2021, the population is expected to increase by almost 18,000 people each year.

SWS LHD is comprised of seven Local Government Areas (LGAs), including Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. It covers a land area of 6243 square kilometres. It is a vibrant, culturally diverse region with around 48 per cent of the population speaking a language other than English at home. This is the most notable in Fairfield, where more than 74 per cent of the population do not speak English at home.

The LGAs where the highest proportions of the population identify as Aboriginal or Torres Strait Islander are Campbelltown, Wollondilly, Camden, Wingecarribee and Liverpool.

The SWS LHD population is growing by approximately 12,500 births per year, representing more than 13 per cent of all births in NSW. SWS LHD contains areas with some of the highest birth rates in the state, with most LGAs well above the state average of 1.87 births per woman, including Bankstown (2.14), Wollondilly (2.08), Wingecarribee (2.06), Camden (2.02) and Liverpool (2.01) (Australian Bureau of Statistics 2010).

Across south western Sydney, there are approximately 187,000 children aged 0-14 years who account for 21.4 per cent of the SWS LHD population.

There are approximately 68,564 people over the age of 70 years (7.8 per cent of the population). In the decade to 2021, the number of people aged over 70 years is expected to increase by 50 per cent.

Year in Review
South Western Sydney Local Health District has achieved a great deal this year.

With firmly established clinical and corporate governance structures in place, services from the former Area Health Service were transitioned to the District.

As one of the most rapidly growing and ethnically diverse Districts in NSW, we have given considerable attention to planning and developing services and facilities to meet current and future demand. The District has been engaging with community members, senior clinicians and service providers to determine the service development directions required to improve the health of local communities.

The District has been developing a number of important healthcare strategic plans. These include a strategic plan focusing on health care service delivery to 2021 and a corporate plan for the next five years. We have also worked on a research strategy to build innovation and expertise and a surgical services plan to improve access and efficiency and enhance surgical services. The District has also developed a model for integrated primary and community care for the South West Growth Centre.

These plans will set the strategic direction for clinical care and prevention into the future and will be critical in defining how facilities and services are coordinated to meet the growing health needs of our community and strengthen research, teaching and training, which underpins quality health care delivery.

Liverpool Hospital reached another exciting milestone in its $390m redevelopment with the expansion of the Cancer Therapy Centre and opening of the Chemotherapy Day Centre.

The $139 million upgrade of Campbelltown Hospital, announced this year, will also help address the needs of our growing and ageing population.

We were also excited to see the completion of the Ingham Institute for Applied Medical Research's new building with work continuing on associated research facilities, including the research bunker and the skills centre located on the Liverpool Hospital campus. The new building will enable the co-location of existing health research groups, previously dispersed throughout the south west of Sydney and help translate research findings into clinical practice.

The District strengthened its commitment to improving the health status of Aboriginal people by undertaking Aboriginal Cultural Training to improve staff knowledge and understanding of the diverse culture, customs, heritage and protocols in Aboriginal families and communities.

Aboriginal and Torres Strait Islander people were also encouraged to consider a career in health. This year saw the first group of Aboriginal acute care assistants-in-nursing trainees begin their training. An open day was also held to showcase the many different career pathways available to increase Aboriginal staff representation throughout the District.

Finally, the District performed well in its first full financial year, achieving a result within its budget target.

I am proud of what we have achieved this year and would like to thank all staff and volunteers for their hard work and dedication.

Amanda Larkin, Chief Executive

Key Achievements 2011-12

- The Macarthur Dementia Day Centre opened at Broughton House, next door to Camden Hospital. The Centre provides respite for people with dementia and their carers.
- A $250,000 Simulation Centre used to improve clinical skills, leadership, communication and teamwork was opened at Campbelltown Hospital. The centre has a fully equipped resuscitation bay and state-of-the-art simulation mannikin.
- Campbelltown Hospital won a NSW Ministry of Health Award for a pain management project assessing the needs of children who visit the Emergency Department. ED staff collaborated with pharmacy staff to develop a pain chart which helps doctors and nurses assess a patient's pain level and prescribe appropriate medication.
- The District's first Residential Transitional Aged Care Service opened at Uniting Care Ageing's Bankstown Uniting Centre. The Unit will benefit older people who require further support after their time in hospital.
- The first cohort of new graduates from the Macarthur Clinical School based at Campbelltown Hospital completed their final year in 2011. Eighty-six home-grown doctors graduated, while up to 140 new students began the five-year course, bringing the number of student doctors currently enrolled to more than 500.
- An audit of 194 public healthcare facilities found Fairfield Hospital was the best in the state when it came to hand hygiene compliance. The Hospital received a score of 89 per cent based on 1403 hand hygiene moments, 18 per cent above the national benchmark.
- The NSW Governor launched the Heart Smart for Women Project to encourage women aged over 40 years to look after their hearts and prevent heart disease.
- The District celebrated the launch of the Consumer and Community Participation Framework, which outlines how the District works with patients, carers and the community to deliver local health care.
- Two state-of-the-art SPECT CT scanners were installed at Bankstown Hospital, resulting in enhanced medical services for patients.
- A new BreastScreen clinic at Campbelltown was a great gain for Macarthur, which has a large ageing population that will require breast screening services into the future.

SYDNEY
Local Health District

Missenden Road, Camperdown
PO Box M30
Missenden Road NSW 2050

Telephone: 9515 9600
Facsimile: 9515 9610
Website: www.health.nsw.gov.au/sydlhn
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Dr Teresa Anderson

Local Government Areas

Ashfield, Burwood, Canada Bay, Canterbury, City of Sydney (south and west parts of), Leichhardt, Marrickville, Strathfield

Public Hospitals

Balmain, Canterbury, Concord Centre for Mental Health, Concord Repatriation, Royal Prince Alfred, Sydney Dental, Thomas Walker

Community Health Centres

Camperdown, Canterbury, Croydon, Marrickville, Redfern

Child and Family Health

Canterbury: Child, Adolescent and Family Health Service, Community Health Centre, Community Nursing Service, Multicultural Youth Health Service
Concord Community Nursing Service
Croydon: Community Nursing Service, Child, Adolescent and Family Health Service, Community Paediatric Physiotherapy Services
Redfern: Community Health Centre, Community HIV/AIDS Allied Health, Community Nursing, Mental Health Service

Early Childhood Health Services

Ashfield, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord, Croydon, Earlwood, Five Dock, Glebe/ Ultimo, Redfern, Homebush, Lakemba, Leichhardt, Marrickville Health Centre

Oral Health Clinics

Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital

Affiliated Health Organisations

Tresillian Family Care Centres

Other Services

Department of Forensic Medicine (Glebe), Sydney South West Pathology Services
BreastScreen Services at: Royal Prince Alfred Hospital, Croydon Health Centre, Bankstown
Civic Tower, Liverpool Plaza (service relocating to Bigge Street in October 2012).

Demographic Summary

Sydney Local Health District (SLHD) was formed as a legal entity on 1 July 2011, following the transition from Sydney South West Area Health Service to the Sydney Local Health Network in January 2011.

It is a diverse community with approximately 8% of the NSW population residing within its borders.

SLHD covers a land area of approximately 127 square kilometres and in 2011 had an estimated residential population of 582,100 residents. SLHD will continue to grow in coming years. Since 2001, the SLHD has increased by 16.7%.

The City of Sydney Statistical Local Areas (SLAs) have grown during this period grown by almost 50%. The SLHD population is projected to increase to 642,000 by 2021.

SLHD has an ethnically diverse community, with 50.7% of the population speaking a language other than English at home. The major languages in the community aside from English are Mandarin, Cantonese, Arabic and Italian.

Between 2005-2011, 9% of the refugee and humanitarian entrants across NSW initially settled in the Sydney Local Health District. 60% of these initially settled in Canterbury.

There is also a significant proportion of the population who identify as Aboriginal, which is highest in the City of Sydney, Marrickville and Canterbury.

The District's population is growing by around 9058 births per year, representing 10% of all births in NSW.

Within the SLHD Canterbury LGA has the highest fertility rate of 2.19, which is above the state average of 1.86 births per woman (Australian Bureau Statistics, 2011). In 2010, the SLHD had an extra 1800 births compared to 2005.

There are currently 88,159 infants, children and young people aged less than 15 years living in SLHD (2010).

Over the next ten years, the number of people aged 20-69 years will grow by 8.5%. The most significant growth will occur in those aged 70 years and over. Projections from 2011 to 2021 indicate this age group will grow by 28.9% and will represent 9.7% of the population.

Hospital data indicates that SLHD residents over the age of 65 years used approximately 50% of all acute hospital bed days for SLHD residents in 20010-11 *(NSW Health FlowInfo V 11.0 2011)*.

Year in Review

Sydney Local Health District has worked collaboratively in 2011-12 with our staff, community and other key stakeholders to plan for the future of our hospitals and services over the next five years. I am very proud to lead this mature organisation, together with the District Executive and with the oversight of the LHD Board, as we continue to build on our reputation for world-class clinical services, research and training and education.

Sydney Local Health District has continued to provide leading healthcare services that are well managed and efficient. The District performed within budget in 2011-12, and was recognised as the leading Local Health District for surgery performance.

The District spent significant effort this year planning for the implementation of the next phase of healthcare reform, Activity Based Funding.

The District hosted its inaugural Annual General Meeting in December 2011. The theme, *"Sydney, it's your local health district"*, reflected the inclusive and transparent nature of this newly established District as we engaged our stakeholders to ensure our health services in Sydney reflect the needs of our growing population.

In April, following extensive consultation with more than 400 stakeholders, we launched our Strategic Plan. This road map for clinical services to 2017 was the first strategic plan of its kind to be launched by any District in NSW. Our vision, *"to achieve excellence in healthcare for all"* centres around our commitment to equity, patient centred care, timeliness and efficiency. Seven domains were identified for the District to focus its efforts over the next five years -- Our Patients; Our Staff; Our Community; Our Services; Our Research; Our Education and Training and Our Organisation.

SLHD also launched a new website in April as part of our commitment to making health information readily available to our community. Please visit our site at: www.slhd.nsw.gov.au.

It is testimony to the skills, dedication and commitment of our staff that over the last year, we have celebrated many highlights. Each day in Sydney Local Health District our staff make a difference in the lives of those who use our services.

Dr Teresa Anderson, Chief Executive

Key Achievements 2011-12

- In April, Sydney celebrated the launch of its Strategic Plan, the first plan of its kind for any Local Health District in NSW.
- Sydney Local Health District collaborated with South Eastern Sydney and Northern Sydney Local Health Districts to sign an historic partnership with the Redfern Aboriginal Medical Service outlining the commitment of the four services to improving the health of local Aboriginal people.
- Balmain Hospital established the Sydney Local Health District Performance and Business Unit, refurbished the General Practice Casualty triage area and redeveloped its outpatient clinics.
- Canterbury Hospital implemented the high volume short stay surgical model of care for patients admitted for planned surgical procedures and celebrated the first anniversary of the Midwifery Group Practice, the first program of its kind for Sydney LHD. The program saw four experienced midwives teamed with 154 new mums. The Hospital also established its Emergency Department Volunteer Program.
- Concord Repatriation General Hospital celebrated 70 years and began planning for the establishment and launch of the Concord Cancer Centre. The Hospital opened a new $1.6m, 14-chair unit to provide haemodialysis services. Construction commenced for the $10.5m Concord Clinical Education Building in partnership with the University of Sydney. Planning is also underway for a $9m palliative care unit, with construction to commence in 2013.
- Royal Prince Alfred Hospital continued planning for the opening of the Chris O'Brien Lifehouse at RPA, while construction commenced. The Hospital also installed a $3.2m state of the art Hybrid Laboratory.
- Planning is underway for a $67m Northwest Precinct redevelopment on the RPA campus, to provide purpose built accommodation for Mental Health and Community Health services.
- Implementation of the Community Health New Directions Program 'Yana Muru', offering sustained home visiting and paediatric checks for Aboriginal children and families.

WESTERN SYDNEY

Local Health District

Institute Road, Westmead
PO Box 574
Wentworthville NSW 2145

Telephone: 9845 9900
Facsimile: 9845 9901
Website: www.swahs.health.nsw.gov.au
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Danny O'Connor

Local Government Areas

Auburn, Blacktown, Holroyd, Parramatta, The Hills Shire

Public Hospitals

Auburn, Blacktown Mt Druitt, Cumberland, Westmead

Community Health Centres

Auburn, Blacktown, Doonside, Merrylands, Mt Druitt, Parramatta, The Hills

Child and Family Health

Child and Family Health services are provided from a number of locations across WSLHD: in seven Community Health Centres; 19 Early Childhood Centres on Local Council property and 21 Community Nursing Clinics on Department of Education school property. A range of multidisciplinary clinical and support services are provided by Nursing and Allied Health staff.

Oral Health Clinics

Blacktown, Mt Druitt, Westmead

Affiliated Health Organisations

Lottie Stewart Hospital

Other Services

Aboriginal Maternal Infant Health Strategy Team, Aged Day Services, Cedar Cottage – Westmead, Centre for Addiction Medicine – Cumberland Hospital, Community Health Complex Aged and Chronic Care services, NSW Education Centre Against Violence, NSW Education Program on Female Genital Mutilation, Health Care Interpreter Service, NSW Multicultural Problem Gambling Service, Mental Health Services, *Mootang Tarimi* ("Living Longer"), Multicultural Health Service, Transcultural Mental Health Centre, Westmead Breast Cancer Institute, Youth Health Services – Parramatta and Mt Druitt

Demographic Summary

Western Sydney Local Health District (WSLHD) consists of both urban and semi-rural areas, covering almost 774 square kilometres. WSLHD is responsible for providing primary and secondary health care for people living in the five Local Government Areas (LGAs) of Auburn, Blacktown, The Hills Shire, Holroyd and Parramatta.

The estimated resident population in 2012 is 846,389, which is 1.6% greater than in 2011.

Detailed analysis of the 2011 Census data released in 2012, reveals that the population is relatively younger than NSW overall, with 7.8% being pre-school aged children (0-4 years) compared to NSW 6.6%. The largest proportions of pre-school aged children are in Blacktown (8.4%) and Holroyd (8.3%). At the other end of the spectrum Holroyd and Parramatta LGAs have the highest proportion of people age 70+ years at 8.5%.

Though widely regarded as an underestimate, the Aboriginal residents of WSLHD self-identified as approximately 11,500 or 1.4% of the population in the 2011 Census. The larger Aboriginal communities reside in Blacktown LGA, there totalling approximately 8200 or 2.7% compared to NSW 2.5%.

The gap in life expectancy between Aboriginal and non-Aboriginal people recognised across Australia is also

reflected locally in the population profile of WSLHD residents, with 3.7% of Aboriginal identified residents being aged 65+years, compared to 10.5% of residents who self-reported as non-Indigenous.

WSLHD is culturally and linguistically diverse, with the 2011 Census data showing 45% of the population reported as being born overseas. The most frequently reported other countries of birth, in descending order, were India, China, Philippines, England, Lebanon, New Zealand, Sri Lanka, South Korea, Fiji, Vietnam, Hong Kong. For people who reported being born overseas, 22% speak English only and 78% speak another language +/- English (i.e. may or may not speak English).

Births to existing residents contributed 13,608 babies in 2010. Four of the five LGAs had higher fertility rates than NSW (1.86) in 2010: Holroyd (2.19), Auburn (2.14), Blacktown (2.13) and Parramatta (1.99) [Australian Bureau of Statistics 2011].

The Socio-Economic Indexes for Areas (SEIFA) scores measure different aspects of socioeconomic conditions that are relevant to health and wellbeing. The scores are yet to be recalculated from the 2011 Census. However, based on 2006 Census data, WSLHD has localities at both ends of the spectrum, with Auburn LGA at 922 well below the state average of 1000 and The Hills Shire LGA above at 1116, while parts of Blacktown, Holroyd and Parramatta LGAs are some of the most disadvantaged areas in NSW.

Year in Review

Looking back over the first year of operation as Western Sydney Local Health District, there is much that we have accomplished and much of which we can be proud. It has been a year during which we have begun establishing a strong identity as a Local Health District, where dedicated and highly skilled staff have continued to do their very best in caring for the communities we serve and where improved stewardship has been provided by a talented and committed District Board led by Professor Stephen Leeder AO.

Western Sydney Local Health District has a simple and clear vision: *"Better Health Service for the People of Western Sydney and beyond "beyond"*

Western Sydney has many unique features that influence how our health services are provided. This is a culturally diverse and growing population, with significant needs in the treatment of illness and significant challenges and opportunities in the promotion of good health. There is increasing demand for emergency and elective services, for example in the Blacktown Mt Druitt area, where emergency activity has grown by approximately 11% in the past 12 months.

Our priorities include developing chronic disease management in areas such as diabetes and population-based health. There are innovative plans to provide better care for patients in their homes, and through strategies aimed at providing an alternative to emergency department attendance or hospital admission.

Several achievements are already starting to re-shape our health services including commencement of the $324 million capital expansion project for Blacktown Mt Druitt Hospital, completion of a Westmead Clinical Service Plan to 2022, establishment of the District Asset Strategic Plan and development of much stronger service links with key partner organisations such as the Westmead Children's Hospital. Westmead Hospital is a leader in trauma care across the state and as such Westmead Hospital's Emergency services have been enhanced through a new CT scan, decreasing scan times and achieving faster diagnosis of cardiac illness. WSLHD mental health services provided foundation support to the implementation of the statewide perinatal mental health service.

WSLHD is expanding its partnership with the Western Sydney Medicare Local, WentWest. HealthOne Rouse Hill has moved into larger premises with more services, and planning has advanced for a new HealthOne Blacktown-Doonside service, with a $1.5 million capital refurbishment planned.

The future of health care relies on innovation and practice improvement, and in 2011, Auburn Hospital was awarded grant funding as a designated NSW Health High Volume Short Stay Surgery Unit, focused on a surgical care model featuring a less than 72- hour length of stay, enhancements to patient experience through planned admission and protocol-based discharge.

Our District continues to play a significant role as a provider of teaching and training. Over the past year, the contribution made by our staff to scientific and research achievements has been of national and international interest, including a breakthrough at Westmead in the genetics of multiple sclerosis and new drug treatment for melanoma-related cerebral tumours.

This is a time of significant change in the way that health care is provided, and we will continue to focus our attention on the health of our community, and on providing the right care to the right people, at the right time, in the right setting. I am privileged every day to work with the remarkable staff at WSLHD in identifying new opportunities to improve our services, and to implement innovative ways to ensure our service continues to meet the changing needs of our community and beyond.

Danny O'Connor, Chief Executive

Key Achievements 2011-12

- Improvements to Westmead Emergency services are underway, with the commissioning in November 2011 of a new CT adjacent to Emergency, decreasing scan times and achieving faster diagnosis of cardiac illness. Work also commenced in February 2012 on a $4.63 million capital extension and refurbishment project providing improved patient services and a better environment for staff.
- They are improved services at Westmead Hospital with enhancements to Eye Surgery, new rehabilitation beds opening and a fifth bunker for Radiation Oncology.
- Auburn Hospital received $850,000 grant funding as a designated NSW Health High Volume Short Stay Surgery Unit, focused on a model of surgical care where the length of stay is less than 72 hours and patient experience is enhanced by planned admission and protocol-based discharge.

- An accelerated program was achieved following the announcement of $324 million capital for Blacktown Mt Druitt Hospital Expansion Stage 1, with preparations made to allow early construction in 2012-13.
- Mental Health service developments, including the Parramatta HeadSpace opening in February 2012, the Statewide Outreach Perinatal Service approval, and the development of training packages with the Institute of Psychiatry and Western NSW LHD were implemented.
- $211,000 was secured for Closing the Gap National Partnership Agreement, an Indigenous Early Childhood Development program.
- Population Health Programs were delivered through strategic partnerships with Education, Local Government, TAFE and Western Sydney University; resulting in over 53% of schools implementing the 'Live Life Well at School' program. The vaccination rate achieved was 90%, and 1500 people are accessing the 'Get Healthy Coaching Service', and Western Sydney TAFE and University Campuses moving towards smoke-free campuses.
- WSLHD expanded its partnership with the Western Sydney Medicare Local on a number of primary care health problems. As part of this there was an expansion of HealthOne Rouse Hill into larger premises with a wider range of services. Planning advanced for a new HealthOne Blacktown-Doonside service also and $1.5 million capital was secured by WSLHD to refurbish Doonside Community Health Centre as part of HealthOne.
- Since March 2012, all Community Health clinical information is recorded electronically allowing access for more accurate up-to-date health information to hospitals and GPs. Over 50,000 active hard copy health records were scanned to the electronic health record.
- Key staff contributed to international collaborations and research advances, including a breakthrough in multiple sclerosis genetics and a new drug treatment for cerebral tumours associated with melanoma.

FAR WEST

Local Health District

Morgan Street, Broken Hill
PO Box 457
Broken Hill NSW 2880

Telephone: (08) 8080 1469
Facsimile: (08) 8080 1688
Website: www.fwlhd.health.nsw.gov.au
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Stuart Riley

Local Government Areas

Balranald, Broken Hill, Central Darling, Wentworth and the Unincorporated District

Public Hospitals

Balranald, Broken Hill, Ivanhoe, Menindee, Wentworth, White Cliffs, Wilcannia, Tibooburra

Community Health Centres

Dareton Primary Health Care Services

Child and Family Health

Broken Hill, Dareton

Oral Health Clinics

Balranald, Broken Hill, Dareton, Ivanhoe, Menindee, Wilcannia

Demographic Summary

Far West LHD serves a total population 0f 30,099 people. The population is dispersed across 194, 949 square kilometres (second largest LHD in NSW). The largest proportion of the LHD's population is on Broken Hill Local Government Area (LGA) – at 61.5%. The remainder of the population is in Wentworth LGA (22%), Balranald LGA (7.6%) and spread throughout small communities of the Central Darling LGA and Unincorporated Far West.

The Aboriginal and Torres Strait Islander population represents 10.1% of the LHD population, which is significantly higher than the NSW average of 2.5%. Broken Hill has the largest number of Aboriginal people within the LHD (46%).

There is a relative absence of young adults aged 20 to 39 years in the LHD, which impacts the available skilled health workforce.

The total population of Far West LHD is projected to decrease by 10.9% to 2026. The proportion of the population aged 65 years and over is, however, projected to increase from 18.1% of the population in 2011 to 25.4% by 2026. This will impact significantly on the demand for services as the elderly consume a greater proportion of health resources.

The index of relative socio-economic advantage/disadvantage indicates that four of the five LGAs in the LHD have a lower socioeconomic status compared to the NSW average. Broken Hill at 911.7 has the second lowest profile, with Central Darling being the lowest at 821.3. Three of the LGAs fall within the lowest SEIFA socio-economic quintile.

Disadvantage generally increases with increasing remoteness and increased proportion of Aboriginal people. Morbidity data for the LHD reflect this with the highest rates for hospitalisation, potentially preventable hospitalisations, and diabetes related hospitalisation (2009-10) in NSW. The LHD also had the highest rate of new cases of breast cancer for women aged 50-69 and the second highest rate for women of any age (2008), while breast screening rates for the target population were the lowest in NSW.

Age-adjusted death rates are also the highest in NSW (2009-10). The five major causes of death in the Far West LHD are from diseases of the circulatory system, neoplasms, diseases of the respiratory system, diseases of the digestive system and mental disorders.

Year in Review

The transition from the former Area Health Service to the Far West Local Health District gained momentum from the beginning of the financial year. The finalisation of budgets allowed recruitment to positions within the District to be started with all executive positions filled by June 2012.

The LHD Board provided sound advice and support developing a clear direction for the LHD.

The organisational infrastructure was built from a low base. This required activities such as accounting, risk management and information technology to be hosted by the Western NSW LHD. Over the year, Far West LHD has gradually been rebuilding capacity to manage and monitor financial transactions and reports, establish an effective human resource management team and establish effective systems of corporate and clinical governance.

A key focus for the year was to move decision-making down to allow decisions to be made close to where care is provided to patients and where staff are managed. Some managers have found this a difficult transition, accepting responsibility for their teams and services. Others have found it liberating to be able to apply the resources available to them to support the care their staff provide to patients and the community.

In October, a collaborative planning process involving the District, Maari Ma Health Aboriginal Corporation, Royal Flying Doctor Service, Far West Medicare Local and Coomealla Health Aboriginal Corporation was initiated. A second series of workshops was completed in April with a final draft service plan to be circulated for comment and consultations in October 2012.

The LHD achieved all its financial and service delivery targets for the year, establishing a strong base for 2012-13.

Stuart Riley, Chief Executive

Key Achievements 2011-12

- An effective executive team was recruited.
- The Ivanhoe Hospital Emergency Department was redeveloped.
- Effective delegation and cost management systems was established.
- Mental Health Local Protocol Committee produced an effective collaboration between Police, Royal Flying doctor Service, Ambulance and the LHD responding to people with a mental illness.
- Planning was completed for two sub-acute units completed and construction commenced.
- The Board ratified of a Medical Workforce Development Strategy.
- The first Mental Health Consumer Volunteer was appointed.
- Health service managers were appointed to all remote sites replacing acting appointments and agency staff.
- Results were improved for the Australian Council of Healthcare Standards accreditation for Broken Hill Hospital.
- High levels of participation in the "Your Say" survey and subsequent workplace culture initiatives were achieved.

HUNTER NEW ENGLAND

Local Health District

Lookout Road, New Lambton Heights
Locked Bag 1
New Lambton NSW 2305

Telephone: 4921 3000
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Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Michael DiRienzo

Local Government Areas

Armidale Dumaresq, Cessnock, Dungog, Glen Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla, Walcha.

Public Hospitals

Community hospitals: Buladelah, Dungog, Manilla, Wilson Memorial (Murrurundi), Quirindi, Tenterfield Hospital, Tomaree (Nelson Bay), Wee Waa, Werris Creek, Wingham
Rural referral hospitals: Armidale, Maitland, Manning (Taree), Tamworth
Tertiary referral hospitals: John Hunter, John Hunter Children's Hospital, Royal Newcastle Centre
District hospitals: Belmont, Cessnock, Glen Innes, Gloucester Soldiers Memorial, Gunnedah, Inverell, Kurri Kurri, Moree, Muswellbrook, Narrabri, Scott Memorial (Scone), Singleton
Multi Purpose Services: Barraba, Bingara, Boggabri, Denman, Emmaville, Guyra, Merriwa, Tingha, Walcha, Warialda

Public Nursing Homes

Hillcrest Nursing Home – Gloucester, Kimbarra Lodge Hostel – Gloucester, Muswellbrook Aged Care Facility, Wallsend Aged Care Facility

Community Health Centres

Armidale, Ashford, Barraba, Beresfield, Bingara, Bogabilla, Boggabri, Buladelah, Bundarra, Cessnock, Denman, East Maitland, Forster, Glen Innes, Gloucester, Gunnedah, Guyra, Gwabegar, Harrington, Hawks Nest/Tea Gardens, Inverell, Kurri Kurri, Manilla, Merriwa, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Nundle, Pilliga, Premer, Quirindi, Raymond Terrace, Scone, Singleton, Stroud, Tambar Springs, Tamworth, Taree, Tenterfield, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (West Newcastle), Warialda, Wee Waa, Werris Creek , Windale (Eastlakes)

Child and Family Health

Anna Bay, Belmont, Charlestown, Edgeworth, Hamilton, Kotara, Lambton, Mallabula, Maryland, Medowie, Morisset, Newcastle, Raymond Terrace, Stockton, Tomaree, Toronto, Wallsend, Waratah, Windale

Oral Health Clinics

Armidale, Barraba, Beresfield, Cessnock, Forster, Glen Innes, Gunnedah, Inverell, Maitland, Moree, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Scone, Singleton, Stockton, Tamworth, Taree, Toronto, Tenterfield, Wallsend, Windale, Walcha

Affiliated Health Organisations

Calvary Mater Newcastle

Other Services

HNE Health has seven Clinical Networks and 31 Clinical Streams to link staff from across the district together, build staff capacity and improve service delivery to ensure equitable provision of high quality, clinically effective care. The seven Clinical Networks include Aged Care and Rehabilitation, Children Young People and Families, Cancer, Women's Health and Maternity, Mental Health and Drug and Alcohol, Critical Care, and Vascular.

Demographic Summary

Hunter New England Health (HNE Health) provides a range of public health services to the Hunter, New England and Lower Mid North Coast regions. HNE Health provides services to around 850,000 people, including 20% of the state's Aboriginal population. Employing 15,500 staff, including 1500 medical officers, HNE Health is supported by 1600 volunteers.

Spanning 25 local council areas HNE Health is the only district in New South Wales with a major metropolitan centre, a mix of several large regional centres, and many smaller rural centres and remote communities within its borders.

Our Chief Executive, Michael DiRienzo, and his Executive Leadership Team work closely with the Local Health District Board to ensure our services meet the diverse needs of the communities we serve. These services are provided through: three tertiary referral hospitals, four rural referral hospitals, 12 district hospitals, nine community hospitals, 11 multipurpose services, 62 community health services, three mental health facilities and five inpatient mental health services, three residential aged care facilities.

Year in Review

Hunter New England Local Health District is committed to improving the health outcomes of the communities we serve.

During the past year, our skilled and dedicated employees continued their hard work to deliver high quality care for patients across the entire District.

Enhancing access to cancer services has been a significant focus this financial year. Construction of the North West Cancer Centre in Tamworth is underway, and once complete, this centre will provide patients in the northern reaches of our district with greater access to services much closer to home. A new medical oncology service at Manning Hospital and additional chemotherapy treatment spaces at the Calvary Mater Newcastle will also improve access to vital cancer treatment services.

Several communities have benefited from a significant investment in capital works across the District. This has delivered new and refurbished facilities in Narrabri and Werris Creek. An emergency department upgrade at the Scott Memorial Hospital in Scone has seen improvements in the comfort and care of patients. Staff accommodation projects at Muswellbrook and Singleton Hospitals will aid in recruitment strategies. And, new sub-acute units at Kurri Kurri and Belmont Hospitals will help better meet patient needs.

Expanding clinical telehealth services across the District is delivering benefits for patients in rural and regional centres. Secure videoconference technology gives patients access to quality and timely specialist care without their having to travel long distances for face-to-face consultations.

In partnership with the Hunter Medicare Local, this year we launched 'HealthPathways', a dynamic, online health information portal that provides GPs, specialists and a range of other health care providers with information on how to assess and manage medical conditions, and how to best refer patients for specialist services.

Through our talented and dedicated staff, our commitment to excellence, robust systems, strong partnerships and sound overall management, we expect to deliver even more results in the year ahead.

Michael DiRienzo, Chief Executive

Key Achievements 2011-12

- The $38 million refurbishment of Narrabri Hospital and health service campus, which is now home to acute inpatient services as well as community and primary health care services, was completed.
- Work on the new $11.2 million Werris Creek Multi-Purpose Service, which provides a fully integrated one-stop-shop for primary health care services, was completed.
- Construction was begun on the $41.7 million North West Cancer Centre in Tamworth.
- Cancer services were enhanced across the District with the addition of four chemotherapy treatment spaces at Calvary Mater Newcastle, a new oncology service at Manning Hospital in Taree, and a new service at Calvary Mater Newcastle dedicated to young adults and adolescents diagnosed with cancer.
- A series of capital works improvement projects were undertaken across the Hunter New England Health region, including a $350,000 emergency department upgrade at Scott Memorial Hospital in Scone; more than $800,000 in staff accommodation projects at Muswellbrook and Singleton hospitals, which will aid in recruitment and retention strategies in those centres; and construction of a 14-bed sub-acute unit at Kurri Kurri Hospital and a 16-bed sub-acute unit at Belmont Hospital.
- New helipads were opened at Warialda and Bingara Multi-Purpose Services, which will help deliver improved transfers for critically ill patients from those areas.
- The adoption and use of telehealth technology was expanded across the District to increase access to specialist and emergency health care services. At June 30, 17 rural communities had received specialist services saving them 24,262 kilometres or 240 hours of travel time.

- Work was begun on a $2.2 million fit-out of new purpose built space for HNE Health's Skills and Simulation Centre, based at the John Hunter Hospital, which will double the space available to carry out ongoing training for doctors, nurses, allied health staff, and medical students.
- 'HealthPathways' was developed and launched in partnership with Hunter Medicare Local. An online health information portal aimed at general practitioners HealthPathways provides information on how to assess and manage medical conditions and how to refer patients to local specialists and services.
- Four NSW Health Awards were won – 'Opening the Door on Osteoporosis', 'A life worth living; a group worth doing' and 'A World First in Hunter New England Health – Performance Based Assessment' a project that won both the Director General's Innovation Award and Building the Health Workforce category. HNE Health was also a finalist in four NSW Aboriginal Health Awards.

MID NORTH COAST

Local Health District

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Telephone: 6588 2946
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Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Stewart Dowrick

Local Government Areas

Coffs Harbour, Bellingen, Kempsey, Nambucca, Port Macquarie Hastings

Public Hospitals

Bellinger, Coffs Harbour, Dorrigo Multi Purpose Service, Kempsey, Macksville, Port Macquarie, Wauchope

Public Nursing Homes

Dorrigo Residential Aged Care (H709) 14 High Care beds, seven Low Care beds

Community Health Centres

Bellingen, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie, South West Rocks, Wauchope, Woolgoolga

Child and Family Health

There are no tertiary level facilities in MNC LHD, so these services have to be sourced from other partners. John Hunter Children's Hospital is the tertiary facility for MNC LHD children's services, with the exception of some quaternary services that are provided at Sydney and Westmead Children's Hospitals.

Oral Health Clinics

Coffs Harbour, Kempsey, Laurieton, Port Macquarie, Wauchope

Other Services

Aboriginal Health, Cancer Services, Drug and Alcohol, Mental Health, Public Health, Sexual Health, Violence, Abuse, Neglect and Sexual Assault

Demographic Summary

Mid North Coast Local Health District (MNC LHD) covers an area of 11,335 square kilometres, which extends from Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north.

The traditional custodians of the land covered by the MNC LHD are the Biripi, Daiggatti, Naganyaywana and Gumbainggir Nations.

At the 2011 Census, it was estimated that in the MNC LHD there were approximately 200,404 persons with 5% of the population identified as being of Aboriginal and/or Torres Strait Islander descent. Of the total MNC LHD population, 40,000 (20%) were u*nder the age of 16 years*, with 10.3% of those under 16 being of Aboriginal and/or Torres Strait Islander descent.

MNC LHD has some of the lowest SEIFA scores in NSW, with Kempsey and Nambucca Local Government Areas ranking 7 and 8 in terms of disadvantage in NSW.

The MNC LHD has Base Hospitals at Coffs Harbour and Port Macquarie, as well as District Hospitals at Wauchope, Kempsey, Macksville, Bellingen, and a Multi-Purpose Service at Dorrigo. In addition to acute care, Community Health Services are delivered from 10 locations across the MNC LHD.

Year in Review

The past year saw the establishment of the Mid North Coast Local Health District as a functioning Health Service provider which progressed well through the separation from the former North Coast Area Health Service, providing effective support to the Governing board in the discharge of its Governance responsibilities, including the establishment of robust processes in the development of its strategic planning responsibilities. The year also marked the articulation of Quality and Excellence in Regional Healthcare as the District's Vision Statement and the establishment of the Senior Executive Team.

The District was able to meet budget while servicing a larger portion of our communities. We are very proud of our achievements particularly in regard to the Closing the Gap Strategies and enhancing our formal partnerships with our Aboriginal and Educational Communities.

In November 2011, Mid North Coast Local Health District won two Awards at the Premier's Public Sector Awards, recognising the region's commitment to enhancing systems and delivering high quality healthcare. Both Awards went to teams from Port Macquarie Base Hospital. The winning projects were "Peace of Mind" (which aims to improve safety and care for patients with cognitive impairment) and "Frontline Physiotherapy" (which offers immediate physiotherapy diagnosis and treatment with the Emergency Department).

Mid North Coast Local Health District also won two categories; Closing the Gap in Aboriginal Maternity and Child Health and Closing the Gap through Community Engagement and Partnerships, in the NSW Aboriginal Health Awards – Closing the Gap in Health Outcomes.

All four programs are a testament to the professionalism, quality and hard work of our staff across the District.

The year 2011-12 will be remembered as a year of great change for the Communities of the Mid North Coast – not only was this the year we became a District, but also the year in which every Site either began planning capital projects or had projects actually commence.

The District is very grateful to its approximately 450 volunteers who work tirelessly in our Sites to support not only our patients and clients but also our staff, whether it is assisting within our Emergency Departments, supporting patients and their families or fundraising for equipment.

Stewart Dowrick, Chief Executive

Key Achievements 2011-12

- Appropriate governance and executive structures and processes were embedded.
- The separation of services and management functions from the former North Coast Area Health Service environment, entering into a Hosted and Held Partnership Agreement with Northern NSW Local Health District and being responsible for the larger portion of services covered by that Agreement was concluded.
- Collaboration was improved with our Aboriginal Health Stakeholders via the establishment of our Closing the Gap Governing Board Sub Committee and entering into a Memorandum of Understanding with the Many Rivers Alliance.
- Our formal relationships with our major University and Technical and Further Education partners are progressing and effective engagement with the Pillars.
- The District's approach to improving our relationships with our key external partners and engagement with our communities was enhanced.
- Clinical engagement in decision-making continued to improve.
- We assisted in the development of the District's Strategic Plan, adoption of the CORE Values and the vision statement of Quality and Excellence in Regional Healthcare.
- Our Capital Works Program is the largest ever for all eight Sites on the MNC with around $200M in projects being approved and managed. This includes $110M for the Port Macquarie Base Hospital re-development and $80M for Kempsey District Hospital and capital projects at all Sites.
- Sound progress has been made in regards to the introduction of the new national performance targets as they relate to Surgery and Emergency Services while operating within our overall financial allocation.
- Good progress has been made to address work place culture through the YourSay strategies and improved monitoring is occurring in regard to bullying/harassment, grievance management.
- Improvements continue to be made in regard to the District's Clinical Governance processes and monitoring.

MURRUMBIDGEE
Local Health District

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Chief Executive: Susan Weisser

Local Government Areas

Albury, Berrigan, Bland, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Lachlan, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Young, Wagga Wagga and Wakool

Public Hospitals

Wagga Wagga, Griffith
Health Services: Albury, Barham, Cootamundra, Corowa, Deniliquin, Finley, Gundagai, Hay, Hillston, Leeton, Murrumburrah-Harden, Narrandera, Temora, Tocumwal, Tumut, Wyalong, Young
Multi Purpose Service: Batlow, Berrigan, Boorowa, Coolamon, Culcairn, Henty, Holbrook, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tumbarumba, Urana

Public Nursing Homes

Carramar – Leeton, Norm Carroll Wing – Corowa, Harry Jarvis – Holbrook, Harden

Community Health Centres

Adelong, Albury, Ardlethan, Barellan, Barmedman, Coleambally, Darlington Point, Mathoura, Moama, Moulamein, Tarcutta, The Rock, Tooleybuc, Ungarie, Weethalle

Oral Health Clinics

Albury, Berrigan, Cootamundra, Deniliquin, Griffith, Hay, Hillston, Junee, Leeton, Narranderra, Temora, Tumbarumba, Tumut, Wagga Wagga, West Wyalong, Young

Affiliated Health Organisations

Mercy Health – Albury and Young

Other Services

South West Brain Injury Service, Albury Nolan House Acute Mental Health Inpatient Services, Albury Community Mental Health/Drug & Alcohol Services

Demographic Summary

Murrumbidgee Local Health District covers an area of 125,561 square kilometres and in 2010 had an estimated population of 297, 476 people. The population is projected to grow to about 307,000 by 2031. This represents a slow growth rate compared to NSW figures.

There are four main areas of population density at Albury, Deniliquin, Griffith and Wagga Wagga – which is NSW's largest inland centre with a population of about 60,000. The major health issues for MLHD are an ageing population, Aboriginal health, overweight/obesity, alcohol consumption, smoking, cardiovascular disease, injury and mental health.

Much of the regional industry is related to agriculture; however, there are also a variety of businesses and industrial enterprises including government departments, defence, universities, forestry and tourism. The Local Health District significantly contributes to communities being a preferred employer across a range of clinical and non-clinical roles.

Year in Review

The past year has seen the first full year of operation of the Murrumbidgee Local Health District and it is pleasing to be able to report on a number of major achievements for the District.

Foremost is commencement of the Wagga Wagga Redevelopment project, which will see the redevelopment of the acute areas of the hospital along with a new, expanded mental health facility. In addition building work on a new Multi Purpose Service (MPS) facility for Gundagai is nearing completion with the move to the new facility planned to occur in October 2012. This, along with work on the upgrading of the Lockhart service to a MPS and the securement of funding for a new MPS for Hillston means that we are continuing to progress the development of services in our smaller rural communities.

During 2011-12, the Board led a major community consultation program in order to develop a Strategic Plan to guide the development of the District over the coming years. The plan focuses on the need to develop and deliver services in a way that meets the needs of rural communities, the importance on improving community and clinician engagement and working with other health-related partner organisations. The need for a highly skilled and sustainable workforce has seen the LHD focus on making MLHD a great place to come and live and work and this is a goal that we will continue to pursue.

There are a number of people I would like to thank for their support during the year. I would like to express my sincere appreciation to all health service staff, both clinical and non-clinical, who have worked extremely hard over the year, providing high quality services to our patients and clients.

In addition, I would like to thank all the members of the Local Health Service Advisory Committees, Multi Purpose Service Committees, Hospital Auxiliaries and Hospital Volunteers. These groups play a crucial role in local health care. They act as advocates for services and support local hospitals and community-based services through fundraising. In 2011-12, more than $1.2 million was donated to local health services through these groups or by individuals.

Money donated locally is used for the local hospital or specific purpose for which it was donated. Donations are always greatly appreciated and over the last six months these funds have seen a wide range of items acquired for use at local health facilities.

Susan Weisser, Chief Executive

Key Achievements 2011-12

- Work started on the $282.1 million redevelopment of the Wagga Wagga Health Service. The NSW Government contributed $215 million, which was complemented by a Federal contribution of $55.1 million. A further $12 million was allocated from the Federal sub-acute program for a 20-bed sub-acute mental health unit. Other capital works projects included start of construction on the $13 million Gundagai Multi Purpose Service, completion of the $3.2 million Corowa HealthOne and joint State/Federal funding secured for the $12 million Hillston Multi Purpose Service.
- MLHD hospitals provided 14,181 operations in the 2011-12 financial year, a 1.2% increase. The LHD provided 4013 emergency operations in 2011-12, an increase of 0.5% compared to the previous year. In our emergency departments, 53,179 (2.4% decrease) patients presented to our base hospital emergency departments and of those, 11,106 (9% increase) patients were admitted to wards. MLHD achieved the Commonwealth's triple zero targets for booked surgery with no patients outside the benchmark. As at 30 June 2012, the National Elective Surgery Target (NEST) was being met for Category 1 and 2 patients with Category 3 performance expected to be achieved by 31 December 2012.
- MLHD has improved nursing recruitment and reduced reliance on agency nursing staff. Nursing vacancies reduced by 66% in the last 12 months. During the year, 57 Transitional Nurses were recruited, an increase of 10 positions on the previous year. We also increased clinical placement opportunities by 16%. The District employed an additional three student midwives across MLHD to support the *'Growing our Own'* initiative."
- Following extensive community consultation across the District, MLHD completed its Strategic Plan for 2012-15. The development of the Strategic Plan involved consulting representatives from 33 communities, staff and partner agencies and provided a clear picture for the work ahead. Themes were similar and included a need for better communication, partnerships between agencies to maintain a patient-centred focus and encouragement for local residents to pursue a career in health. Fostering ongoing dialogue with local communities will ensure MLHD supports a good understanding of health issues within local communities.
- MLHD has one of the highest rates of hand hygiene compliance in NSW. In the second Hand Hygiene Audit in 2012, the compliance rate was 81.2%, compared to the state compliance rate of 76.9%. MLHD has also sustained low rates of healthcare associated infections and has successfully piloted a sepsis program in Griffith.
- Continued expansion of 'out of hospital' care programs including Hospital in the Home/CAPAC and Transitional Residential Aged Care Service (TRACS) with improved clinical outcomes for clients who can be cared for in their own homes by multi-disciplinary teams.
- The *Connecting Care in the Community* chronic disease management program continues to grow. Enrolments have increased each year since introduction in 2009, with almost 500 new participants in 2011-12. The model of care is based on a team approach to chronic disease management and positive outcomes have been demonstrated for clients with multiple chronic conditions.

- Improvements in the quality of mental health care plans and family/carer and consumer involvement. A MLHD award-winning project at Wagga Wagga Base Hospital's inpatient mental health unit has introduced a multi-disciplinary, holistic approach with more patient and carer involvement. The project has achieved positive outcomes and is being adopted across the District.
- A series of community consultations were held across MLHD to seek comments and views about future renal dialysis and maternity services. The feedback is assisting in the development of new service plans, which will ensure safe, sustainable models of care.
- Local Health Advisory Committee (LHAC) members met at workshops in October and April 2012 to review MLHD activities. A reappointment process saw more than 150 LHAC members appointed or reinstated across the District in June. The monthly staff newsletter is continuing to grow and each edition now averages over 20 pages of local news and events.
- Several Occupational Health, Safety and Wellbeing initiatives have resulted in improved management of workers' compensation claims and return to work.

NORTHERN NSW

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Chief Executive: Chris Crawford

Local Government Areas

Ballina, Byron, Clarence Valley, Kyogle, Lismore, Richmond Valley and Tweed

Public Hospitals

Ballina District, Byron District, The Campbell Hospital, Coraki, Casino & District Memorial, Grafton Base, Lismore Base, Maclean District, Mullumbimby & District War Memorial, Murwillumbah District, The Tweed
Multi-purpose Services: Kyogle Memorial, Nimbin, Urbenville, Bonalbo Health Service

Community Health Centres

Alstonville, Ballina, Bangalow, Banora Point Community Centre, Bonalbo, Byron, Casino, Coraki (closed at present), Evans Head, Grafton, Iluka, Kingscliff , Kyogle Lismore (Adult), Maclean, Mullumbimby, Murwillumbah, Nimbin, Tweed Heads, Urbenville

Child and Family Health

Lismore, Goonellabah Child and Family Services
Child and Family Services are provided across the District at NNSW LHD Community Health Centres

Oral Health Clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin Tweed Heads

Other Services

Aboriginal Health, BreastScreen, Cancer Services, Aged Care and Rehabilitation, Public Health, Mental Health and Drug and Alcohol, Sexual Health, Sexual Assault, Women's Health

Demographic Summary

Northern NSW LHD comprises a total of 13 Statistical Local Areas (SLAs), seven Local Government Areas (LGAs) and the Urbenville part of Tenterfield LGA. The District is divided into two Health Service Groups and in 2011, had an estimated resident population of 297,295. It is also acknowledged that Queensland residents access services in the Tweed Valley, however, for the purposes of this document, this population is not included in the Tweed Byron Health Service Group Population. When planning for specific services for the District, however, consideration is given to this population and its utilisation of services within NNSW LHD, mainly in Tweed Heads.

Northern NSW LHD is one of the fastest growing rural and remote LHDs in NSW. In 2006, (base year for projections) the estimated residential population of Northern NSW LHD was 280,708 and this is projected to increase by 12.2% to 314,957 by 2016 and 331,839 (18%) by 2021. This represents a slightly higher growth rate than the NSW average growth rate from 2006-2021 (17%).

The 65 years and over age group has the highest projected growth rate in NNSW LHD. This projected growth of 2.7% per annum from 2006 to 2011, and 3.9% between 2011 and 2016 is a little greater than the NSW persons aged 65 and over which is expected to grow by 2.7% per annum to 2011 and 3.4% per annum between 2011 and 2016.

In 2011, 3.7% of the total population of the Northern NSW LHD or 11,029 persons were registered as Aboriginal.

The NSW Aboriginal population is younger, with around 40% of the population under 15 years of age, compared with 19% of the non-Aboriginal population. The proportion of the Aboriginal population over the age of 65 years is just over 3%, compared with just over 13% in the non-Aboriginal population.

This population spread is similar in Northern NSW LHD where it is estimated that 39% of the Aboriginal population were aged 0-14 years in 2006 and 3% were aged ≥ 65 years.

Economic status is closely associated with health and wellbeing. All LGAs within NNSW LHD score lower than the NSW score on most measures of socio-economic status. The overall level of socio-economic disadvantage contributes to higher than average levels of health problems in the community and demand for services in NNSW LHD.

Year in Review

The year commenced with the change from being a Local Health Network with a Governing Council to a Local Health District with a Board on 1 July 2011. While many members of the Governing Council were appointed to the Board, its establishment saw a number of new members appointed. Ms Hazel Bridgett was appointed as Chair and Mr Malcolm Marshall as Deputy Chair. I have worked with the Board Chair to assist the Board in understanding the different role of a District with a Board to that of a Network with a Governing Council.

Transition activities included the continued devolution of the services and budgets of the former North Coast Area Health Service and the Health Reform Transition Organisation North to the Northern NSW and Mid North Coast LHDs; finalising the membership of the NNSW LHD Executive and Organisational Structure; and the establishment of Community and Clinical Engagement structures.

Considerable work with clinicians has been undertaken by the NNSW LHD to prepare for the introduction of Activity Based Funding and the Four Hour Emergency Exit Time target.

Planning has been a key focus of the NNSW LHD this year with a comprehensive five-year Strategic Plan developed. The Clinical Service planning undertaken for the two largest Hospitals, Lismore Base (LBH) and The Tweed Hospitals, was significantly advanced and also planning for the establishment of a new Community Health Centre (CHC) for Yamba was completed. The LBH and Yamba CHC planning resulted in the securing of Health and Hospital Funding of $80 Million and $5.5 Million respectively to further develop LBH infrastructure and to build the Yamba CHC. Clinical Services Planning Committees have been established to develop the Byron Shire and Coraki and Surrounds Clinical Service Plans.

Significant Capital Works have been finalised, including the redevelopment of the Grafton Base Hospital (GBH) Emergency Department and Surgical Services, the development of a new Maclean Hospital Emergency Department, and a new Murwillumbah Hospital Oncology Unit. Capital works projects that are underway and due for completion in the coming year, include a new HealthOne Centre at Pottsville, accommodation for a PET and an MRI at LBH and a new wing to accommodate Rehabilitation and Palliative Care beds at Maclean Hospital.

The 2011-12 year also saw the introduction of Orthopaedic Surgery at GBH and the commencement of a Home Birthing Service trial supported from Mullumbimby Hospital. The implementation of the Chronic Care Program for Aboriginal People with pathways to support 48-hour follow-up and chronic disease specific pathways, which are operational across six facilities, was enhanced. The Connecting Care Program with integrated Connecting Care Plans, Connecting Care Coordinators and communication strategies to proactively keep patients well and to intervene early, if they become sick, was significantly expanded.

In conclusion, I recognise and thank all the NNSW LHD staff, volunteers and supporters who enabled us to provide high standards of care to our patients in 2011-12. Our volunteers work tirelessly behind the scenes, including the tremendous efforts of our Hospital Auxiliaries to raise funds for our patients' comfort and care and to support our dedicated staff. Recognition also needs to be given to the Board, especially the Chair, Hazel Bridgett, who have given strong support to the management team over the past year.

Christopher Crawford, Chief Executive

Key Achievements 2011-12

- The Pathology North-Tweed refurbishment upgrade supports the better delivery of pathology services to The Tweed Hospital patients.
- Grafton Base Hospital (GBH) Emergency Department and Surgical Services redevelopment included a major expansion of the Emergency Department and the construction of a new Surgical Theatre Suite with three new Operating Theatres.
- The addition of an Orthopaedic Surgery Service at GBH provides an important new service for Clarence Valley residents, so they can get this inpatient treatment closer to home.
- We won the 2011 Premiers Award in the Regional Innovation Category, the award for "Building a Sustainable workforce on the North Coast" recognises the collaboration and commitment between NNSW LHD and key regional education providers including the University Centre for Rural Health, Northern Rivers GP Network (now North Coast NSW Medicare Local), Southern Cross University and North Coast GP Training to grow our own workforce by skillfully training more students who are undertaking Healthcare courses locally.
- The Maclean Hospital Emergency Department redevelopment, which was funded by a generous community bequest, provided the Hospital with an expanded modern and more functional Emergency Department.
- The Satellite Oncology Unit opened at Murwillumbah Hospital so that patients living in the Murwillumbah District are now able to have some of their cancer care provided locally thanks to a new Satellite Oncology Unit.
- The Northern NSW LHD has commenced a pilot Home Birthing pilot supported from the Mullumbimby Hospital following an extensive consultation process with the Community and Clinicians.
- A second Linear Accelerator has commenced operation at the Lismore Base Hospital Cancer Centre, which will allow up to 800 patients per year to be treated on the two machines.
- The development of a comprehensive five year NNSWLHD Strategic Plan through a consultative process, which involved consulting clinicians, Support Staff, planners and Management, who have worked together to inform the consent of this Strategic Plan was completed.
- The successful Health and Hospital Funding applications secured $80 million to progress the LBH Stage 3 Phase 1 redevelopment and $5.5 Million for building of a new Community Health Centre at Yamba.
- The installation of a new $500, 000 CT Scanner has significantly enhanced the Murwillumbah Hospital Medical Imaging Service. The availability of this CT Scanner locally will avoid the need for some Patients requiring a CT Scan to be transferred to The Tweed Hospital to obtain this service.

SOUTHERN NSW

Local Health District

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Chief Executive: Dr Maxwell Alexander

Local Government Areas

Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Greater Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan, Yass Valley

Public Hospitals

Batemans Bay, Bega, Cooma, Crookwell, Goulburn, Kenmore, Moruya, Pambula, Yass, Queanbeyan
Multi Purpose Services: Bombala, Braidwood, Delegate
Health Services: Bourke Street

Community Health Centres

Bega Valley (Eden, Pambula, Bega Community Health Centre), Cooma, Crookwell, Eurobodalla (Narooma, Moruya, Batemans Bay), Goulburn (Goulburn, Marulan and Gunning – community owned), Jindabyne, Queanbeyan (Queanbeyan, Karabar, Jerrabomberra, Bungendore), Yass

Child and Family Health

Child and Family Services are provided from all Community Health Centres within SNSWLHD

Oral Health Clinics

Cooma, Goulburn, Moruya, Pambula, Karabar (Queanbeyan), Yass

Other Services

Brain Injury Unit, Child, Infant and Family Tertiary Service

Demographic Summary

The Southern NSW LHD occupies the south-eastern corner of NSW, covering an area of 44,534km. The LHD has a population of approximately 196,000 (June 2011) and this is expected to grow to around 245,000 by 2026.

Compared to NSW, the SNSWLHD has similar proportions of children aged 0-14 years (19%) and working age adults aged 25-64 years (53%), but a greater proportion of older adults aged over 65 years (17%) and fewer young adults aged 15-34 years (22%). Projections to 2026 indicate the fastest growing age groups will be those 65 years and over.

The SNSWLHD extends from the South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains and mostly surrounds the Australian Capital Territory. There are 10 Local Government Areas within the District, the largest being Queanbeyan (about 40,000 people) and the smallest being Bombala LGA (about 2500 people). Much of the local industry is related to agriculture, government administration, hospitality and tourism.

SNSW LHD contributes significantly to communities, employing around 1780 full-time equivalent staff. In the 2011 Census, about 5500 LHD residents (2.9%) identified as Aboriginal and/or Torres Strait Islander. This represents a 15% increase since the 2006 Census. Nearly 25,000 LHD residents (12.6%) stated that they were born overseas, and about half of these migrants were born in a predominantly non-English speaking country (6.4% of the LHD population).

Year in Review

During 2011-12, 114,305 patients attended our EDs, with 48,086 patients and clients attended our community and mental health services and 47,479 patients were admitted to our hospitals. Patients attending our EDs were generally treated quickly, with 79% of our patients leaving the emergency department within four hours; well above the national target of 69%.

Our staff showed great initiative and drive to improve quality of care for patients and clients. Our annual Quality Awards showcased 22 projects relating to patient care and access to services. The Community Mental Health project focusing on access to service for adolescents achieved finalist status in the NSW Health Awards. A further entry achieved finalist status with the Treasury Managed Fund Risk Awards.

We have a number of significant capital developments underway, including the $170.1 million South East Regional Hospital project in the Bega Valley. This is a Greenfield development of a new hospital, which will be one of the biggest infrastructure projects in the region when completed in 2016. The renal dialysis satellite in Queanbeyan was completed and is an excellent addition to our service. Building is underway for a sub-acute unit in Goulburn and planning is nearly completed for a subacute unit in the Eurobodalla service at Moruya. These services will open in 2013.

The year saw consolidation of SNSWLHD as a viable new organisation following the health system-wide changes made in 2010; that included establishing the Board and its committees and a new executive team. Most of that system change is behind us now.

The LHD has made significant improvements to its consultation with communities. Two examples are Yass Health Service and Eurobodalla Oncology Service Plans.

All our facilities achieved accreditation with the Australian Council for Health Care Standards with only a modest number of low-level recommendations being made. This was a great result.

Dr Maxwell Alexander, Chief Executive

Key Achievements 2011-12

- SNSWLHD Turnaround Plan for 2011-12 resulted in achieving targeted savings of $4.2M. This included favourability to the LHD revenue target of $1.07M and the LHD continues to perform very well in revenue collection.

- Our Medical Services Plan was developed with strategies to increase permanent medical workforce and reduce use of temporary (locum) staff and associated costs.
- We developed service plans for the Braidwood Multipurpose Service, Yass Health Service, Jindabyne and Eurobodalla Oncology Service.
- We worked with 74 early childhood services in the Munch and Move program (children's healthy eating and physical activity); we worked with 53 primary schools in the Crunch and Sip program (children's healthy eating and physical activity); and we provided 66 volunteer-led Tai Chi classes in 32 communities (a community-based falls prevention strategy).
- During 2011-12, 114,305 patients attended our EDs, with 48,086 patients and clients attended our community and mental health services, 47,479 patients were admitted to our hospitals, and treated 552 patients with acute conditions at home as part of the Hospital in the Home program.
- We met the National Emergency Access Target (NEAT), with 79% of patients leaving the ED within four hours, against the 2012 target of 69%. Our National Elective Surgery Target (NEST) figures for the following categories were: Category 1 – 93.4% (target 96%), Category 2 – 94.2% (target 90%) and Category 3 – 89.2% (target 92%).
- Accreditation of all facilities was achieved with the Australian Council for Health care Standards with 34 low level recommendations provided for development being made.
- A formal verification of the quality of services in relation to key requirements of the Clinical Excellence Commission (QSA) was undertaken with high compliance and two commendations being awarded for our Policy Club and Volunteers program for Dementia. These initiatives have been distributed across NSW Health.
- Our annual quality awards showcased 22 improvement projects undertaken across the district to enhance systems and processes related to patient access and improved service. Seven winners were chosen from the submissions, which were higher in number and quality than previous years. The Community Mental Health project focusing on access to service for adolescents achieved finalist status in the 2012 NSW Health Awards. A further entry achieved finalist status with the Treasury Manage Fund Risk Awards.
- Managing organisational risk has been a focus for improvement and has involved combining the management of corporate and clinical risk, development of an enterprise wide risk framework and significant work on identifying our highest-level risks with associated action plans to manage each risk.
- Our Hand Hygiene compliance (the most effective strategy to prevent transmission of infection) has steadily been improving.
- The importance of critically reviewing clinical systems, processes and patient care to constantly improve the safety of our patients has seen the development of capacity at local facilities and services through training and development of Clinical Review, Root Cause Analysis (RCA), Continuous Process Improvement and high level Open Disclosure training to follow.
- Key performance indicator benchmarks have been consistently achieved for response to complaints, RCAs and implementation of their recommendations being completed on time.

WESTERN NSW
Local Health District

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Chief Executive: Dr Maxwell Alexander

Local Government Areas

Bathurst Regional, Blayney, Bogan, Bourke, Brewarrina, Cabonne, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan (minus Lake Cargelligo), Mid-Western Regional, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin, Wellington

Public Hospitals

Health Services: Bathurst, Canowindra, Cobar, Condobolin, Coonabarabran, Coonamble, Cowra, Dubbo, Lachlan (incorporating Forbes and Parkes Health Services), Molong, Mudgee, Narromine, Orange, Bloomfield Campus - incorporating Bloomfield Mental Health Service, Peak Hill, Walgett, Wellington
Multi Purpose Health Services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Coolah, Dunedoo, Eugowra, Gilgandra, Grenfell, Gulargambone, Lightning Ridge, Nyngan, Oberon, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Warren

Public Nursing Homes

Peg Cross Memorial Nursing Home – State Funded Nursing Home located with Walgett Health Service

Community Health Centres

Baradine, Bathurst, Blayney – HealthOne Blayney, Binnaway, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran, Coonamble, Cowra, Cudal, Cumnock, Dubbo, Dunedoo, Eugowra, Lachlan Health Service (Parkes and Forbes Gilgandra, Goodooga, Gooloogong, Grenfell, Gulargambone, Gulgong – HealthOne, Hill End, Kandos, Lightning Ridge, Manildra, Mendooran, Molong – HealthOne, Mudgee, Narromine, Nyngan, Oberon, Orange (located within Hospital and at Kite Street), Peak Hill, Quandialla, Rylstone, Sofala, Tottenham, Trangie, Trundle, Tullamore, Tullibigeal, Walgett, Warren, Wellington, Woodstock, Yeoval

Child and Family Health

Child and Family Health Nurse services are provided at the following Community Health Centres: Baradine, Bathurst, Blayney – HealthOne, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coonabarabran, Coonamble, Cowra, Cudal, Dubbo, Dunedoo, Eugowra, Lachlan Health Service (Parkes and Forbes), Gilgandra, Goodooga (provided by Lightning Ridge), Grenfell, Gulargambone, Gulgong – HealthOne, Kandos, Lightning Ridge, Molong – HealthOne, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield Campus, Peak Hill, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

Other programs and service arrangements relating to child and family health include: Statewide Eyesight Preschool Screening (StEPS) Program, Statewide Infant Screening – Hearing (SWISH) Program, Aboriginal Otitis Media Program.

Aboriginal Maternal and Infant Health Strategy (AMIHS) is located in the following cluster sites: Orange/Bathurst/Cowra/Oberon/Blayney (with a service agreement with Orange AMS), Dubbo, Narromine, Parkes/Forbes/Peak Hill, Bourke/Brewarrina, Gulargambone/Gilgandra, Warren, Condobolin

Aboriginal Maternal Infant Health Service – Mental Health Drug & Alcohol program with three-year funding from the NSW Ministry of Health, provided from Dubbo and Walgett.

Oral Health Clinics

Oral Health Clinics with permanent staffing include: Bathurst, Cowra (Child), Dubbo, Forbes (Child), Mudgee, Orange, Parkes

Visiting public Oral Health Clinics and other oral health services arrangements provided in the LHD occur at the following: Blayney Child Dental Van at Blayney Public School, Cobar Child Dental Clinic at Cobar Health Service, Condobolin Dental Clinic at Condobolin Health Service, Cowra Hospital Dental Clinic (Adult Assessments), Dunedoo MPS Dental Clinic (Private Practitioner use), Gilgandra MPS Dental Clinic (visiting public service and Private Practitioner use), Lightning Ridge MPS Dental Clinic (Service provided by Royal Flying Doctor Service), Goodooga Dental Room at Goodooga Primary Care Centre (Service provided by Royal Flying Doctor Service), Collarenebri Dental Room at Collarenebri MPS (Service provided by Royal Flying Doctor Service), Nyngan Child Dental Clinic (provided at Nyngan Public School), Rylstone Dental Clinic at HealthOne Rylstone, Tottenham MPS Dental Clinic, Trundle Dental Clinic at Trundle Central School, Wanaaring Dental Clinic (Service provided by Royal Flying Doctor Service), Wellington Health Service Dental Clinic

Non-WNSW LHD clinics utilised by WNSW LHD Oral Health Staff include: Bourke Aboriginal Health Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic, Brewarrina Shire Dental Clinic (if required)

Affiliated Health Organisations

Lourdes Hospital and Community Services – Dubbo, St Vincent's Hospital – Bathurst

Other Services

Aboriginal Health, BreastScreen, Child Protection, Chronic Care, Community Nursing, Drug and Alcohol, Mental Health, Sexual Health, Violence, Abuse, Neglect and Sexual Assault, Brain Injury Rehabilitation Program, Aged Care Assessment Team, Women's Health

Demographic Summary

The Western NSW LHD serves a population of 261,748 people, which is 3.8% of the population of NSW. The population is dispersed across a large geographic area of approximately 250,000 square kilometres (31% of the State), which includes 23 local government areas (LGAs).

Seven of these LGAs are classified as 'remote' or 'very remote' by the Area Remote Index of Australia Plus (ARIA +) classification. Most of the population is concentrated in large cities and towns in the Bathurst Regional, Cabonne, Orange, Dubbo, Mid Western Regional, Parkes, Forbes and Cowra LGAs.

There are 24,800 Aboriginal and Torres Strait Islander people living in the LHD, representing 9.5% of the total population. This is significantly higher than the NSW average of 2.5%. The LGAs with the highest proportions of Aboriginal and Torres Strait people are Brewarrina (59% of LGA), Bourke (30.2% of LGA), Walgett (28.1% of LGA) and Coonamble (29.3% of LGA).

A small increase (2.6%) in the overall population is projected to 2026. The population is ageing with a projected decline in the number of children and young adults and a significant increase in the population aged 55 years and over. The largest projected increase is in people 70 years and over.

Social factors such as income, socio-economic status, employment status and educational attainment are all associated with inequalities in health, lower socio-economic status being associated with increased morbidity and mortality. The Index of Relative Socio-economic Advantage/Disadvantage is one of the ABS Socio-Economic Indicators for Areas (SEIFA). When compared to NSW the population of the Western NSW LHD has lower household weekly incomes, higher percentages of people receiving income support and an overall lower socio-economic status contributing to a higher than NSW State average rate of disease.

Year in Review

The Western NSW Local Health District delivers health care to approximately 260,000 people residing in regional, rural and remote parts of the state.

The District continues to be challenged by its diverse and dispersed population. The provision of safe and effective health care to our communities is a priority for Western NSW Local Health District and this is demonstrated through significant and growing investment in programs that cover the full spectrum of health care, from health promotion to primary and community care as well as acute, sub-acute and chronic care.

This investment is again echoed by the many and varied capital works projects that have been completed or commenced in the Local Health District, including: the recent completion of

HealthOne Gulgong, and ongoing development as a Multi Purpose Service (MPS); a $79.8 million transformation of Dubbo Base Hospital, as well as a new Sub-Acute Mental Health Unit; planning and design for the Lachlan Health Service; planning for Peak Hill MPS and; Wellington Hospital Emergency Department Upgrade Project.

Community Engagement was also primary focus for the organisation during the past year. Western NSW Local Health District has more than 320 volunteer health councillors representing the needs and concerns of communities across the district.

Community Input Forums were held at sites including Parkes, Nyngan, Orange, Bathurst, Walgett and Dubbo, supported by a district wide survey. The information gained from these exercises was very valuable in identifying the community's health concerns, which included easy and timely access to health services in their own community, transport and stronger focus on sustainable health promotion and exercise programs. Aged care services also surfaced as an issue of concern within our communities. These are all areas for inclusion in the District's Strategic Plan.

It is with great excitement and anticipation that we continue to meet the many and varied challenges of our District's health care needs, with a dedicated team of highly skilled staff and health professionals.

Dr Pim Allen, Chief Executive

Key Achievements 2011-12

- Lachlan Health Service Redevelopment – The NSW Government committed $2.3 million for a Master Plan and Feasibility Development to set the framework for delivering hospital facilities for the Lachlan Health Service.
- Dubbo Base Hospital Redevelopment – The commitment to the redevelopment of Dubbo Base Hospital was cemented with a budget allocation of $79.8 million dollars. The Health District will begin construction in early 2013.
- HealthOne Gulgong – The Health District opened the state-of-the-art HealthOne Gulgong facility, and received the welcome news that the HealthOne would upgraded to include a Multi-Purpose Service.
- Dubbo Sub-Acute Mental Health – A 10-bed non-acute Mental Health facility has emerged at Dubbo Base Hospital. Completion of this project is expected in the first quarter of 2013.
- Electronic Medical Records Rollout – The health district is continuing with the roll out of Electronic Medical Records, with EMR now located in eight sites.
- Heritage Building in Bathurst Occupied – Stage Two of the $8.9 million Bathurst Health Service redevelopment project entered an exciting new phase, as the first medical specialists moved into the heritage building.
- Feature Exhibit – The Western NSW Local Health District was proud to showcase its staff and services as the feature exhibit at the Australian National Field Days.
- Recruitment Marketing – The Health District featured at the Sydney Royal Easter Show to showcase the exciting career and lifestyle opportunities in Western NSW LHD.
- Community Engagement – The year saw a major focus on community engagement. The LHD hosted six community input forums to seek feedback from community members and plan for future health services. The Minister for Health also held a forum in Dubbo to address community concerns.
- Clinical Governance Review – The Chief Executive commissioned an external review of clinical governance across the Local Health District. The review was wide ranging across the organisation to identify areas of risk for improvement as well as areas currently performing well. Recommendations were made across themes in relation to clinical workforce, recruitment, information technology, medical leadership and clinical safety.

THE SYDNEY CHILDREN'S HOSPITALS NETWORK (RANDWICK AND WESTMEAD)

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Westmead NSW 2145

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Facsimile: 9845 3489
Website: www.schn.health.nsw.gov.au
Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Elizabeth Koff

The Sydney Children's Hospitals Network is a statewide service, which combines The Children's Hospital at Westmead and Sydney Children's Hospital at Randwick.

The Newborn and Paediatric Emergency Service (NETS), the Pregnancy and Newborn Services Network (PSN) and Children's Court Clinic are also part of a specialist paediatric service that provides healthcare to children across New South Wales.

Year in Review

The integration of the state's key paediatric health services and facilities – The Children's Hospital at Westmead, Sydney Children's Hospital, the Newborn and Paediatric Emergency Transport Service (NETS), the Pregnancy and Newborn Services Network (PSN) and the Children's Court Clinic into the Sydney Children's Hospitals Network in 2010 has begun to realise significant benefits to the health of the children of NSW and beyond.

The development of the SCHN Strategic Plan 2012-2016 has set the direction for the organisation for the coming years. The progress of the Network across our four key domains of clinical care, research, education and advocacy is on track, with significant milestones reached.

Through our clinical planning process, we are identifying our future service priorities and ensuring the quality of services that we provide and the models of care we adopt are consistent with contemporary practice.

Risk Management has been a key focus area for the Network with the introduction of an enterprise wide risk management system. This has been implemented across the Network with comprehensive training and support.

We are confident these initiatives will enhance our position as a national and international leader in the provision of paediatric health care. Many of our services are already regarded as world-class and we are committed to expanding this standard of excellence in coming years, as further integration occurs within our Network.

Elizabeth Koff, Chief Executive

Key Achievements 2011-12

- We created a Network Clinical Program Structure, including Network Critical Care Program and creation of the Priority Populations Directorate to address the health needs of groups of at-risk children.
- The Community Ambulatory and Post/Acute Care Service model, also known as 'Hospital in the Home' – across the Network was expanded.
- We expanded the Network's Cochlear Implant Programs, restoring hearing to 40% more children than last year.
- Cancer research was pioneered through the Kids Cancer Alliance.
- Network-wide work continued on a number of important clinical trials, including the Insulin Dependency, Early Action (IDEA) trial for cystic fibrosis patients.
- More than $2million of Health Workforce Australia funding was secured to significantly expand educational opportunities across the Network.
- The Network Simulation Training Program was developed.
- The number of refugee children treated through the newly-funded Refugee Health Plan was tripled.
- The Priority Populations Directorate was created to address the health needs of groups of at-risk children.
- The Sydney Children's Hospitals Network Inflatable and Portable Pool Safety Working Group was established in response to a rise in drownings in small pools.
- Key performance indicator targets set in Service Agreement with NSW Health were achieved.

JUSTICE AND FORENSIC MENTAL HEALTH NETWORK

PO Box 150
Matraville NSW 2036

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Business Hours: 9.00am - 5.30pm, Monday to Friday
A/Chief Executive: Karin Lines

Justice and Forensic Mental Health Network (JFMHN) fulfils a valuable role in improving the health status of those who come into contact with the forensic mental health system and the criminal justice systems, while also minimising the health consequences of incarceration on individuals, their families and the general community. Commitment to providing the best possible health care to our clients is our key focus.

Year in Review

Justice and Forensic Mental Health Network has continued to enhance the efficiency, quality and effectiveness of services for vulnerable patient populations in NSW.

Over the last 12 months there has been considerable improvements made in the health status of those who came in contact with the Forensic Mental Health and Criminal Justice systems across community, inpatient and custodial settings.

The past year has also seen a strong focus on improving the efficiency of services and improving the care and experiences for our patients.

While the adult and juvenile patient population in custody over 2011-12 has steadied, the incidence of chronic disease and co-morbidities has significantly increased, creating new challenges for JFMHN. This has strengthened the need to build on partnerships with Corrective Services NSW and Juvenile Justice to improve access to patients and ensure the provision of world-class healthcare to our unique and vulnerable population.

In collaboration with the Ministry of Health and Local Health Districts, JFMHN continued the development of the Network. Continued efforts focused on development of clinical governance arrangements, an accountability framework and improvements in patient flow systems.

The continued high quality of care provided to our patients is a credit to all staff. I convey my appreciation to all for their hard work and dedication.

Julie Babinaeu, Chief Executive

Key Achievements 2011-12

- The organisation met budget with the Net Cost of Service totalling $176.063M for 2011-12.
- Community-based services were expanded and significant improvement in the coordination, navigation and provision of health care through ongoing development of the Aboriginal Chronic Care and the Care Navigation Support programs.
- We increased the number of patients with mental illness diverted from courts into community-based services.
- We continued the implementation of the culture improvement initiative, Focusing on Care.
- 97% of required staff completed Between the Flags Training (an increase of 9% since 2010-11). J&FMHN's completion rate of Between the Flags Training is among the highest in the State.
- Outpatient waiting times for category 1 patients have reduced by more than 65% since the beginning of 2011-12.
- 96% of Connections patients were engaged in community services post-release (increase of 6% from 2010-11). The Connections Program aims to improve continuity of care for patients with drug and alcohol issues.
- Seclusion rates for the Forensic Hospital are among the lowest in the State. Average seclusion rate in the Forensic Hospital was 5.5% (target <10%).
- A patient snapshot survey was completed, which provided valuable insights and will help us to further improve the patient journey.
- Over 2011-12, a total of 1767 patients were managed by the Community Integration Team (CIT) (an increase of 930 from 2010-11). The CIT addresses the health needs of adolescents released from custody to the local and surrounding communities.

ST VINCENT'S HEALTH NETWORK

390 Victoria Street, Darlinghurst NSW 2010

Telephone: 8382 1111
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Business Hours: 9.00am - 5.00pm, Monday to Friday
Chief Executive: Jonathan Anderson

The St Vincent's Health Network (SVHN) provides public health services at three Sydney facilities – St Vincent's Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.

Year in Review

The last year has been a productive period for the St Vincent's Health Network in terms of achievement and planning for the future.

The Master Planning process for the Darlinghurst Campus has been finalised. The first stage of building will provide St Vincent's Hospital with improved access featuring a new front entrance and better connectivity between Campus buildings and services. It is envisaged that building will commence late 2013, subject to approvals.

The St Vincent's Research Precinct continues to expand and mature. Prime Minister Gillard opened the $128 million Kinghorn Cancer Centre – a partnership between St Vincent's and the Garvan Institute – in August. The Centre integrates world-class cancer research with best practices, rapidly translating research findings to patient care.

Another research milestone was the opening of the Peter Duncan Neurosciences Research Unit within the St Vincent's Centre for Applied Medical Research. The Unit will focus on neurobiology, stem cell biology, neuroimmunology, neurovirology, and neuropsychology.

Operationally, St Vincent's has focused heavily in the past twelve months on improving patient access and patient flow through the Hospital. The Hospital has focussed on setting a four-hour disposition target for patients attending the St Vincent's Emergency Department.

In April, St Vincent's had its organisation-wide, four-year ACHS survey. At the summation ceremony, the surveyors noted that the sense of mission was palpable around the Campus. They recommended that the Hospital be awarded the highest rating of Outstanding Achievement in two areas – Research Governance and Medication Safety. Their rating recommendations across all criteria were significantly higher than in the previous survey conducted in 2008.

Healthcare for the homeless has been a particular focus in line with our mission. A range of St Vincent's Hospital Departments are working in unison to provide one integrated and cohesive model of care for the homeless. With support from the State Government, St Vincent's is establishing a Homeless Healthcare Centre, Tierney House. The 12-bed unit will provide a holistic and comprehensive service to individuals who are homeless or at risk of homelessness and may be facing a range of co-occurring health issues once they have been discharged from hospital.

Over at St Joseph's Hospital, we have commenced construction of a new Huntington's Disease Unit made possible by COAG funding. Together with the Westmead Huntington's Disease Service, the purpose-built unit will provide integrated care for people across New South Wales with Huntington's disease.

Jonathan Anderson, Chief Executive

Key Achievements 2011-12

- A Campus wide (public and private hospital partnership) approach to service and capital planning on our Darlinghurst Campus culminating in the finalisation of the Campus Planning Statement and Capital Master Plan.
- The $128 million Kinghorn Cancer Centre – a partnership between St Vincent's and the Garvan Institute was opened.
- We secured state funding and begun capital works to establish a 12-bed Homeless Healthcare Centre – Tierney House.
- We secured COAG funding and commenced construction of a new Huntington's Disease Unit on the St Joseph's Hospital Campus.
- We achieved excellent (and markedly improved) results in the St Vincent's Hospital organisation-wide, four-year ACHS survey.
- St Vincent's Director of Immunopathology, Professor Sam Breit's research into the MIC 1 protein was acknowledged by the NHMRC as being one of Australia's top 10 research projects of 2011.
- Professor Sandy Middleton and her team from the Nursing Research Institute were awarded a prestigious international research prize for their groundbreaking study proving the benefits of specially trained stroke teams on patient recovery.
- We secured a grant from Health Workforce Australia to create a new education and simulation centre.
- St Vincents and Mater Health Sydney was the first in Australia to enrol a patient in a trial of the electronic health record.

COMPLIANCE CHECKLIST AND GLOSSARY

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COMPLIANCE CHECKLIST

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GLOSSARY

Activity Based Funding

Activity Based Funding (ABF) is a management tool which helps plan and assess performance and clinical needs as part of the new approach to the funding, purchasing and performance of health services in NSW. ABF helps make public health funding more effective because health service management can allocate their share of available State and Commonwealth funding based on real levels of patient care. The ABF tool allows public health planners, administrators, consumers and clinicians to see how and where taxpayer funding is being allocated.

Bed days

The total number of bed days of all admitted patients accommodated during the reporting period. It is taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

Bed occupancy rate

The percentage of available beds, which have been occupied over the year. It is a measure of the intensity of the use of hospital resources by inpatients.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Comorbidity

The presence of one or more disorders (or diseases) in addition to a primary disease or disorder.

eMR – Electronic Medical Record

An online record which tracks and details a patient's care during the time spent in hospital. It is a single database where patient details are entered once and then become accessible to all treating clinicians, with authorised access, anywhere in the hospital.

Enrolled nurses

An enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Healthcare associated infections

An infection a patient acquires while in a healthcare setting receiving treatment for other conditions.

Medical Assessment Unit

A designated hospital ward specifically staffed and designed to receive medical inpatients for assessment, care and treatment for a designated period. Patients can be referred directly to the MAU by-passing the emergency department.

Non-specialist doctors

A doctor without postgraduate medical qualifications who receives a government salary for the delivery of non-specialist healthcare services in a public hospital to public patients.

Nurse Practitioner

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

SHPN (SC) 120352