NSW Health
Annual Report.

2014-15

NSW GOVERNMENT | **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."

" We strive to deliver the right care, in the right place, at the right time."

About this report

This annual report describes the performance and operation of NSW Health during 2014-15. The report has been prepared according to parliamentary reporting and legislative requirements and is arranged in five sections:

SECTION 1

Overview: Introduction to NSW Health values and priorities, organisation structure and NSW Ministry of Health executive.

SECTION 2

Performance: Summarises performance against the directions and strategies set out in the *NSW State Health Plan*.

SECTION 3

Management and accountability: Reports on governance, public accountability, financial management, information management, people management, environmental management, funding for research and development and accessibility.

SECTION 4

Finances: Includes NSW Health audited financial statements for 2014-15.

SECTION 5

NSW Health organisations: Year in review reports are provided for each local heath district, specialty health network, pillar and other health organisations.

APPENDICES

Additional information and data to supplement the report.

Letter to the Minister

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

Dear Minister

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Reports (Departments) Regulation 2010* and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of NSW Health organisations for the financial year ended 30 June 2015, for presentation to Parliament.

The Financial Statements of these organisations are presented in separate volumes as *Financial Statements of Public Health Organisations under the control of NSW Health 2014-15*. I am also sending a copy of the report to the Treasurer.
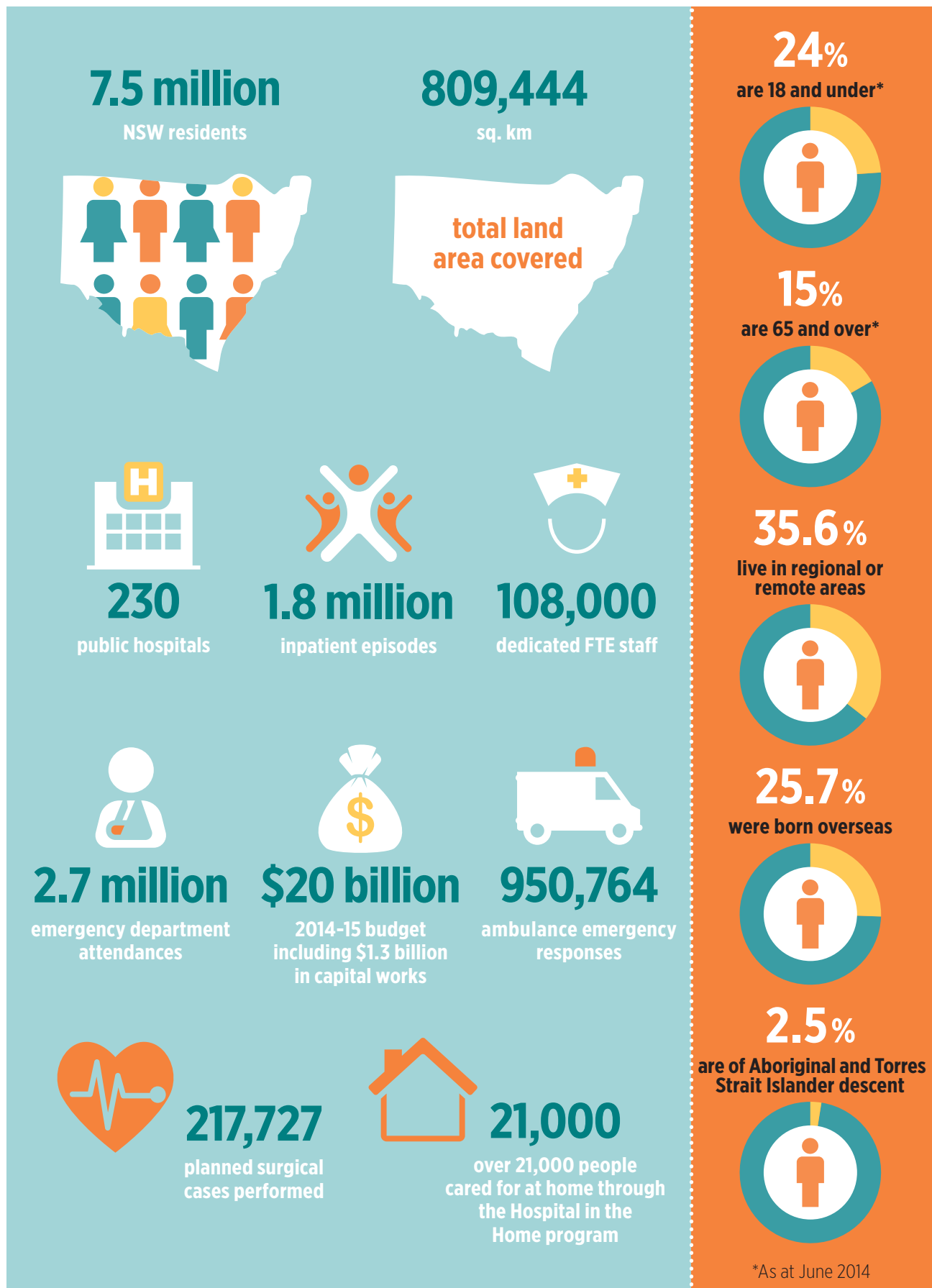
Yours sincerely

Dr Mary Foley
Secretary, NSW Health

COVER IMAGE: A FAMILY PLAYS SOCCER IN THE PARK, MAKE HEALTHY NORMAL CAMPAIGN.

About NSW Health

The NSW public health system is world class. It is the largest public health system in Australia.

7.5 million
NSW residents

809,444
sq. km

total land area covered

230
public hospitals

1.8 million
inpatient episodes

108,000
dedicated FTE staff

2.7 million
emergency department attendances

$20 billion
2014–15 budget including $1.3 billion in capital works

950,764
ambulance emergency responses

217,727
planned surgical cases performed

21,000
over 21,000 people cared for at home through the Hospital in the Home program

24%
are 18 and under*

15%
are 65 and over*

35.6%
live in regional or remote areas

25.7%
were born overseas

2.5%
are of Aboriginal and Torres Strait Islander descent

*As at June 2014

On a typical day in NSW

65,000* meals served to patients

29,000* clinicians use the electronic medical record

17,000* people spend the night in a public hospital

6500* people are seen in emergency departments

5600* people are admitted to a public hospital

3100 NSW Ambulance responses

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

270 babies are born

Approximately...

61,860 people are enrolled in the Integrated Care program to better manage their chronic disease

3160 people receive NSW Health dental services

2030 NSW primary schools participate in programs that promote healthy eating and active living

1750 children are immunised

1360 people visit the iCanQuit website

60 Hospital in the Home services are delivered to help people reduce their stay in hospital or avoid hospital admission

59 ComPacks are delivered to people who require immediate community services to safely return home from hospital

Source: NSW Health Health Information Exchange. *As at July 2015, Monday to Friday.

Table of contents

Secretary
year in review

Over the last five years, NSW Health has been on a journey of reform to put decision making closer to the patient, to make healthcare funding more transparent and to provide clinicians and managers with the tools they need to ensure that we provide our patients with the right care, in the right place at the right time.

While there is more to be done, it's clear that the changes being implemented as part of our reform journey are making a difference, with NSW Health delivering more care, in a more timely way, while maintaining service quality and high levels of patient satisfaction and staff engagement.

This achievement is a testament to all those who work in our public healthcare system. The vision, passion and commitment of our doctors, nurses, support staff, volunteers, administrators and policy makers is essential to creating healthy communities and the delivery of integrated, patient centred care.

PART ONE

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

The staff who work within our local health districts and specialty health networks, along with the NSW Ambulance, are at the forefront of innovation in helping keep people healthy where and when they need it, providing world class health care.

Key achievements across our local health districts, specialty health networks and NSW Ambulance in 2014-15 include:

- **NSW Ambulance** released *Today is the Day We Make Tomorrow Different Strategic Plan 2015-17* to support the organisation's transition to a modern and responsive mobile health service.
- The roll out of the Community Health Outpatient Care Project in **Central Coast Local Health District** to improve continuity of care for patients and clients through information sharing with community-based clinicians.
- The establishment of 10 school-based apprenticeship and traineeship positions in **Far West Local Health District** to help students begin preparation for careers in the health sector.

- Improved Aboriginal health outcomes through Close the Gap strategies, including boosting employment of people with Aboriginal and Torres Strait Islander heritage to 6.6 per cent of permanent staff in the **Hunter New England Local Health District**.
- Launching the Research Strategic Plan and continuing the development of the **Mid North Coast Local Health District** Research Collaborative as a joint project with clinicians, Aboriginal Medical Services and universities.
- The development of a Facebook page for the **Murrumbidgee Local Health District** to improve awareness of services, to share information and create connections within the community.
- The international recognition that was achieved for the Nepean Hospital Falls and Fractures Clinic and its unique balance retraining technique to prevent falls among older people within the **Nepean Blue Mountains Local Health District** and beyond.
- The fit out of the new Breastscreen Mobile Bus with upgraded digital mammography equipment and secure wireless communications systems to transfer images for analysis by radiologists at the Lismore BreastScreen Service in **Northern NSW Local Health District**.
- Along with the University of New South Wales, the **South Eastern Sydney Local Health District** achieved a world first with the launch of the Australasian Oncofertility Registry to capture a cancer patient's fertility journey from the point of diagnosis to enable cancer survivors to plan a family.
- The State's first Nursing and Midwifery Rural Clinical School was established in Cooma in the **Southern NSW Local Health District** in partnership with Charles Sturt University and the University of Wollongong.
- Raised awareness of mental health issues through participation in a three part documentary series called *Changing Minds* filmed with patients and staff of the Liverpool Mental Health Service within the **South Western Sydney Local Health District**.
- The Performance of the 1500th liver transplant at Royal Prince Alfred Hospital within **Sydney Local Health District** and announcing Australia's first dedicated organ donation and transplantation unit.
- The launch of a new mobile dental clinic to provide dental services in smaller communities within the **Western NSW Local Health District**, with a focus on providing care for Aboriginal people.
- Improved home care interventions and the prevention of unnecessary hospitalisation for children and young people in the **Western Sydney Local Health District**, in partnership with the Department of Family and Community Services.

- The collaboration with Corrective Services NSW and the Cancer Institute NSW to implement the Smoke-free Prisons policy within the **Justice Health and Forensic Mental Health Network**.
- The commencement of the CoRD Study within **The Sydney Children's Hospitals Network** to delay or prevent the onset of juvenile diabetes through infusing patients with their own umbilical cord blood; a world first.
- The celebration of 50 years of the St Vincent's Pain Service, Australia's first pain management service and the 30th anniversary of the HIV unit at **St Vincent's Hospital**.

PART TWO

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

Our pillar organisations work with our healthcare clinicians and managers to provide the expert advice they need, in the form of new models of care, quality and safety initiatives, training and development and performance reporting, to help provide patients with the best possible care as close to home as possible.

Key achievements in 2014-15 include:

- Implemented the Stroke Clinical Audit Process across 30 facilities to identify gaps in services that contribute to unwarranted clinical variation and improve functional outcomes for patients suffering an ischaemic or haemorrhagic stroke (**Agency for Clinical Innovation**).
- Developed the TOP 5 Program to improve patient safety and deliver personalised care for hospitalised patients with dementia, and published the results in the International Journal for Quality in Health Care (**Clinical Excellence Commission**).
- Released *Healthy, Safe and Well: A Strategic Plan for Children, Young People and Families 2014-24* to help improve the health and wellbeing of children and families (**NSW Kids and Families**).
- Supported rural general practice training through the Rural Generalist (Medical) Training Program and commenced work on the development of a Rural Generalist Nurse Program to support the needs of rural local health districts (**Health Education and Training Institute**).
- Collaboration with clinicians to develop and implement the surgical services optimisation program to support better outcomes for patients requiring complex surgery for pancreatic cancer and oesophageal cancer (**Cancer Institute NSW**).
- The continued tracking of services provided in NSW public hospitals and the timeliness with which they are delivered through the Hospital Quarterly series (**Bureau of Health Information**).

PART THREE

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

Providing support across all our health services, NSW Health Pathology, HealthShare NSW, eHealth NSW and Health Infrastructure ensure that as a system we provide consistent services for our staff and patients, while benefitting from the scale that a statewide approach can deliver.

Key achievements in 2014-15 include:

- **Health Infrastructure** managed a capital program worth $4.5 billion, completing more than 12 capital projects throughout the State, with expenditure in excess of $900 million in 2014-15.
- **HealthShare NSW** made it easier for patients to access hospital food through improving food packaging, an initiative which won the 2014 *Minister for Health and Minister for Medical Research Award for Innovation*.
- **NSW Health Pathology** expanded access to time-critical pathology tests by deploying nearly 400 point of care devices to 175 regional and rural emergency departments.
- **eHealth NSW** led the statewide roll out of the HealtheNet system, a core platform in supporting integrated care which links patient electronic records across public hospitals, between hospitals and GPs and the national Personally Controlled Electronic Health Record.
- The completion of a number of capital works projects in the **Illawarra Shoalhaven Local Health District** to improve facilities and models of care for staff and patients, including new Ambulatory Care Centres at Shellharbour and Wollongong Hospitals.
- The opening of the Clinical Services Building at Royal North Shore Hospital and a Short Stay Unit at Mona Vale Hospital within the **Northern Sydney Local Health District**.

PART FOUR

Improving system performance

Over the last five years, the performance of NSW Health has continued to improve across key indicators relating to population health, access to and timeliness of care, quality, staff engagement, patient feedback and budgetary performance, despite year on year increases in the demand for care.

- Emergency department attendances have increased from 2.49 million in 2010-11 to 2.69 million in 2014-15, an increase of 8.3 per cent and hospital separations have increased from 1.63 million in 2010-11 to 1.84 million in 2014-15, an increase of 13 per cent.
- At a population health level, smoking and alcohol consumption rates among adults continue to decrease, immunisation rates remain high, breast, cervical and bowel screening rates have increased. While still at concerning levels, the growth in obesity and overweight among adults and children has stabilised.

- 74.3 per cent of emergency department patients were treated within four hours. This was an increase of 13 percentage points since 2012.
- In 2014-15 the percentage of patients receiving their elective surgery on time was 100 per cent (Category 1 – Urgent), 98 per cent (Category 2 – Semi Urgent) and 97 per cent (Category 3 – Non-Urgent), up from 93 per cent, 90 per cent and 92 per cent respectively in 2010-11.
- Staphylococcus aureus infection rates were 0.7 per 10,000 bed days in 2014-15, an improvement from 1.3 per 10,000 bed days in 2010-11.
- In 2014, up to 203,000 patients that were admitted, visited the emergency department or went to a public outpatients clinic were surveyed. Among admitted patients, 93 per cent rated their overall care as either good or very good (up from 91 per cent in 2013).
- Staff engagement improved from 63 per cent in 2011 to 68 per cent in 2015 and workplace engagement also improved from 46 per cent in 2011 to 54 per cent in 2015.
- For the sixth consecutive year, NSW Health delivered an on budget performance.

PART FIVE

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

The Ministry of Health continues to work in partnership with pillars and with local health districts to deliver on the commitments in the *NSW State Health Plan*.

Key achievements in 2014-15 include:

- The roll out of strategies to create healthy communities by:
  - reducing obesity and overweight among adults and children through the Healthy Children Initiative, the launch of the Make Healthy Normal campaign, and the continued implementation of the Get Healthy at Work Program and the Get Healthy Information and Coaching Service.
  - reducing smoking rates through the Quit for New Life Program targeting pregnant Aboriginal women, the implementation of legislation and related strategies to create smoke-free environments in our prison system and in outdoor dining areas from 6 July 2015.
  - strengthening protection against preventable diseases through the implementation of the Antenatal Pertussis Vaccination Program to pregnant women in their third trimester, to protect newborn babies from whooping cough until they can be immunised.
  - ensuring NSW Health was well-prepared to identify and respond to any suspected cases of Ebola Virus Disease (EVD) and to prevent transmission as part of the EVD outbreak in west Africa in 2014.

- Launching *Strengthening Mental Health Care in NSW*, the whole of Government response to the Mental Health Commission's Living Well, A Strategic Plan for Mental Health in NSW 2014-15, which sets out a reform and funding package to improve mental health care services in NSW.
- The support of end of life care planning through the development of policy advice to support clinicians in resuscitation planning, and released the *End of Life Decision, the Law and Clinical Practice: Information for NSW Health Practitioners* website.
- Planning for the conduct of world leading clinical trials to assess the efficacy of cannabis and cannabis products in the management of end of life care for terminally ill patients, patients experiencing chemotherapy-induced nausea and vomiting, and children with severe epilepsy.
- The collaboration with the private and not for profit sectors to introduce new models of care, plan and build new health facilities and look at ways of innovatively and transparently funding health care services, including:
  - partnering with the NGO sector to deliver home-based palliative care services and entering into a new funding agreement with the Royal Flying Doctor Service.
  - awarding HealthScope the tender to design, build, operate and maintain the new Northern Beaches Hospital.
  - developing new innovative funding models, called Social Impact Investment, to support the delivery of mental health and chronic care services.
- The implementation of NSW Health's Integrated Care program through the three demonstrator sites (Western Sydney, Western NSW and Central Coast Local Health Districts) and the roll out of the Integrated Care Planning Innovation Fund to support new models of integrated care across all districts and networks.
- The positioning of NSW as a leader in medical research through linking research hubs with hospitals and universities, awarding scholarships to future research leaders, improving biobanking and assisting the commercialisation of medical devices.
- The submission of MedTech City, a vision for co-located research, business, education, academia and startup incubators to drive NSW global competitiveness and innovation efficiency to inform the urban renewal strategy for Sydney's Bays Precinct.
- The launch of the Stepping Up website to promote Aboriginal employment opportunities across NSW Health.
- The release of the Map My Health Career website for medical students and junior medical officers to help them plan and make decisions about their medical career.
- The 2014 NSW Health Innovation Symposium and the 16th NSW Health Awards, which celebrated and showcased innovation across our public health system.

Working with State and Commonwealth agencies to reform the health system and provide better services for people

NSW Health has a key leadership role in helping shape our health system – at a State and national level – and in working with other government agencies to develop and implement strategies to address complex social policy issues, which affect health and wellbeing.

As part of this role, NSW Health has worked closely with central agencies within NSW Government to contribute to the Reform of Federation process, which is a national initiative to look at the future structure and funding of Australia's healthcare system. This included inputting to the Commonwealth's Issues Paper 3 (Roles and Responsibilities), released in December 2014 and providing expert advice to support discussions at COAG Leaders in July 2015.

NSW Health has also provided input to the Commonwealth led review of Medicare, as a way of promoting funding models that will support the delivery of integrated care for people with complex and chronic conditions.

The National Disability Insurance Scheme, which is currently being piloted in the Hunter New England and Nepean Blue Mountains Local Health Districts, will be progressively rolled out across NSW over the next two years. NSW Health has been working closely with both State and Commonwealth government agencies to ensure a smooth transition to the new Scheme which will benefit around 140,000 people with a disability across NSW.

Recognising award-winning service and care

The 2014 Innovation Symposium and Health Awards provided us with an opportunity to get together and look at new and better ways of doing things and to celebrate the achievements of those who went the extra mile in providing services and care to the community.

In 2014, the category winners at the 16th annual NSW Health Awards were:

- *Patients as partners* awarded to **Health Infrastructure** for its *Blacktown Mount Druitt Hospital Expansion Project*.
- *Integrated Health Care* awarded to **NSW Ambulance** for its *Today is the Day that we Make Tomorrow Different program*.
- *Translational Research* awarded to **Northern Sydney Local Health District** for *The Australia and New Zealand ED Airway Registry*.
- *Local Solutions* awarded to **South Eastern Sydney Local Health District** for *a[Test] Peer Led Rapid HIV and STI Testing for the Gay Community project*.
- *Preventive Health* awarded to **South Western Sydney Local Health District** for the locally focussed *Healthy Beginning to Prevent Childhood Overweight and Obesity program*.
- *Collaborative Team* awarded to **NSW Ambulance** for its *Inter-CAD Electronic Messaging System*.

- *Harry Collins Award* awarded to **South Eastern Sydney Local Health District** for the *Let's Be Free of VRE: a Collaborative Approach program*.
- *The People's Choice Award* awarded to **Sydney Local Health District** for the *Holistic Health for Mental Health Clients program*.
- *Minister for Health and Minister for Medical Research Award for Innovation* awarded to **HealthShare NSW** for the *Food Packaging Improvement Project*.
- *Minister for Mental Health Award for Excellence in the Provision of Mental Health Services* awarded to **Sydney Local Health District** for the *Holistic Health for Mental Health Clients program*.
- *NSW Health Secretary's Award for Integrated Care* awarded to **Western NSW Local Health District** for the *Healthy Kids Bus Stop Project*.
- *Volunteer of the Year* awarded to Mr Lindsay Hewson, Volunteer, Calvary Healthcare, **South Eastern Sydney Local Health District.**
- *Staff Member of the Year* awarded to Ms Lyn Kramer, Midwife Manager of Birthing Service, Maternity and Gynaecology, John Hunter Hospital, **Hunter New England Local Health District**.
- *Collaborative Leader of the Year* awarded to Mr David Pearce, Director of Operations, Mental Health, **South Eastern Sydney Local Health District**.

In 2014, five NSW Health initiatives were finalists in the **Premier's Public Sector Awards**, with the Agency for Clinical Innovation, winning the Improving Performance and Accountability category for its Quality in Acute Stroke Care Implementation Project in partnership with St Vincent's Health Australia and Australian Catholic University.

Other matters

Under the machinery of government changes arising from the State election in March 2015, Women NSW transitioned from Family and Community Services to NSW Health from 1 July. Women NSW brings added expertise to NSW Health and a remit to work with other government agencies to not only promote the status of women, but to prevent domestic and family violence and sexual assault.

To align with the government's health and social policy priorities, from 1 November 2015, NSW Kids and Families will cease to be a Pillar organisation within NSW Health, and will become the Office of Kids and Families within the Strategy and Resources Division of the Ministry. A Kids and Families Health Advisory Council will be formed to provide expert advice to the Office and the Secretary, NSW Health on priority areas as we implement *Healthy, Safe and Well* within NSW Health.

While our reform journey continues, and there is much more to be done, we should all be proud of what we have achieved each year for the last five years. We have taken bold steps, and it is making a difference to those we are all committed to serving; our patients and the community.

**Dr Mary Foley
Secretary, NSW Health**

Overview

About NSW Health

Purpose

The purpose of NSW Health is to plan the provision of comprehensive, balanced and coordinated health services to promote, protect, develop, maintain and improve the health and wellbeing of the people of New South Wales. (Source: *Health Administration Act 1982* No 135, Section 5)

Values

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

COLLABORATION

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

OPENNESS

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

RESPECT

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

EMPOWERMENT

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

Overview

NSW Health is the largest health care system in Australia, and one of the largest in the world. Each year, NSW Health cares for millions of people and oversees billions of dollars worth of investment in patient care, building, equipment, technology and research. NSW Health employs around 108,000 staff (full-time equivalent 2014-15).

NSW is home to one third of the Australian population and NSW Health has worked at state and local levels to address any systemic gaps and improve health outcomes.

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

Strategic priorities

There are a number of NSW Premier's Priorities to grow the economy, deliver infrastructure, protect the vulnerable, and improve health, education and public services across NSW. Reporting on these priorities allows the government to measure and deliver projects that create a stronger, healthier and safer NSW.

Strategies and plans have been developed to improve outcomes for patients and the community. The *NSW State Health Plan* provides an overarching framework to guide NSW Health to meet these priorities and its statutory functions. The Plan draws together existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time.

The strategic directions provide the vision for the future in order to create a 21st century health system that will be sustainable, purposeful and most importantly, deliver positive outcomes for the people of NSW. The overarching key directions are:

- keeping people healthy and out of hospital
- proving world-class clinical care
- delivery truly integrated care.

The strategies present the framework for change, shaping what we need to achieve in our hospitals, for our workforce, in research and innovation, eHealth and infrastructure. The key strategies are:

- supporting and developing our workforce
- supporting and harnessing research and innovation
- enabling eHealth
- designing and building future-focused infrastructure.

Section 2 of this Annual Report outlines key achievements for 2014-15 against each of the directions and strategies. *The NSW State Health Plan* is available at www.health.nsw.gov.au/statehealthplan

Challenges

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

Health Portfolio Ministers

A NSW State Election was held during the reporting period. With the re-election of the NSW Coalition Government, the Hon. Jillian Skinner MP retained the Health portfolio and continued in the role of Minister for Health.

The Hon. Pru Goward MP began in the role as Minister for Mental Health, Minister for Medical Research, Assistant Minister for Health, continued in the role as Minister for Women and was appointed to a newly created portfolio, the Minister for the Prevention of Domestic Violence and Sexual Assault.

Minister Skinner has been Minister for Health since 3 April 2011 and is the coordinating Minister for the Health Cluster. Minister Goward has been Minister for Medical Research, Minister for Mental Health and Assistant Minister for Health since 2 April 2015. Minister Goward has been the Minister for Women since 3 April 2011 and the Minister for the Prevention of Domestic Violence and Sexual Assault since 2 April 2015.

Organisation structure

NSW Health

NSW Health comprises both the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*) and various statutory organisations which make up the NSW public health system.

NSW Health currently comprises[#]:

- NSW Ministry of Health
- Local health districts
- Justice Health & Forensic Mental Health Network
- The Sydney Children's Hospitals Network
- Health Protection NSW
- NSW Ambulance
- NSW Health Pathology
- Cancer Institute NSW

- Clinical Excellence Commission
- Health Education and Training Institute
- Agency for Clinical Innovation
- Bureau of Health Information
- HealthShare NSW
- eHealth NSW
- Health Infrastructure

Organisation chart – NSW Health

Cluster Minister

Appoints Boards and meets regularly with Council of Board Chairs

Secretary, NSW Health
Ministry of Health
Health Administration Corporation

*Service Compacts**

Service Agreement
Price | Volume | Performance

Local Health Districts and Specialty Networks

Central Coast LHD
Far West LHD
Hunter New England LHD
Illawarra Shoalhaven LHD
Mid North Coast LHD
Murrumbidgee LHD
Nepean Blue Mountains LHD
Northern NSW LHD
Northern Sydney LHD

South Eastern Sydney LHD
South Western Sydney LHD
Southern NSW LHD
Sydney LHD
Western NSW LHD
Western Sydney LHD
Sydney Children's Hospitals Network
Justice Health and Forensic Mental Health Network

Statewide Health Services
- NSW Ambulance
- NSW Health Pathology
- Health Protection NSW

Statewide Services delivery and support to LHDs and SHNs

Shared Services
- HealthShare NSW
- eHealth NSW
- Health Infrastructure

Expertise and support for public health system

Pillars
- Agency for Clinical Innovation
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education and Training Institute
- NSW Kids and Families[#]

*Service Compact — Instrument of engagement detailing service responsibilities and accountabilities.

[#]From 1 November NSW Kids and Families was dissolved with a transfer of functions to a new Office of Kids and Families within the Ministry of Health. The new Office will bring together other portfolio areas arising from transfer of Women NSW to the Ministry of Health, as well as supporting the whole of NSW Government approach to vulnerable populations and social problems.

Role and function of NSW Health organisations

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

Health Administration Corporation

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

A number of entities have been established under the Health Administration Corporation to provide these functions including:

Health Infrastructure

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

Health Protection NSW

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

HealthShare NSW

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

eHealth NSW

On 1 July 2014, eHealth NSW was established to provide statewide leadership on the shape, delivery and management of ICT-led health care.

NSW Ambulance

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

NSW Health Pathology

NSW Health Pathology is responsible for providing high-quality pathology services to the NSW Health system through five clinical and specialist networks.

Local health districts

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

Statutory health corporations

Under the *Health Services Act 1997*, there are three types of statutory health corporations subject to control and direction of the Secretary and Minister for Health:

1 Specialty Health Network
2 Board-governed organisation
3 Chief executive-governed organisation

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

Specialty Health Networks

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

Agency for Clinical Innovation

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

Bureau of Health Information

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

Cancer Institute NSW

The Cancer Institute NSW is Australia's first statewide government cancer agency, focused on reducing the incidence of cancer, increasing survival from cancer and improving the quality of life for people with cancer and their carers. The Institute also provides a source of expertise on cancer control for the government, health service providers and medical researchers.

Clinical Excellence Commission

The Clinical Excellence Commission is a board-governed statutory health corporation. The Commission was established to reduce adverse events in public hospitals and support improvements in transparency and review of these events in the health system. A key role of the Commission is building capacity for quality and safety improvement in health services.

Health Education and Training Institute

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

NSW Kids and Families

In the reporting year, NSW Kids and Families, a board-governed statutory health corporation, provided leadership on health strategy and policy across the life course of a child from pre-conception to 24 years. This included reducing the health impact of domestic and family violence, child abuse and neglect.

From 1 November NSW Kids and Families was dissolved with a transfer of functions to a new Office of Kids and Families within the Ministry of Health. The new Office will bring together other portfolio areas arising from transfer of Women NSW to the Ministry of Health, as well as supporting the whole of NSW Government approach to vulnerable populations and social problems.

Affiliated health organisations

At 30 June 2015, there were 16 affiliated health organisations in NSW managed by religious and/or charitable groups operating 28 recognised establishments or services as part of the NSW public health system. These organisations are an important part of the public health system, providing a wide range of hospital and other health services.

St Vincent's Health Network

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

NSW Ministry of Health

The NSW Ministry of Health supports the NSW Minister for Health who is the Health Cluster Minister, and the Minister for Mental Health, Minister for Medical Research, Assistant Minister for Health, Minister for Women and Minister for the Prevention of Domestic Violence and Sexual Assault to perform their executive government and statutory functions. The NSW Ministry of Health assumed responsibility for supporting the Minister for Women and Minister for the Prevention of Domestic Violence and Sexual Assault from 1 July 2015.

The NSW Ministry of Health also has the role of system manager in relation to the NSW public health system.

Organisation structure – NSW Ministry of Health

CLUSTER MINISTER: The Hon Jillian Skinner MP Minister for Health

PORTFOLIO MINISTER: The Hon Pru Goward MP
Minister for Mental Health
Minister for Medical Research
Assistant Minister for Health
Minister for Women
Minister for the Prevention of Domestic Violence
and Sexual Assault

Office for Health and Medical Research

Secretary, NSW Health
Dr Mary Foley

Office of the Secretary
Public Affairs Unit
Internal Audit Branch

Health Protection NSW

Chief Health Officer
Deputy Secretary
Population and Public Health
Dr Kerry Chant PSM
- Aboriginal Health
- Epidemiology and Evidence
- Office of the Chief Health Officer
- Oral Health Strategy
- Population Health

Chief Financial Officer
Deputy Secretary
Finance
Mr John Roach PSM
- Finance

Deputy Secretary
Governance, Workforce and Corporate
Ms Karen Crawshaw PSM
- Business and Asset Services – Chief Procurement Officer
- Legal and Regulatory Services – General Counsel
- Nursing and Midwifery – Chief Nursing and Midwifery Officer
- Workplace Relations
- Workforce Planning and Development
- Strategic Relations and Communications

A/Deputy Secretary
System Purchasing and Performance
Ms Susan Pearce
- System Management
- Health System Information and Performance Reporting

Deputy Secretary
Strategy and Resources
Ms Elizabeth Koff
- Government Relations
- Health System Planning and Investment
- Integrated Care
- Mental Health and Drug and Alcohol
- Office of Kids and Families
- Women NSW

ABF Taskforce

The latest organisation chart is available on the NSW Health website.

NSW Ministry of Health
executive team

Secretary

Dr Mary Foley

Secretary, NSW Health

B.A. (Hons)(UNSW), Honorary Doctor of Letters (UWS)

The Secretary has overall responsibility for the management and oversight of NSW Health, with primary powers and responsibilities under the *Health Administration Act 1982* and the *Health Services Act 1997.*

In support of these system responsibilities the Secretary convenes key leadership and management forums. These include the NSW Health Senior Executive Forum which brings together Chief Executives from across the health system for the purposes of strategy and performance management.

Population and Public Health

Dr Kerry Chant PSM

Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Ministry of Health

MBBS, FAFPHM, MHA, MPH

The Population and Public Health Division coordinates the strategic direction, planning, monitoring and performance of population health services across the State. The Division responds to the public health aspects of major incidents and disasters in NSW, monitors health, identifies trends and evaluates the impact of health services.

The Division is responsible for improving health and reducing health inequity through measures that prevent disease and injury. Population health services aim to create social and physical environments that promote health and provide people with accessible information to encourage healthier choices.

Health Protection NSW reports to the Chief Health Officer and coordinates activities to prevent and control threats to health from communicable diseases and the environment.

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

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

Dr Chant was first appointed to the role of Chief Health Officer on 1 February 2009.

Finance

Mr John Roach PSM

Chief Financial Officer, Deputy Secretary Finance, NSW Ministry of Health

B Bus (Acc), FCPA

The Finance Division has the lead role in managing and monitoring the financial performance of the NSW public health system within the NSW Health Performance Framework.

The Division is responsible for monitoring recurrent and capital expenditure against the annual budget allocation an reporting on NSW Health's financial performance to the Ministry of Health executive and to the government. The branch is also responsible for preparing NSW Health's consolidated annual financial statements in accordance with statutory requirements and timeframes. Supports sustainable resource allocation within the NSW public health system to support the delivery of patient care; and assists health decision makers to make the right financial decision at the right time.

The key functions of the division include financial accounting, financial performance and reporting, funds management and reporting, insurance and risk management, revenue and financial services and Treasury reporting.

The key priority areas for the Division include: building a sustainable health funding model; improving performance management of expenses and revenue by partnering with local health districts and support organisations; improving budget management within the NSW Ministry of Health; reducing reporting delays to ensure timely access to financial information; improving budget accuracy by linking financial reporting systems; improving NSW Health finance policies and procedures; improving accuracy of financial information by refining the Chart of Accounts.

Governance, Workforce and Corporate

Ms Karen Crawshaw PSM

Deputy Secretary, Governance, Workforce and Corporate, NSW Ministry of Health

BA (USyd), LLB (UNSW), PSM, GAICD

The Governance, Workforce and Corporate Division undertakes a range of functions for the effective administration of NSW Health. This covers comprehensive corporate governance frameworks and policy for the health system, and a comprehensive range of legal and legislative services. The Division also undertakes regulatory activities including the licensing and inspection of private health facilities, regulation of the supply and administration of therapeutic goods, and prosecution of offences under health legislation.

The Division's portfolio also includes NSW Health property services; statewide asset, procurement and business policy; services to support Ministerial, Parliamentary and Cabinet processes, issues management and communications advice and assistance for the NSW Ministry of Health.

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

Ms Crawshaw was first Appointed Deputy Director General (now Deputy Secretary) in October 2007.

System Purchasing and Performance

Ms Susan Pearce

B App Sci (Nursing)

Acting Deputy Secretary, System Purchasing and Performance, NSW Ministry of Health

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

The Division's key functions include:

- health system information and performance reporting
- system relationships and frameworks reporting.

The health system information and performance reporting function enables the NSW Ministry of Health to be an effective health service purchaser and system manager through high-quality data, analysis and performance reporting; and to ensure that NSW Health meets its state and national reporting obligations and maintains high standards of public accountability and transparency in the health system. The unit supports data, information and analytical needs of the Ministry of Health and the wider NSW Health.

The system management unit collaborates with local health districts and specialty health networks to ensure the efficient delivery of optimal quality health focusing on the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework*, specialist outpatient services and the Whole of Health Program.

During the reporting period the Deputy Secretary, System Purchasing and Performance position was held by Mr Ken Whelan (1 July 2014 until 26 April 2015). Dr Zoran Bolevich, Executive Director, Health System Information and Performance Reporting Branch then acted in the role from 27 April 2015 until 28 June 2015. Mr Stewart Dowrick acted in the role from 29 June to 5 October 2015.

Ms Susan Pearce has been acting in this role since 6 October 2015 pending recruitment action.

Strategy and Resources

Ms Elizabeth Koff

Deputy Secretary, Strategy and Resources, NSW Ministry of Health

BSc,Dip Nut&Diet (USyd), MPH(Monash), GAICD

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

To achieve this, the Division:

- works with national and state governments to develop accurate classifications and improve pricing and funding mechanisms for the future sustainability of health funding in NSW
- identifies and creates opportunities to shape the national conversation around State health priorities
- reviews planning and procurement of capital infrastructure to deliver more contemporary investment strategies across NSW Health
- supports the NSW Health response to aged care and disability reforms and works with the Commonwealth, local health districts and other key providers to influence and respond to reforms in the aged care and disability sectors
- implements the NSW Mental Health Strategic Plan including collaboration with the Department of Premier and Cabinet to implement the response to the Mental Health Commission's Strategic Plan across the whole-of-NSW government and the NSW public health system.

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

Ms Elizabeth Koff acted in the role of Deputy Secretary, Strategy and Resources from 2 February 2015 to 7 September 2015. She was appointed Deputy Secretary, Strategy and Resources Division on 7 September 2015.

During the reporting period the Deputy Secretary Strategy and Resources was held by Dr Rohan Hammett (1 July 2014 until 1 February 2015).

Performance

Performance
summary

Health care is changing and so are the needs and expectations of communities, patients, and their carers. Increased demand, an ageing population and more people dealing with chronic illness like diabetes or cancer all mean new challenges for how services are funded, planned and delivered.

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

Three directions provide the vision for the future of the health system, one that is sustainable, purposeful and most importantly delivers positive outcomes for the people of NSW.

The directions are:

• keeping people healthy and out of hospital

• proving world-class clinical care

• delivering truly integrated care.

There are four strategies that determine how health services work together to achieve the vision in our hospitals, for our workforce, in research and innovation, eHealth and infrastructure.

The strategies are:

• supporting and developing our workforce

• supporting and harnessing research and innovation

• enabling eHealth

• designing and building future-focused infrastructure.

The NSW State Health Plan is availalble at www.health.nsw.gov.au/statehealthplan.

The NSW Premier's Priorities are available at www.nsw.gov.au/making-it-happen.

Directions

DIRECTION 1

Keeping people healthy and out of hospital

DIRECTION 2

Providing world-class clinical care

DIRECTION 3

Delivering truly integrated care

Strategies

STRATEGY 1

Supporting and developing our workforce

STRATEGY 2

Supporting and harnessing research and innovation

STRATEGY 3

Enabling eHealth

STRATEGY 4

Designing and building future-focused infrastructure

Keeping people healthy

Overview

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

Preventive health not only keeps people well, but can assist those with conditions such as diabetes from developing further complications.

NSW Health is working towards the NSW Premier's Priority to reduce overweight and obesity rates of children as part of a whole of government, systematic approach to support children and families to be healthy and active.

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

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

Making sure health gains are shared by everyone and across every community in NSW remains an important priority.

NSW Health is committed to building partnerships across government agencies to help keep people healthy and to improve overall quality of life, support our economy and reduce the burden of chronic illness on the community.

Challenges

As health issues keep changing, prevention strategies also need to be constantly monitored, reviewed and refined to make sure they continue to deliver real results.

The challenge for NSW Health is to continue to develop and implement health promotion and disease prevention strategies to help people stay healthy and better manage their health and wellbeing.

What NSW is doing

To meet this challenge NSW Health is working with other government agencies to implement initiatives that will make a difference to the health of the people of NSW, not only in the short term, but into the future. These core initiatives are developed centrally, but implemented and adapted locally and include:

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

Highlights

497,448 visits to iCanQuit.com.au in the past 12 months

69 Community Drug Action Teams delivered targeted prevention to communities across NSW

1000 businesses registered for Get Healthy at Work reaching 165,000 workers

225 referrals and 201 admissions to the Sobering Up Centre, providing brief interventions to influence responsible drinking

Health Management Plans for children in Out of Home Care increased 55.4 per cent from 2013-14 to 2014-15

Reduce smoking rates and the adverse effects of tobacco

To prevent the uptake of smoking, to motivate and support all smokers to stop and protect people from the harmful effects of second-hand smoke through a range of programs and initiatives outlined in the *NSW Tobacco Strategy 2012-2017.*

Key achievements

> Adult smoking rates are on a downward trend. In 2014, approximately 15.6 per cent of adults were current smokers compared with 16.4 per cent in 2013.

> Smoke-free commercial outdoor dining laws were passed by Parliament in late 2012 and came into effect on 6 July 2015. There are high levels of compliance with the new legislation with 98 per cent compliance during the first three months.

> The Cancer Institute NSW implemented 12 anti-smoking campaigns between July 2014 and June 2015, including a focus on culturally and linguistically diverse communities and Aboriginal people. These contributed to smoking rates continuing to decline, a 30 per cent increase in visits to iCanQuit.com.au and an increase in the number of calls from Aboriginal people to NSW Quitline.

> The Cancer Institute NSW continued to promote the NSW Quitline and iCanQuit.com.au and invested in enhancements to better meet the needs of the NSW community.

> The Cancer Institute NSW awarded three Evidence to Practice grants focusing on approaches to tobacco control in high smoking prevalence population groups.

> The Aboriginal Tobacco Resistance and Control in NSW Framework was released. The Framework provides evidence, key principles and best practice approaches to reduce smoking rates among Aboriginal people.

> St Vincent's Hospital Network established a new statewide partnership with the National Rugby League to tackle Aboriginal smoking rates. A promotional video was shown at the NRL All Stars match, attended by over 23,000 people.

> Quit for new life program delivered support to 540 pregnant Aboriginal women to help them quit smoking.

> The Justice Health & Forensic Mental Health Network partnered with Corrective Services NSW in planning for the establishment of the Smoke Free Prisons policy commencing in August 2015. This included revising the Network's Clinical Guidelines for Nicotine Dependence and Smoking Cessation and working in collaboration with the Cancer Institute NSW to develop staff and patient resources to support implementation. The policy prohibits smoking by staff, visitors and inmates in all NSW correctional facilities.

> There were high levels of compliance with tobacco legislation with 98 per cent for smoke-free outdoor laws, 94 per cent for sales to minors laws and 84 per cent for point of sale laws.

CASE STUDY: NSW HEALTH

New smoking ban campaign

Overview

A NSW Health campaign was undertaken to increase industry and community awareness of the new smoking ban in commercial outdoor dining areas that commenced from 6 July 2015.

Key activities

Key strategies were stakeholder engagement and social marketing through radio and digital advertising across the internet and social media channels.

Outcome

The campaign increased awareness by 23 per cent (from 59 per cent to 82 per cent) while maintaining high community support (over 82 per cent). A collaborative NSW Health media plan led to 338 positive media items across NSW over the six months prior to the ban.

Evidence of effective audience engagement included a strong Facebook click-through- rate, a 24-fold increase in weekly views of the smoke-free website and a surge in calls to the Tobacco Information Line (743) during the advertising period.

Strong stakeholder participation extended the campaign reach. Culturally-sensitive communications prepared Arabic-speaking restaurant proprietors for prohibition of water-pipe under the ban. The campaign successfully built awareness and social support leading to 98 per cent compliance to date.

D1.2 Address drug misuse

To contribute to whole of government strategies and programs that address drug related issues. These range from prevention to treatment and resource planning.

Key achievements

> The most recent data available is from the 2013 National Drug Strategy Household Survey (November 2014) which shows that NSW has below national average rates of drug misuse. Recent illicit use (previous 12 months) of any drug was 13.9 per cent compared to 14.7 per cent nationally.

> Throughout the year, NSW Health provided a wide range of responses to address drug misuse. This included specialist counselling, withdrawal management, assertive outreach, consultation liaison services in targeted hospitals, and the Involuntary Drug and Alcohol Treatment Program for severely substance dependent individuals. Services targeting particular population groups or drugs of concern to reduce drug use and related harms, included the Medically Supervised Injecting Centre, opioid treatment, nine cannabis clinics, two stimulant treatment programs, Substance Use in Pregnancy Services, and court diversion into treatment.

> In the first six months of 2015, there were 1,942 methamphetamine-related presentations to emergency departments. This compares to 1,298 presentations in the first six months of 2014 (50 per cent increase) a total of 2982 presentations for the 12 months of 2014. To help combat this increase the NSW Government has announced $11 million over the next four years for new services to treat and support people using crystalline methamphetamine. Included within this package is:
> - $7 million in new stimulant treatment services in Illawarra Shoalhaven, Mid North Coast/Northern NSW and Western Sydney Local Health Districts. Existing Stimulant Treatment Programs at St Vincent's Hospital in Darlinghurst and Hunter New England Local Health District will also be enhanced as part of the package
> - $4 million for non-government treatment services to tackle crystalline methamphetamine use in rural and regional NSW. Non-government organisations will partner with local health districts to deliver crystalline methamphetamine treatment services tailored to the needs of individual communities in rural and regional NSW

> The Justice Health and Forensic Mental Health Network assessed and supported 746 patients on the Opioid Substitution Treatment Program.

> An independent evaluation of the Stimulant Treatment Program at St Vincent's Hospital and in Newcastle, found that approximately 50 per cent of clients recovered from stimulant dependence after receiving counselling and that this recovery was accompanied by significant improvements in mental health and social functioning.

CASE STUDY: NSW MINISTRY OF HEALTH

Keep Them Safe Whole Family Teams: An innovative, integrated partnership approach to health care

Overview

Keep Them Safe is the NSW Government response to the Wood Commission of Inquiry into Child Protection Services in NSW. NSW Health was funded to improve child safety by supporting the needs of parents with mental health, drug and alcohol problems.

This unique outreach partnership model operates to prevent vulnerable families from falling between the gaps. Key partners include the NSW Ministry of Health Mental Health, Drug and Alcohol Office and Community Services. The model of care was informed by interrogation of international literature on evidence-based interventions, for families with complex mental health, drug and alcohol needs and with co-existing child safety concerns.

Key activities

Local health districts are funded to deliver Whole Family Team interventions. Teams are located in Gosford, Newcastle, Nowra and Lismore. Each year, 46 specialist clinical staff provide services to over 200 vulnerable families.

Drug, alcohol and mental health multidisciplinary clinicians work as one team in close partnership with community service professionals. Services are delivered in the home and the community. This involves joint specialist assessment and treatment, information sharing and workforce development.

Outcome

Measures of family functioning including parenting, family relationships and child wellbeing all improved significantly. Child safety also improved substantially with a 58.4 per cent reduction in the rate of risk of significant harm reports for children in families who received this model of care.

An independent evaluation found that there were clinically significant improvements in parental mental health as measured by both clinicians and parents. Drug and alcohol outcomes also improved.

This program was a finalist in the 2014 NSW Health Awards.

D1.3 Tackle overweight and obesity rates

To implement the *NSW Healthy Eating and Active Living Strategy 2013 – 2018* to encourage healthy changes at a personal level and in environments that support healthy living and to meet the Premier's priority to reduce overweight and obesity rates of children.

Key achievements

> Adult overweight and obesity rates are still at concerning levels but have stabilised with 52.5 per cent of NSW adults overweight or obese (2014).

> In 2014 around 21.5 per cent of children aged 5 to 16 years were overweight or obese. While this is a decrease from 23.2 per cent in 2010 the rate appears to be stabilising. As one of the Premier's priorities, the focus remains on reducing this rate by a further 5 per cent over the next ten years.

> The Healthy Children Initiative has reached 84 per cent of primary schools with Live Life Well at School, over 90 per cent of centre-based early childhood services with Munch and Move, and over 6000 families with Go4Fun®.

> Over 1000 businesses registered for Get Healthy at Work with potential reach of 165,000 workers. Over 5000 workers undertook a Brief Health Check.

> The launch of the National Health Star Rating (front of pack labelling) was supported. The system is now on over 2000 supermarket foods and is being incorporated into other NSW initiatives.

> The Healthy Eating and Active Living Year One status report was released and the Make Health Normal campaign was launched with advertising support in June 2015 Further advertising, community and stakeholder engagement activity is planned for 2015-16.

> Over 900 individual and 33 teams participated in the 2014 Aboriginal Knockout Health Challenge. The Knockout Health Challenge invites NSW Aboriginal communities to participate in a fun and effective program to lose weight and combat obesity and other diseases through a team weight loss challenge. There was an average weight loss of 2.3kg for the participants who provided final data for the George Rose Challenge 2014.

> More than 50 per cent of participants who completed the six month Get Healthy Service coaching program lost between 2.5 per cent and 10 per cent of their original body weight.

CASE STUDY: NSW HEALTH

The NSW Get Healthy Information and Coaching Service

Overview

The *Get Healthy Information and Coaching Service* is a free telephone-based service designed to support adults make sustainable changes to improve healthy eating, physical activity and achieving and/or maintaining a healthy weight. Participants enrolled in the coaching program receive between 10 to 13 coaching calls from a University qualified health coach. All calls are tailored to meet the participant's personal health goals. Programs are tailored for individuals at high risk, with specific Aboriginal and Type 2 Diabetes programs.

Key activities

While taking a population level health approach, the Service works closely with Local Health Districts, Health Professionals and General Practitioners (GPs) to reach those most at risk of chronic disease. LHDs utilise a range of promotional activities to engage the community and health professionals.

Outcome

Evaluation of the Service has found that participants who complete the six month coaching program lose on average 4 kg and 5cm off their waist circumference. Between July 2014 – June 2015, the Service received 942 referrals from health professionals and GPs; making it the second highest referral source after mass media. Evaluation also shows that participants referred by their health professional or GP are more likely to complete the 6 month coaching program and achieve better health outcomes. Feedback from health professionals and GPs referring to the Service has been positive. Dr Bauer from the Central Coast recommends other GPs refer patients and regularly refers his patients. He says "The GHS offers free access to professionals who can set realistic goals and help patients achieve them, without a substantial financial or time burden."

D1.4 Promote responsible alcohol consumption

To contribute to whole of government strategies and programs that address alcohol misuse.

Key achievements

> The rate of alcohol consumption by adults in NSW at levels that pose a health risk over a lifetime, decreased from 33.7 per cent in 2003 to 27.4 per cent in 2014.

> Throughout the year, NSW Health provided a wide range of treatment, information and community engagement responses to address alcohol misuse, including specialist treatment services provided by local health districts such as counselling, withdrawal management, assertive outreach, and consultation liaison services in targeted hospitals.

> As part of the NSW Government's response to alcohol and drug related violence in the Sydney Central Business District, the trial of the mandatory Sobering Up Centre has been extended for a further two years.

> Between 1 July 2014 and 30 June 2015, there were 225 referrals and 201 admissions to the Sobering Up Centre. Justice Health & Forensic Mental Health Network nursing staff monitor the health of admitted detainees at the Centre and provide brief intervention to influence responsible drinking and link detainees with community services, where appropriate.

> The network of 69 Community Drug Action Teams delivered targeted education and prevention to local communities across NSW. The Your Room website was updated with information on alcohol.

> The NSW Ministry of Health commenced development of the Aboriginal Alcohol and Pregnancy Project.

> An alcohol/risk drinking module is being integrated into the Get Healthy Coaching Service.

> The NSW Ministry of Health contributed to the liquor licencing process through Community Impact Statements.

> In addition to the services provided by local health districts, non-government organisations delivered a large proportion of drug and alcohol treatment services in NSW. The NSW Government provided funding to support over 1000 treatment places in a range of service types including community based and residential rehabilitation. These services are located in rural, regional and metropolitan regions. Additionally, information via telephone services for drug and alcohol provided information, education, crisis counselling and referral including the Alcohol Drug Information Service, Family Drug Support and the Drug and Alcohol Specialist Advisory Service.

CASE STUDY: SYDNEY LOCAL HEALTH DISTRICT

Aboriginal outpatient alcohol withdrawal service

Overview

Aboriginal people can face barriers to accessing treatment for alcohol problems including long waiting lists for withdrawal management and culturally challenging environments within mainstream services. Some barriers may be overcome through the provision of culturally safe and appropriate services and outpatient treatment from Aboriginal Community Controlled Health Organisations.

Alcohol withdrawal management is often the gateway to abstinence and is a critical time for an individual to engage with treatment services. A partnership project between Sydney Local Health District and the Illawarra Aboriginal Medical Service established a home alcohol detoxification service, assisted by funding from the Foundation for Alcohol Research and Education.

Key activities

The aim of this initiative was to increase accessibility of services to Aboriginal people, by increasing capacity of the Illawarra Aboriginal Medical Service to provide home detoxification.

The model was based on local knowledge and capacity, as well as consultation with community stakeholders, local health districts and Aboriginal Community Controlled Health Organisations, that had sporadically used home detoxication.

The service, known as the A-clinic, aimed to address these issues and is based on cultural appropriateness, best evidence and clinical experience, with a goal to improve access to quality and safe health care.

Outcome

This initiative resulted in an increased capacity for the Illawarra Aboriginal Medical Service to provide home detoxification, an increased number of Aboriginal people going through withdrawal management and an increased number of people engaged with alcohol treatment services.

This project received the Integrated Planning and Service Delivery Award at the 2014 Aboriginal Health Awards.

D1.5 Help people manage their own health

During 2014-15 a focus was placed on ensuring people from at risk populations had access to prevention programs such as the Needle and Syringe Program, vaccination for Hepatitis B, and community education campaigns.

Key achievements

> The Antenatal Pertussis Vaccination Program was rolled out across the state. This program offers free pertussis (whooping cough) vaccine to pregnant women in their third trimester to protect young babies from whooping cough before they are old enough to be fully vaccinated.

> NSW Health continued to implement the Save the Date to Vaccinate campaign to educate parents about the importance of timely vaccination for children. The campaign includes a popular phone app to remind parents when their children's vaccinations are due.

> NSW Kids and Families developed a comprehensive set of standards for Building Strong Foundations which will be published in 2015-16. Building Strong Foundations is a co-delivered early childhood health service for Aboriginal parents.

> NSW Kids and Families implemented a pilot for the Cultural Inclusion Checklist for Maternity Services to strengthen the cultural inclusiveness of maternity services for Aboriginal women, fathers/partners and families. NSW maternity services trialled the checklist by undertaking a self-assessment audit. Twenty-two maternity services voluntarily participated and received funding to enhance the cultural inclusiveness of services.

> The Centre for Population Health and NSW Kids and Families partnered to jointly fund and develop the Aboriginal Alcohol in Pregnancy Project. The Project aimed to engage Aboriginal women, their partners, families, and young people to raise awareness of the risk of alcohol in pregnancy and Fetal Alcohol Spectrum Disorders. The Project provides help to access support and professional services. The Project included stakeholder and community events, an illustrated story book, a professional Fetal Alcohol Spectrum Disorders support resource, video case studies and social media engagement.

CASE STUDY: SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

a[TEST]: peer–led rapid HIV and STI testing for the gay community

Overview

This project was initiated to address a local need to develop and implement innovative HIV testing models to meet the *NSW HIV Strategy 2012-2015* targets for increased testing in high-risk populations.

The project was the result of collaboration between various organisations and involved innovative use of community peer educators, facilitated access to those men who have sex with men who engage in high risk behaviours and conducted HIV rapid tests.

Key activities

Sydney Sexual Health Centre, with partners ACON and the Kirby Institute, developed outreach testing models staffed by peer educators and a specialist nurse.

Computer assisted self-interview kiosks were used to collect relevant information and reduce barriers to access. Various models of a[TEST] were used that were responsive to the particular setting.

Models of a[TEST] implemented included after-hours testing at community organisation premises, a mobile testing caravan at Taylor Square for World AIDS Day 2013 and a Darlinghurst shop front for the Mardi Gras Festival 2014.

Outcome

This partnership successfully implemented the first peer-led community-based rapid HIV testing service in Australia.

Evaluation of the project found a high proportion of untested gay men attended the services. Those who had a positive HIV or STI test were linked to care. The evaluation also demonstrated high rates of consumer satisfaction and success in accessing gay men who had never had a HIV test or were testing infrequently.

These results demonstrate that a[TEST] was addressing an unmet need in the community. a[TEST] models are now being rolled out in a variety of settings across the state.

This project received the Local Solutions Award at the 2014 NSW Health Awards.

> NSW Kids and Families worked with local health districts and Aboriginal Community Controlled Health Services to enhance capacity to identify Aboriginal people requiring health services, under the Commonwealth's Indigenous Teenage Sexual and Reproductive Health and Young Parent's Support Measure. This project was focused on improving access for Aboriginal parents with young children, especially young parents, to mental health and drug and alcohol specialist services and support.

> The Cancer Institute NSW undertook a range of initiatives to raise awareness, support and increase breast and cervical screening participation rates including:
  – implementing an engagement strategy targeting Aboriginal women through the development and distribution of new resources on the benefits of screening. Preliminary evidence by local service providers indicates a positive reception in the community
  – community engagement, stakeholder partnerships, media and public relations activity to target culturally and linguistically diverse communities
  – explored new evidence around influencing cervical screening behaviour with the NSW Pap Test Registry collaborating with the Behavioural Insights Unit of the Department of Premier and Cabinet to design and implement an innovative 27 month reminder letter strategy using behavioural insights frameworks. A public relations campaign was also implemented to encourage women to continue to have regular Pap tests, despite the proposed changes to the national cervical screening program announced in April 2014
  – procuring a fleet of 13 new BreastScreen NSW mobile vans to improve client experience, provide state-of-the-art technology and support marketing and recruitment efforts.

> During 2014-15, the Cancer Institute NSW commenced the *Primary Care Engagement Strategy and Implementation Plan* for BreastScreen NSW, NSW Bowel Screening and NSW Cervical Screening Program to engage with primary health care professionals regarding the importance of their role in promoting cancer screening to their patients.

> The Cancer Institute NSW sponsored workshops and seminars as part of the Sydney General Practitioner Conference and Exhibition 2015 that focused on the signs and symptoms of bowel cancer, and the different roles of colonoscopy and Faecal Occult Blood Tests in reducing deaths from bowel cancer. Seminars communicated the five year implementation schedule to achieve full biennial screening for all people aged 50-74 by 2020. The Institute also launched the Bowel Cancer in NSW website at the Conference.

> In 2014-15, there were 1537 adult and adolescent patients who accessed the Aboriginal Chronic Care Program, representing a 20 per cent increase from last financial year. This program provides systematic screening, health education, health promotion and early intervention strategies for this vulnerable population.

> The Agency for Clinical Innovation Nutrition Network developed a new consumer resource on the Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW. This is available on the Agency for Clinical Innovation website. In 2014-15, this resource was translated into seven community languages.

> The Clinical Excellence Commission provided resources for health services to provide guidance on health literacy issues including a web-based portal to support health services to produce effective consumer information.

Providing world-class clinical care

Overview

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

The way health care services are delivered throughout the NSW Health system is changing. Increasingly, acute hospitals are not a stand-alone service but part of an extensive health and medical network designed to serve the diverse and growing needs of the NSW community. This means working with clinicians and managers to develop and implement new models of care to better meet patient needs, not just within our hospital walls, but beyond them. To achieve this, NSW Health must also link with services provided in private and non-government sectors, including those funded by the Commonwealth Government such as general practice.

Challenges

Open 24-hours-a-day seven days a week, NSW Health often provides the first point of contact for those needing access to health care. The challenge is to continue to ensure that innovation is being driven through locally-led, centrally facilitated initiatives that can be scaled up, rolled out and embedded system wide, as well as maintain a focus on flexibility to ensure programs can be tailored to meet the needs of local communities.

What NSW is doing

The NSW Premier's Priority is to improve service levels in hospital with a focus on ensuring 81 per cent of patients have appropriate treatment within four hours. To support this Priority, the Whole of Hospital program and the focus on integrated care has been expanded.

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

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

Highlights

1800 (estimated) fewer unexpected cardiac arrests since the Between the Flags program began

Adapted Hospital in the Home to provide home-based care for a two year old child awaiting a heart transplant

Patients with sepsis now receiving antibiotics within the 60 minute target in emergency departments

Performed a liver transplant on Australia's youngest recipient, an eight-week-old baby

84.1 per cent hand hygiene compliance. NSW continues to have highest rates in Australia

Up to 203,000 patients surveyed on their experience as part of the Bureau of Health Information Patient Survey Program

9470 patient surveys completed using Patient Experience Trackers statewide

D2.1 Moving beyond the emergency department to create a better connected health system

To emphasise a system-wide approach to integrated care, in partnership with primary care providers, focusing on streamlining the patient journey to deliver 'the right care in the right place'.

Key achievements

> Over 59,000 people were enrolled in the Chronic Disease Management Program. In 2014, the first evaluation of the Chronic Disease Management Program found it had mobilised local health districts and specialty health networks to examine different models of care and provided a solid foundation for integrated care. A redesign process for the Chronic Disease model is currently being developed by the Agency for Clinical Innovation.

> The Whole of Hospital Program has transitioned to a 'whole of health' approach that takes into account not only what happens within our hospitals but also the impact that hospital avoidance and post discharge care programs, such as Hospital in the Home or the Chronic Disease Management Program, offer in improving access to care and connecting the whole patient journey. This is where integrated patient care becomes critical. The Whole of Health program:
> – had expanded to 44 sites by the end of 2014, with representation from all local health districts and specialty health networks. Lessons learned are shared across districts and the state.
> – continues to provide part funding for local program leads, statewide benchmarking data and access to subject matter experts to assist with streamlining business processes aimed at improving patient flow and access to care.
> When the program commenced, only six out of 10 patients in NSW had their treatment in the emergency department completed within the four hour benchmark. Approximately three quarters of all patients are now seen in the emergency department and either discharged, transferred to another facility or admitted within four hours. This result is a reflection of the success and increased focus on centrally facilitated but locally owned whole of hospital solutions to create capacity within the hospital in order to flow patients through in a timely manner.

> The ComPacks Program facilitates safe and early discharge of eligible patients from hospital by providing access to a short-term package of care designed to help them gain independence and prevent re-admission to hospital. It is a key initiative in managing demand in NSW public hospitals. In 2014-15, the ComPacks program delivered 14,900 packages to patients being discharged from NSW public hospitals.

> Hospital in the Home services provide daily care to children and adults with acute conditions who reside outside hospital as a substitution of in-hospital care across NSW. Without the Hospital in the Home service the patient would require hospitalisation. In 2014-15, there were over 21,000 same day/overnight separations managed in patients' homes, an increase of 6.7 per cent on 2013-14.

> The Sydney Children's Hospitals Network launched the Paediatric Palliative Care Program to consolidate resources for families and promote community-based care options.

> The instigation of work on the Kids and Families data warehouse to support data analytics and improve service performance by NSW Health, including analysing data needs in relation to all child and family health services.

> In October 2014, the Electronic Medical Record Release Two (eMR2) was made available to improve access to comprehensive electronic clinical notes and support care coordination across multiple health care providers.

> HealtheNet has been rolled out to provide clinicians with access to a summary of patients' recent medical histories, including patients' clinical information from hospital, primary care and community outpatient settings.

> To help clinicians and managers better coordinate patient flow through emergency departments and hospitals, NSW Health further developed and refined the Patient Flow Portal (PFP). A collaborative and consultative approach with engagement of clinicians from across the sector, embedded the PFP as the primary system for managing patient flow and care coordination.

> Implementation of the *Reform Plan for NSW Ambulance* concluded, providing a framework to better integrate NSW Ambulance within the broader health system.

> NSW Ambulance is continuing to implement the *Reform Plan for Aeromedical (Rotary Wing) Retrieval Services in NSW*.

RETRIEVE: safe return of post PCI patients

Overview

South Western Sydney Local Health District faced challenges in managing critical care beds and patient flow to ensure the timely and appropriate access to critical care, continuity of care and support transition of care.

Guidelines recommend hospitalisation for at least 24 hours post Percutanous Coronary Intervention (PCI) in non-ST elevation acute coronary syndrome patients, but do not comment on appropriateness of transfer to non-PCI capable hospitals. This creates a practice of keeping patients overnight in a PCI capable hospital.

The RETRIEVE criteria was validated as a tool for screening suitability for same day transfer of acute coronary syndrome patients, post PCI to the referring non-PCI capable hospitals.

Key activities

PCI capable hospital and non-PCI capable hospitals needed evidence-based protocols to aid decision making for inter-hospital transfers.

Through collaboration between hospitals and health professions this project developed and validated the REverse TRIage EVEnts (RETRIEVE) criteria, to facilitate safe and timely transfer of acute coronary syndrome patients, post PCI, to their referring hospital.

Outcome

There were 407 patients were prospectively screened. Of the 233 patients that met the RETRIEVE criteria 230 (98.7 per cent) had no major adverse events or requirement for return to the PCI capable hospital.

RETRIEVE criteria facilitate safe, patient-centred care while freeing tertiary hospital beds. Use of this protocol appears to be as safe as routine overnight observation in a PCI capable hospital. These results were presented internationally at The Society for Cardiac Angiography and Interventions and published in Catheterization and Cardiovascular Interventions.

This project received the Collaborative Team Award at the 2014 NSW Health Awards.

Let's be free of VRE: A collaborative approach

Overview

Vancomycin Resistant Enterococcus (VRE) bloodstream infections are a serious cause of morbidity and mortality, leading to increases in length of stay and overall costs for immunosuppressed patients.

Audits in 2010-11 demonstrated VRE positivity in 38 per cent of admissions to wards 4E and 4N. Reducing rates of transmission of VRE directly results in significant reductions in VRE bacteraemia and associated morbidity and mortality.

The haematology and oncology units of St George Hospital implemented and adopted new strategies to reduce VRE transmission in patients admitted to wards 4E and 4N.

Key activities

The project team implemented innovative multifocal measures to deal with nosocomial infections. These included increased swabbing, improved cleaning services, cleaning surveillance tools, personal patient hygiene packs and patient questionnaires.

The project resulted in improved teamwork between the haematology, oncology, infectious diseases and infection control departments and the hospital's operations and cleaning services.

Questionnaires allowed patients to provide feedback on the measures implemented and assisted the project team to better understand their needs.

Outcome

A significant reduction in the rate of VRE and bloodstream infections acquired on 4E and 4N wards resulted in:

- a decrease of total admissions from 3.6 per cent to 0.6 per cent
- a significant decrease in VRE positive swabs from 27.3 per cent to 11.1 per cent
- improvements through an external cleaning audit.

Collaboration between the haematology, infection control and cleaning services departments enabled the hospital to implement strategies that will guide future infection control measures to reduce morbidity and mortality, leading to better patient outcomes.

This project received the Harry Collins Award at the 2014 NSW Health Awards.

D2.2 Developing and implementing new models of care to meet the changing needs and address unwarranted clinical variation

To standardise the delivery of health care in urban and rural communities and help local health districts and specialty health networks adopt new and improved practices.

Key achievements

> The Agency for Clinical Innovation's minimum standards for the management of hip fracture in the older person was implemented in 37 hospitals across NSW, identifying the key components of best-practice surgery and management to improve outcomes for patients with hip fractures. Evaluation was undertaken at six sites to assess the standards with positive results noted in terms of patient care.

> During 2014-15, the Reducing Unwarranted Clinical Variation taskforce focussed on urology, a number of selected surgical procedures, childbirth and pneumonia. This resulted in the Community-Acquired Pneumonia Audit Tool being adapted for use in NSW and tested in five pilot sites in two local health districts.

> The Tracheostomy Clinical Practice Guideline was developed by the Agency for Clinical Innovation. The Guideline supports clinicians to improve the experience of care provided to patients needing a tracheostomy and to reduce adverse events. Locations where patients are cared for by a multidisciplinary team are up 53 per cent, clinician education programs are up 35 per cent and enhanced infection prevention measures are up 50 per cent.

> The Agency for Clinical Innovation implemented the Stroke Clinical Audit Process across 30 facilities in NSW to identify gaps in services that contribute to unwarranted clinical variation and to improve functional outcomes for ischaemic and haemorrhagic stroke patients.

> The Cancer Institute NSW led surgical services optimisation for surgery with curative intent for pancreatic and oesophageal cancers. The annual average for NSW hospitals is reported as performing six or more of these procedures which is the identified minimum threshold for best outcomes.

> The Hospital in the Home model of care was adapted by the Sydney Children's Hospital Network to provide home-based care for a two-year-old boy awaiting a heart transplant, avoiding a 129-day inpatient journey, most likely in the Paediatric Intensive Care Unit.

> Sydney Children's Hospitals Network pioneered a new, less-invasive surgery technique for children with pure oesophageal atresia, known as the Foker Technique.

> Sydney Children's Hospitals Network performed a record number of liver transplants in one month, reached the milestone of 300 liver transplants and successfully performed a liver transplant on Australia's youngest liver transplant recipient, an eight-week-old baby.

> NSW Kids and Families brought together evidence-based models of care for maternity care in the *Optimising Maternity Care Guide* for NSW Health maternity services. The Guide will be made available in 2015-16.

> NSW Kids and Families guided and supported NSW Health's implementation of a new model of care for victims of domestic and family violence, in partnership with South Eastern Sydney Local Health District and Western NSW Local Health District and inter-agency partners.

> The NSW Ministry of Health continued implementing the *Advance Planning for Quality Care at End of Life Action Plan 2013-18* to focus on supporting people at end of life, their families and health professionals. Action plan implementation includes a *Standardised Resuscitation Plan* form and related policy that supports health professionals to identify patients for whom a resuscitation plan may be appropriate and provides guidance on developing a plan.

> The NSW Ministry of Health released the *End of Life Decisions, the Law and Clinical Practice: Information for NSW health practitioners* website which addresses end of life decision making and law related to Advance Care Planning.

> The Greater Metropolitan Booking Hub for Non-Emergency Patient Transport (NEPT) was created in May 2014. The Hub has since coordinated transport for over 182,000 patients and made and received 248,000 telephone calls. The proportion of NEPT work undertaken by emergency vehicles in June 2015 was reduced to 4.9 per cent compared to 15.7 per cent in June 2014.

Drive better performance via partnerships with clinicians and managers

To articulate public health system service levels and give clinicians and managers the Information they need to drive improvements to patient care.

Key achievements

> The Cancer Institute NSW conducted the fifth annual cycle of the Reporting for Better Cancer Outcomes program in 2014-15. This included 27 system performance indicators provided to local health districts and Medicare Locals (now Primary Care Networks) in NSW to produce a report and a cycle of meetings held with chief executives.

> The Agency of Clinical Innovation implemented hip fracture standards; developed and tested a pneumonia audit tool across five sites to reduce unwarranted clinical variation; developed a Cystic Fibrosis Model of Care and guided its implementation and evaluation; implemented strategies to improve tracheostomy care; collaborated with nine local health districts/primary health alliances to support implementation of the Building Partnerships Framework; and developed *High Risk Foot Standards* to promote a multi-disciplinary approach to the management of the high risk foot. At June 2015, Phase one of the High Risk Foot Service self-assessments was completed, with 18 sites in eight local health districts and St Vincent's Health Network participating.

> HealthShare NSW introduced improved, nutritionally-compliant menus at 97 hospitals. Remaining Sydney hospitals will go live during 2015. The menus improve patients' hospital experience and better support nutrition outcomes.

> The evaluation of the TOP 5 program for hospitalised patients with dementia in 21 sites was shown to be effective in improving patient safety, personalised care and staff satisfaction. The report and journal article highlighting outcomes were both released in April 2015.

> The Clinical Excellence Commission updated its existing databases and developed new databases including National Safety and Quality Healthcare Standards, Blood Watch and Death Review; in collaboration with the NSW Ministry of Health, developed and reviewed quality and safety measures and in collaboration with NSW Kids and Families, and based on feedback from the local health districts and specialty health networks, updated and released the *Standard Newborn Observation Chart, Standard Maternity Observation Chart* and the *Adult and Paediatric Emergency Department Observation Charts* and *Emergency Care Institute*.

> In late 2014, the CEC SEPSIS KILLS database was upgraded to enable hospital data collection and chart generation for the inpatient sepsis program. Over 23,000 cases have now been reported in the SEPSIS KILLS database. Emergency departments continue to perform well regarding time to administration of antibiotics, with the median time remaining under the target of 60 minutes.

> The NSW Ministry of Health harnessed strong working relationships with local health districts, specialty health networks and pillar chief executives and their boards to ensure effective implementation of the NSW Health Performance Framework. The number of health services on performance Level 3 (serious underperformance) reduced significantly from four to one.

> Focus has continued on ensuring the 2015-16 Service Agreement process was completed with transparency, timeliness and coordination across the NSW Ministry of Health and pillar organisations.

CASE STUDY: MID NORTH COAST LOCAL HEALTH DISTRICT

Vertebrae fractures: rural management adaptions

Overview

After feedback from patients and staff from multiple disciplines on dissatisfaction with the current standard of care of patients who sustain vertebrae fractures, 24 stakeholder groups collaborated to identify actual and potential deficits gaps.

Key activities

Early transfer of patients with vertebrae fractures was the norm, incurring substantial costs as well as adding emotional and financial strain to the patient and their family.

A range of multifaceted solutions were implemented, including product and process standardisation, formal education and enhanced clinical governance.

Outcome

Patients are now managed in rural/low care centres by competent, trained staff with clear management plans. Compliance and satisfaction for both patients and staff has increased and patient safety and quality has been optimised.

This outcome has been achieved by close collaboration and teamwork between clinical and management staff, product consultants, patients and their families.

This project received the Collaborative Team Award at the 2014 NSW Health Awards.

This project continues to achieve excellent results and is now implemented across the LHD.

D2.4 Maintaining a continued focus on quality and safety

To help clinicians recognise and rapidly respond to the needs of patients and continue to develop programs that reduce infection rates in hospitals.

Key achievements

> In 2014-15, there were 90 hospitals assessed against the National Safety and Quality Health Service Standards with 90 per cent successfully accredited and 10 per cent awaiting final accreditation results.

> Since Between the Flags program was introduced in 2010, the Rapid Response rate (a process measure of the recognition of the deteriorating patient) has increased by 135.9 per cent and the cardiac arrest rate (an outcome measure) has decreased by 42.0 per cent in NSW, compared to the baseline period. Based on this reduction, it is estimated that there have been 2170 fewer unexpected cardiac arrests in NSW public hospitals than would have been predicted based on the previous trend.

> The Clinical Excellence Commission:
> – in collaboration with eHealth NSW, developed and embedded the electronic Between the Flags observation charts and electronic Clinical Review and Rapid Response forms in to Electronic Medical Record Phase Two
> – piloted a 5x5 Antimicrobial Audit in 15 sites between May 2014 and April 2015. Following positive evaluation, the package will be launched system-wide by the commission in September 2015
> – responded to the potential infection risks of Viral Haemorrhagic Fever (Ebola) to NSW Health staff by producing and distributing education resources on the safe use of personal protective equipment in collaboration with the Ministry.

> In collaboration with eHealth NSW and Western Sydney LHD, an electronic 'Sepsis Alert' was piloted at Blacktown Hospital in early 2015 to support sepsis risk screening. Over 8000 staff have completed two HETI Online eLearning modules which raise awareness of sepsis and the SEPSIS KILLS program.

> Staphylococcus aureus bacteraemia reported rates in NSW have remained below the Council of Australian Governments agreed benchmark of 2.0 per 10,000 bed days, with an average rate of 0.78 per 10,000 bed days (as at June 2015).

> Hand hygiene rate continues to improve. In June 2015 the compliance rate was 84.1 per cent. NSW continues to have the highest rates in Australia.

> Long Bay Hospital achieved 96 per cent hand hygiene compliance in 2014-15, representing a notable increase from 89 per cent observed last financial year.

> Pathology NSW worked with NSW Health clinical streams to introduce:
> – a single adult and an age-related paediatric reference interval for commonly ordered chemical pathology tests
> – a changeover of reporting units for commonly ordered therapeutic drugs to reduce the chance of misinterpretation of concentrations
> – structured reporting templates for anatomical pathology results related to cancer cases to enhance thoroughness of reports to clinical teams.

> Healthshare NSW linen service delivered 100 per cent of orders accurately and improved business efficiency through energy efficient washers, dryers, lighting, safety-optimised trucks and customer dashboards. New innovative textile products for operating theatres were also rolled out.

> The Bureau of Health Information:
> – developed a new measure that focused on returns to acute care in NSW public hospitals for seven common clinical conditions and procedures
> – published two volumes of Patient Perspectives reports, building on questions from the NSW patient surveys which explored aspects of integration for emergency department patients and admitted patients in NSW public hospitals.

PERFORMANCE

Safe benzodiazepine guideline for elderly inpatients

Overview

Benzodiazepines are a class of medications that are commonly used and misused in the elderly. This is despite benzodiazepines being well known to cause falls, cognitive impairment and delirium. A team of junior doctors led a multidisciplinary effort to reduce the misuse of benzodiazepines in elderly people admitted to hospital.

Through collaboration between junior medical personnel, nursing staff, allied health and administrative staff, the project aimed to:

- identify the extent of benzodiazepine prescription (for acute insomnia) within the district
- assess the appropriateness of prescribing benzodiazepines to inpatients over the age of 65
- provide guidance to staff about the risk of harm to patients associated with benzodiazepine use
- reassess and establish positive change.

Key activities

With high demand for sleeping tablets on the evening ward shift, the project committee feared adverse effects were often overlooked.

Using a retrospective audit as the main assessment tool, the project committee identified a clear lack of literature and hospital policy.

The project streamlined communication and collaboration with clinical and non-clinical staff, and built close ties with university students looking to help develop quality improvement projects.

Outcome

Year on year, appropriate benzodiazepine prescriptions for insomnia improved from 30 per cent to 66 per cent.

Falls within John Hunter Hospital reduced from 177 (May and July 2013) to 156 falls (April to June in 2014), a reduction of 11.9 per cent.

This project generated statewide interest in the promotion of good sleep for inpatients and developed a guideline to limit the harm caused by benzodiazepines.

This project was a finalist in the 2014 NSW Health Awards.

Paediatric bereavement the experience of families

Overview

The Department of Pain Medicine and Palliative Care developed an online bereavement resource to support the delivery of education to health professionals caring for families.

Bereaved families can be reluctant to use support services based at the hospital because of the painful memories associated with this environment. The lack of information and education available for health professionals caring for children and their families can increase isolation following the death of a child, which is a risk factor of complicated grief and may result in poorer outcomes in bereavement. To address this risk, an innovative and original online resource was developed.

Key activities

Bereaved family members were invited to participate in professionally-led filmed interviews to reflect on their experience of caring for a child with a life-limiting illness and bereavement. Written information was provided to participants outlining the purpose of the project prior to them granting consent.

Outcome

Using a collaborative approach with families and appropriate recruitment, consent and facilitation, a valuable resource was developed using the experiences of the bereaved families to educate health care professionals in bereavement work.

Evaluation identified that 76 per cent of health professionals improved their knowledge about grief and loss after viewing the online resource. Videos have been accessed across Australia and worldwide including Iran, Ireland, Singapore, North America and Ukraine.

The resource has been promoted throughout paediatric tertiary hospitals and other health services that support bereaved family members.

This project was a finalist in the 2014 NSW Health Awards.

D2.5 Listen to our patients

To improve the patient's health care experience and outcomes and encourage responsive and empathic nursing practice.

Key achievements

> The Bureau of Health Information:
  – In 2014-15 up to 203,000 patients were surveyed about their care experience. These included 8000 patients in small facilities, 6000 in maternity units, 86,000 in emergency departments, 75,000 admitted patients, 20,000 children and 6000 using outpatient cancer services
  – created a new series, *Snapshot Report*, to summarise key results from the NSW Patient Survey Program
  – published two volumes of *Patient Perspectives* reports providing in-depth analyses of results from NSW patient surveys
  – increased the data available on the online data portal, Healthcare Observer, to include patients' experience of care in the emergency department and added new features to enable users to make comparisons between local health districts and peer groups
  – hosted international guests from the Organisation for Economic Co-operation and Development and the National Health Service in the United Kingdom. The Bureau was also invited to support the revision of Canada's support organisations for health reporting and visited other state agencies in Australia, to discuss health performance reporting.

> Within the Integrated Care Program, the Agency for Clinical Innovation is piloting solutions to evaluate Patient Reported Measures. Several local health districts are trialling Patient Reported Measure solutions, which are designed to capture real-time feedback on patient experiences and outcomes using computerised surveys.

> HealthShare NSW worked with industry experts, major food companies and groups such as Arthritis Australia and Georgia Tech Research Institute on the Food Packaging Improvement Project to develop specifications to improve accessibility of hospital food packaging. The specifications developed are now used by more than two thirds of suppliers to NSW Health and other entities.

> The In Safe Hands Program continued to be implemented across the state. The interdiciplinary team building program has been implemented at over 60 health units. The Clinical Excellence Commission is supporting these health units by providing advice and tools and resources to assist them to implement the program.

> Fourteen local health districts and two specialty health networks have taken up the Clinical Excellence Commission's Patient Based Care Challenge. The Challenge encourages health services to increase consumer engagement to improve patient and staff experience, clinical outcomes and the use of resources. By February 2015, an average of 18 strategies were implemented, per local health district..

> The Patient Experience Symposium was held in April 2015. Over 400 clinicians, consumers and managers participated in sessions that highlighted new initiatives from across the State and internationally.

> The Essentials of Care framework is now included in undergraduate nursing programs at participating universities in NSW. Improvements made in participating units across the state include:
  – a reduction in pressure areas by 58 per cent
  – a reduction in falls by 55 per cent
  – a reduction in aggressive incidents (mental health units) by 80 per cent
  – a decrease in patient complaints by 58 per cent.

DIRECTION 3

Delivering truly integrated care

Overview

Delivering the right care, in the right place, at the right time relies on a connected health system that is organised around the needs of the patient. A system that the patient and their carers can easily navigate, and one that leads to improved health care experiences, avoids duplicate tests and unplanned hospitalisations, while ensuring patients don't 'fall between the cracks' of the myriad of programs across the public and private sectors.

Integrated care involves the provision of seamless, effective and efficient care for an individual across different providers and funding streams. It ranges from prevention and early intervention through to end of life, across physical and mental health in partnership with the individual, their carers and family.

While helping provide better care for patients, it also bolsters capacity to reduce unnecessary and costly emergency department presentations and hospitalisations to create a more financially sustainable health system for the future.

Challenges

The challenge is to deliver seamless, effective and efficient care systematically and sustainably across the health system to those who need it most, the people with complex, chronic conditions.

What NSW is doing

To meet this challenge, NSW is transforming the health system to one where hospitals work in partnership with the primary care sector, including general practitioners, and community based services to make sure people with chronic and complex care needs stay healthy and out of hospital through:

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

Highlights

1.3 million hospital discharge and 2.2 million community health event summaries available in HealtheNet

992 Aboriginal patients received chronic disease screenings at 32 custodial sites, an increase of 330 patients on last financial year

Three local health district Integrated Demonstrators established

Total government commitment of $180 million over six years for integrated care

Since 2013, approximately 2400 Last Days of Life Home Support Packages have been delivered to patients and their families

$1.8 million to establish two *LikeMind* pilot sites in Western Sydney and Nepean Blue Mountains Local Health Districts

D3.1 Empowering patients to be partners in their care

To develop strategies and initiatives that help patients and their carers navigate the health system.

Key achievements

> eHealth NSW continued to enhance HealtheNet functionality by increasing availability and scope of clinical documentation sent to the national Personally Controlled Electronic Health Record.

> As at June 2015, 1.3 million local health district hospital discharge summaries and 2.2 million community health event summaries were available via HealtheNet enabling better continuity to deliver the best care.

> The Clinical Excellence Commission continued to implement the Partnering With Patients program to work with consumers and health services to empower partnership and promote a range of methods for gaining feedback about patient experience to drive quality improvement.

> The TOP 5 initiative was implemented in 21 hospitals by the Clinical Excellence Commission to improve clinician-carer communication and assist with transfers of care for patients with dementia. Program evaluation showed the initiative is effective for improving patient safety, personalised care and staff satisfaction. The evaluation report was released in April 2015 and is available on the Commission's website.

> Using a co-design approach, the Agency for Clinical Innovation Patient Experience and Consumer Engagement Team and the Agency's Consumer Council developed the Agency for Clinical Innovation's *Patient Experience and Consumer Engagement: A Framework for Action*. This framework provides information and strategies to facilitate meaningful consumer engagement.

> The Agency for Clinical Innovation designed the Intellectual Disability Hospitalisation Co-design Project to capture and understand patient, family and staff experiences of hospitalisation and identify and organise themes for quality improvement.

CASE STUDY: WESTERN NSW LOCAL HEALTH DISTRICT

Yanagagi Numbadil Nurbul: Walking together in friendship

Overview

Bathurst Health Service was one of eight NSW hospitals to participate in the Aboriginal Identification Hospital Quality Improvement Project. The goal was to improve the patient journey for Aboriginal people attending the emergency department, review why Aboriginal patients did not wait, left at their own risk or discharged against medical advice.

Key activities

A steering committee of local stakeholders, including members of the local Aboriginal community, was established.

Innovative approaches included a cultural and environmental scan focused on partnering with patients to ascertain cultural responsiveness and awareness of the facility. Focus areas identified in the findings included cultural history sustainability, clinical pathways and patient journey experience.

A reconciliation event and NAIDOC celebrations were held. Vital links were established with key stakeholders providing opportunities for networking and information sharing, connecting care, resources and funding.

Outcome

Partnering with the Aboriginal community and other stakeholders was key to enabling sustainable outcomes, gaining community trust and support and 'changing the way we do business'.

Eighty per cent of staff viewed the Aboriginal identification training DVD and completed the surveys. Through education, orientation for staff (including medical officers), an increased presence of Aboriginal Health Workers and an increased awareness of the services available for Aboriginal clients, staff confidence in asking all patients who present to hospital about Aboriginality has increased. This has resulted in a:

• 84 per cent increase in the number of patients who received follow up care

• 35 per cent reduction in patients who did not wait or left against medical advice.

This project was a finalist in the 2014 NSW Health Awards.

D3.2 Supporting strategic, targeted investments in new models of integrated care

To develop and test system-wide approaches to integrated care and provide funding to develop innovative integrated care projects at the local level.

Key achievements

> NSW Health has established three local health district Integrated Care Demonstrators at Western Sydney, Central Coast and Western NSW Local Health Districts. These are currently in the early stages of implementing their approaches to integrated care in partnership with primary care and other health and social agencies. A robust monitoring and evaluation framework is in place to ensure outcomes are achieved.

> Funding has been provided from the Planning and Innovation Fund to 17 local health districts and specialty health networks to implement their own discrete integrated care projects. These projects are being developed in partnership with primary care and other health and social agencies.

> eHealth NSW supported Integrated Care Demonstrator sites to implement the pilots of Shared Care Planning tools. These tools facilitate the sharing of information between health care providers and enable patients to actively participate in the development and management of shared care action plans.

> eHealth NSW is working with the NSW Ministry of Health, Agency for Clinical Innovation and the Integrated Care Demonstrators to deliver statewide strategic e-enabler investments across NSW Health information technology infrastructure.

> There has been continued development of the Activity Based Management Portal as well as additional Portal applications to aid NSW Health staff in the management of the health care system on an activity basis.

> There has been continued provision of support to clinicians in using the Activity Based Management tools to discover insights into clinical practices through benchmarking, investigating models of care to improve patient care and deliver patient outcomes.

CASE STUDY: SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

A framework for ensuring Aboriginal health is a priority for SWSLHD hospitals

Overview

The South Western Sydney Local Health District established a framework to make sure Aboriginal Health is a priority across the service.

Key activities

The framework aims to improve service responsiveness for Aboriginal patients. Aboriginal health forums have been established at the District's three largest hospitals. An Aboriginal health key performance indicator (KPI) dashboard has also been implemented across the District and all facilities report against these KPIs.

The forums convene regularly and bring together hospital executive, Aboriginal staff and relevant community stakeholders to develop strategies and improve hospital services for Aboriginal patients and their families.

The KPI dashboard facilitates reporting and data gathering and provides an opportunity to identify where performance can be improved.

Outcome

As a result of the framework, Aboriginal health is high on the organisational agenda.

The forums have also progressed several initiatives over the past year including:

• expansion of the Aboriginal Liaison Officer (ALO) workforce
• cultural spaces within facilities
• better ENT (Ear, Nose and Throat) referral pathways for Tharawal Aboriginal Medical Service patients at Campbelltown Hospital
• cardiologist outreach services from Liverpool Hospital
• Tharawal Aboriginal Medical Service GP outreach service in Bowral Hospital
• redevelopment of the 48 hour follow up and Aboriginal chronic care referral pathway.

This project received the Performance Monitoring, Management and Accountability Award at the 2014 Aboriginal Health Awards.

D3.3 Investing in enablers to inform and support delivery of the integrated care strategy

To continue to link state and Commonwealth funded services data to help patients and clinicians access the information they need when and where they need it.

Key achievements

> HealtheNet is now connected to all local health districts to enable health care providers to access up-to-date patient information from the Electronic Medical Record which integrates into the national Personally Controlled Electronic Health Record to provide a holistic vision of patient health information.

> A statewide telehealth solution has been implemented to support public health, university, and in-patient home telehealth solutions. Achievements to date include video conferencing management system consolidation for five health agencies, foundation email messaging services for nine local health districts and collaboration systems for six health agencies.

> The Agency for Clinical Innovation completed and disseminated two literature reviews to provide clinical indicators and performance information evidence to support effective risk stratification of patients who could benefit from integrated care.

> The Agency for Clinical Innovation worked with the Integrated Care Demonstrator sites to provide support in relation to risk stratification and patient selection, alignment with Chronic Disease models and related initiatives (such as clinical pathways processes) that support integrated care.

> Primary Health Networks were established on 1 July 2015. The NSW Ministry of Health is currently engaging with the new Primary Health Networks and the Commonwealth to understand data linkage and data sharing requirements, and to ensure that engagement with Networks support achievement of shared Commonwealth and State objectives, in particular, increasing the efficiency and effectiveness of medical services and improving coordination of care for patients.

CASE STUDY: HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Vaxtracker for National Vaccine Safety Surveillance Project

Overview

In 2010, use of the seasonal trivalent influenza vaccine in children under five years was halted nationally after unexpectedly high numbers of children experienced febrile convulsions following vaccination. This project aimed to develop and pilot an online real-time post marketing vaccine monitoring system, designed to detect adverse events possibly associated with vaccination.

Key activities

A web-based program called Vaxtracker was developed which asked parents/carers of newly vaccinated children to complete two online surveys to provide information on adverse events following immunisation.

In 2014, Vaxtracker became part of the national AusVaxSafety network. Vaxtracker is now used by general practices within the Hunter New England, South Eastern Sydney and Western Sydney local health districts, the Sydney Children's Hospitals Network and general practices in Victoria.

Outcome

Vaxtracker is an innovative web-based program providing Australia's first active vaccine post marketing safety surveillance and offers efficiency over telephoning individual vaccine recipients. Vaxtracker data uniquely enables adverse event rates to be calculated. Any safety signals detected by Vaxtracker are alerted to the Therapeutic Goods Administration.

Vaxtracker can be adapted to any vaccine and was used for the new measles, mumps, rubella and chickenpox (MMRV) vaccine, introduced in July 2013 for 18 month old children.

In 2014, data collected using the Vaxtracker program demonstrated the safety of the current influenza vaccine recommended for children aged six months to five years.

Having the Vaxtracker vaccine safety data available on the web will help inform parents and improve consumer confidence in vaccines.

This project was a finalist in the 2014 NSW Health Awards.

D3.4 Strengthening partnerships with the primary and community care sectors for a seamless care experience

To promote local health pathways that standardise and simplify referrals for GPs, hospitals and community health providers for better patient access to services.

Key achievements

> The Agency for Clinical Innovation is evaluating the pain management model of care implemented under the NSW Pain Management Plan. Evaluation will draw on data from the electronic Persistent Pain Outcomes Collaboration established in 21 NSW Health sites and managed by the University of Wollongong.

> The Musculoskeletal Primary Health Initiative supported delivery of the Agency for Clinical Innovation's Osteoarthritis Chronic Care and Osteoporotic Refracture Prevention Programs in primary health settings, to evaluate whether these models of care can be effectively delivered through general practices.

> The Agency for Clinical Innovation established the Primary Health Initiative in Wagga Wagga, Coffs Harbour/Port Macquarie and North Sydney. A fourth trial is currently planned for Broken Hill.

> In 2014 the NSW Mental Health Commission submitted a ten year roadmap for strengthening mental health care in NSW, *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, which the Government accepted announcing $115 million to 2016-17 to commence implementation.
  As part of Mental Health Reform 2014-2024 the Government has committed to deliver on the following key directions:
  – Strengthening prevention and early intervention – with a stronger focus on services for children and young people.
  – A greater focus on community based care – including providing more community based services and a phased transition of long-stay patients in mental health facilities into safe community care.
  – Developing a more responsive system – through improved specialist services for people with complex needs such as borderline personality disorders and those in hospital with physical health care needs.
  – Working together to deliver person-centred care – including better integration between mental health services, mainstream health, justice and human services, and Australian Government funded services.
  – Building a better system – including by developing the mental health workforce, establishing an evidence base and research to support improvement, improving engagement with families and carers, growing and supporting a peer workforce, and increasing NGO capacity to deliver services for Government.

> In February 2015, funding of $250,000 was allocated under the NSW Government response to *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, to support the delivery of Mental Health First Aid training to community based youth workers in rural and regional areas. Wesley Mission was contracted to deliver this evidence based training. The training has been successfully delivered to over 350 people (130 per cent of original target number) to support the delivery of Mental Health First Aid and facilitate referral to appropriate care for mental health.

CASE STUDY: SYDNEY LOCAL HEALTH DISTRICT

Holistic health for mental health clients

Overview

The General Practitioner (GP) Clinic, co-located with the Mental Health Community Centre, aims to screen, assess and treat physical health problems of clients who do not otherwise have a GP.

This initiative increases community access to GPs, psychiatrists, clinical psychologists and other allied mental health professionals for mental health care.

Key activities

The functional, funding, legal and administrative model for this clinic required innovation.

Sydney Local Health District provided the infrastructure, including use of a consultation room, medical equipment, nursing and administrative support. Inner West Sydney Medicare Local provided support for practice management and information systems.

The introduction of a GP clinical nurse from Sydney Local Health District enhanced the communication between the GP and mental health clinicians.

Outcome

The co-located GP Clinic has cared for over 100 consumers who had not seen a GP in the last 12 to 18 months.

The close working partnership between the GP Clinic and Marrickville Community Mental Health Service resulted in earlier detection and intervention of physical health problems, improved care coordination and increased access to a range of health services and preventive health interventions.

This project received the Minister for Mental Health Award for Excellence in the Provision of Mental Health Services and the People's Choice Award at the 2014 NSW Health Awards.

> The NSW Government response to *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* includes the statewide expansion of a successful community living support program for young people with severe mental illness. The program is delivered by the non-government sector in partnership with local mental health services. The community living support for young people with serious mental illness expanded to an additional four local health district sites (Nepean Blue Mountains, South Western Sydney, Hunter New England and Northern NSW), building on the highly successful, independently-evaluated Young People's Outreach Program (Y-POP) delivered in Western Sydney Local Health District. The independent evaluation of Y-POP found an 80 per cent reduction in the amount of time spent in hospital by clients after entry to the program. New sites are due to commence operations in the second half of 2015.

> In 2014-15, the Justice Health & Forensic Mental Health Network:
  – diverted 2605 adults and adolescents with mental illness from custody into appropriate care in the community, representing an almost eight per cent increase from last financial year
  – managed the continuity of care for 560 young people with mental health and/or drug and alcohol concerns leaving custody, representing a 23 per cent increase from last financial year, through the Network's Community Integration team. Over 52 per cent of those assisted were Aboriginal
  – continued to engage and collaborate with the Aboriginal Community Controlled Health Sector to improve the availability, accessibility and quality of holistic, comprehensive, culturally safe and appropriate health care
  – established a formal partnership through a memorandum of understanding with Maari Ma Medical Aboriginal Corporation to support release planning for Aboriginal patients from the Broken Hill Correctional Centre
  – Adolescent Court and Community team commenced a formal clinical redesign project to identify strategies to improve efficiencies and increase referral rates, including the potential use of audio visual link, diversion directly from custody and the placement of Adolescent Court and Community team clinicians within the courts.

> NSW Ambulance initiated a number of key clinical and demand management programs focused on improving the integration and connectedness with health and social service providers, Medicare Locals (now Primary Health Networks) and non-government organisations across the state.

> The $1.8 million *LikeMind* pilot is a non-government organisation led, co-located and integrated service for people with moderate to severe mental illness. It was established in Penrith and Seven Hills to provide one-stop shops in which an individual's needs may be holistically responded to including mental health, drug and alcohol, physical health and psychosocial needs.

> *Mothers with Mental Illness and their Children*, branded as *Mums and Kids Matter*, is one of three projects funded to June 2016 under the National Partnership Agreement on Supporting National Mental Health Reform. The Program contributes essential components of the current NSW Perinatal and Infant Mental Health service system in providing care in mental health for mothers and their young children (0-5 years) in NSW. This statewide program provides services and brokerage to reduce separation of mothers with mental illness from their children, while the mothers receive specialist health care. This innovative new program is run in the community and managed by Wesley Mission, with support provided through linkages with government agencies, and other key stakeholders to improve care coordination for mothers with severe and complex mental health needs and their young children.

> Keep Them Safe Whole Family Teams, funded under the Keep Them Safe Initiative until June 2016, provided specialist clinical mental health and drug and alcohol in-home and community based interventions in the Lismore, Newcastle, Nowra and Gosford regions. The service is for children and families with complex mental health and drug and alcohol issues where the children have been identified at risk of significant harm. An independent evaluation of Keep Them Safe Whole Family Teams indicated that the program was highly successful in improving child safety and demonstrated clinically significant improvements in parental mental health, substance misuse, family functioning, parenting and child wellbeing, with a reduction of 58.4 per cent in the rate of risk of significant harm reports.

> Getting on Track in Time – *Got It!* an evidence based clinical mental health program, also funded under the Keep Them Safe Initiative until June 2016, delivered school-based mental health indicated intervention for children in kindergarten to year two who display emerging conduct problems. Got It! is delivered by specialist multidisciplinary Child and Adolescent Mental Health Service clinicians in schools and in partnership with education staff in Dubbo, Newcastle and Mt Druitt. The program is designed to reduce the frequency and severity of disruptive behaviours to ultimately reduce the incidence of conduct disorder among children.

> The Project Air Strategy for personality disorders was launched in January 2015 and is being implemented statewide, over five years. This Project Air model of care provides services for people with personality disorders by developing new service pathways and providing specialist training for mental health, drug and alcohol and emergency department clinicians to diagnose and respond to the needs of people with personality disorders. The Project Air Strategy also provides targeted education programs for consumers, families and carers.

D3.5 Aligning financial incentives and performance

To adapt NSW Health's Activity Based Funding model to support integrated care and encourage care in alternative settings.

Key achievements

> The Justice Health & Forensic Mental Health Network worked closely with the Activity Based Funding Taskforce and the Mental Health and Drug and Alcohol Office to ensure the accuracy of its collection activity for the Mental Health Costing Study. This project was sponsored by the Independent Hospital Pricing Authority to develop a contemporary activity based purchasing and funding model for NSW mental health services.

> The Integrated Care Demonstrator sites are currently designing and planning new funding arrangements to support their individual integrated care initiatives. NSW Health is also assessing evidence from recent trials (e.g. Diabetes Care Project) as well as contributing to the Commonwealth Government's Healthier Medicare initiative which aims to improve health financing in primary care, and to better support coordinated care.

> Local health districts and specialty health networks have been provided with the capacity to view and analyse the patient journey and the integration of care across all the hospital settings (emergency department, acute, non-admitted, sub and non-acute).

> The scope of the NSW funding model has been extended to incorporate non-admitted services practised outside hospitals including home-delivered care and community health services.

> There are a range of federal initiatives that have potential to change funding and health service delivery models within NSW. These include the Commonwealth Government's intention to cease the National Reform Agreement in 2017-18, the Reform of the Federation process, the Commonwealth review of Medicare Benefits Scheme items and Primary Care, and the creation of Primary Health Networks.

CASE STUDY: WESTERN NSW LOCAL HEALTH DISTRICT

Breaking down silos through integrated care project

Overview

The Healthy Kids Bus Stop Project is a community-based integrated care partnership between Royal Far West, Western NSW Local Health District, Western NSW Medicare Local and Ronald McDonald House Charities to address the gaps in child health needs in rural NSW.

Clinical expertise provided by the four key partners effectively changed the methodology from silo to integrated service delivery and the wider community supported the initiative.

Key activities

The project team set out to address rural inequity and service gaps. The project provides an interactive 'whole of child' health screening and care pathway program targeting children aged 3-5 years old.

The screening component provided a multi-agency, multi-disciplinary approach to a 'whole of child' assessment. This was followed by a case conference that identified a care pathway for every child that was seamless and efficient.

A key element to the success of the project was using local service providers, including the child's GP as the foundation, enhanced by regionally sourced paediatric specialists to create a specialised team.

Outcome

The pilot assessed 65 children, with 91 per cent identified as having health or developmental concerns, resulting in 122 referrals into the partner agencies.

A review after six months showed that the majority of local referrals had been followed up. Thirteen of the 17 children referred to Royal Far West had been assessed and diagnosed within five weeks from the point of referral. Some significant developmental concerns were identified including the early identification of a child with severe autism.

This project was a finalist in the 2014 NSW Health Awards.

D3.6 Monitoring, evaluating and seeking feedback to guide improvement

To establish a robust evaluation program to understand which aspects of the *Integrated Care Strategy* are making a difference.

Key achievements

> eHealth NSW continued to support the statewide Enterprise Data Warehouse, which is a source of key performance information for the system.

> eHealth supported the development of a new Analytics Strategy for NSW Health to deliver new data management capabilities and reporting tools for use across NSW Health.

> A total of 9470 surveys were completed across NSW during 2014-15 using Patient Experience Trackers. These trackers are small electronic hand held devices used to collect patient, family and staff feedback at the point of care.

> Bureau of Health Information published 12 reports on different aspects of performance including:
 – improving the analytic capacity in the Bureau of Health Information's *Hospital Quarterly* reporting series
 – a new report on the rate of unplanned return to acute care
 – reports on the perspectives of patients gathered from the NSW Patient Survey Program. Full results from the NSW Patient Survey Program are publicly available on the Bureau of Health Information online data portal, Healthcare Observer.

> Bureau of Health Information worked collaboratively with the Cancer Institute NSW to publish a new report in the *Insights Series* looking at emergency department utilisation by people with cancer.

> Robust evaluation and monitoring is underway for the Integrated Care Demonstrators and the Innovators, with a focus on continuous improvement in the program.

> Service Agreements between NSW Health and local health districts and specialty health networks now include integrated care. Specific performance indicators are being developed and trialled with the Demonstrators to be rolled out to the Innovators once finalised.

CASE STUDY: NSW AMBULANCE

Today is the day that we make tomorrow different

Overview

During 2013, staff from around the state provided feedback on how NSW Ambulance should operate to ensure the best care can be delivered to patients. This information was used to form a new vision for NSW Ambulance, to be no longer only an emergency transport service but to be positioned firmly as an emergency mobile health service.

Key activities

NSW Ambulance's case load has changed with 40 per cent of cases considered low acuity; 50 per cent considered urgent but not life-threatening; and 10 per cent relate to potentially life-threatening situations.

Rather than a one-size-fits-all treat and transport model that takes every patient to a hospital, NSW Ambulance takes the appropriate health care to patients, responding and focusing on the right care, for the patient, in the right way, in the right place and at the right time, to free up resources and demand on emergency departments.

The model includes engaging community first responders and collaborating with primary care partners.

Outcome

The four domains of patient care – emergency, urgent/unscheduled, health system support and community support – ensure a tailored approach specific to the needs of each patient.

Results are highlighted by the Frequent User Management program, an initiative from the urgent/unscheduled patient care domain. By coordinating the health care needs of 35 patients monitored under the Frequent Users Management program, calls to Triple Zero (000) by these patients, were halved during the first quarter. This has also indirectly benefitted other patients by freeing up emergency ambulances for those who need them most.

This project received the Integrated Healthcare Award at the 2014 NSW Health Awards.

D3.7 Scaling up, rolling out and embedding successful programs across NSW

To look at locally developed models that can be rolled out system-wide to support better integration of care for patients.

Key achievements

> The NSW Health Awards each year highlight innovative projects from all NSW Health organisations. Judging for the Awards includes the potential to which the project can, or has been, spread to other units/areas. The Minister for Health Award in 2014 went to Orange Hospital. This start up project introduced a new way to involve the patient at the centre of care with the whole treating team collaborating in ward rounds. This Structured Interdisciplinary Bedside Round approach has now spread to 81 sites across NSW with a further 25 in implementation.

> The Clinical Excellence Commission evaluated the TOP 5 initiative for hospitalised patients with dementia in 21 hospitals and found that a model developed by the Central Coast Local Health District had broader applicability system-wide. A second evaluation of the use of TOP 5 in transfers of care is underway.

> Six policy related documents on barcode scanning in hospital pharmacies, patient identification bands, open disclosure, clinical procedure safety, prevention of venous thromboembolism and principles for managing disturbed and/or aggressive behaviour were released by the Clinical Excellence Commission.

> The Agency for Clinical Innovation, in partnership with NSW Ambulance and local health districts has successfully implemented the State Cardiac Reperfusion Strategy across NSW, giving patients with suspected heart attacks that may benefit from early reperfusion definitive care in the shortest possible time.

> The ongoing monitoring and evaluation of the Integrated Care Demonstrators will highlight key areas for scaling up and rolling out a system-wide approach to integrated care. Existing programs such as the Chronic Disease Management Program are being rolled into integrated care and will be aligned with components of integrated care. Several activities are underway to support learning and spread of knowledge across the system, for example:
> – education on specific areas related to integrated care
> – monthly teleconferences for all integrated care project teams to hear updates on progress from the central agencies and share knowledge
> – integrated care workshops.

> The NSW Government has now allocated $180 million over six years to support integrated care. This includes supporting local health districts develop partnerships which allow patients to access a seamless range of health care services, whether it be hospital treatment or community based primary health care services provided by general practitioners, pharmacists, allied health professionals, other non-government organisations or private providers.

CASE STUDY: ST VINCENT'S HEALTH NETWORK AND AGENCY FOR CLINICAL INNOVATION

Successful and innovative evidence translation

Overview

The Quality in Acute Stroke Care trial showed that supported implementation of clinical protocols to manage fever, sugar and swallowing dysfunction (FeSS clinical protocols) for 72-hours following stroke: decreased death and dependency by 16 per cent; significantly improved fever, glucose and swallowing management; and decreased length of stay by two days.

St Vincent's Health Network partnered with the NSW Agency for Clinical Innovation (ACI), 15 local health districts, clinicians and the National Stroke Foundation to implement these FeSS clinical protocols in all 36 NSW stroke services.

Key activities

The Quality in Acute Stroke Care Implementation Project established a model to support translational activities at the local level and rapid translation of evidence to practice.

Outcome

This was a landmark translational project that achieved better service delivery by providing multidisciplinary clinician education, barrier assessments and clinical champion support.

Results showed significantly improved service outcomes across the state. Namely, an increased proportion of patients received care according to the FeSS clinical protocols. These findings are clinically important as the original trial demonstrated the association between improvements in these service outcomes and decreased death and dependency for stroke patients.

This project was a finalist at the 2014 NSW Health Awards.

Supporting and developing our workforce

Overview

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

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

Challenges

Health systems have traditionally been designed around the institutions that deliver services rather than the populations they serve. More of the same is no longer the answer. In the modern health landscape, powerful drivers are at odds with traditional approaches including:

- impending workforce shortages combined with an ageing population, means that it will not be possible to meet forecast workforce growth based on current health service patterns and models of care
- geographic maldistribution of the health professional workforce, exacerbated by the spread of NSW's population over greater geographic areas, means that access to care is impacted in regional and remote areas
- the expected government spending on health will nearly double between 2010 and 2050, based on current approaches, calling into question the future affordability of health care if nothing changes
- specialisation of health care professionals has been increasing steadily, yet chronic and complex patient presentation is requiring more holistic and generalist models of care.

What NSW is doing

To help strengthen and support the workforce, funding of $12.4 million was provided in 2014-15 to support strategies within the Health Professionals Workforce Plan, with a range of initiatives to:

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

Highlights

1800 additional medical practitioners (full time equivalents) since March 2011

4200 additional nurses/midwives (full time equivalents) since March 2011

375 Nursing/Midwifery Unit Managers enrolled in the 'Take the Lead 2' program

1.5 million courses completed through HETI online in 2014-15

39 nursing and midwifery students are enrolled in the Aboriginal cadetship program

Sixteen Aboriginal Medical Officers commenced internship in NSW Health hospitals in 2015

S1.1 Improve workplace culture

To ensure the CORE values underpin workplace culture so staff feel respected, valued and empowered to deliver high-quality patient care.

Key achievements

> In 2014-15, over $4 million was allocated to public health organisations to fund culture change initiatives.

> The Public Service Commission's 2014 People Matter Survey results highlighted where NSW Health exceeded broader public sector results including job security, accurate reflection of role descriptions and learning and development activity. Importantly, 91 per cent of staff indicated feeling that they make a positive contribution to achieving NSW Health's objectives.

> The NSW Health 2015 YourSay survey was conducted between March and May 2015. A record number of staff participated in the survey. Engagement with NSW Health's values of Collaboration, Openness, Respect and Empowerment is measured in the survey to gauge improvements in workplace culture.

> More than 350 staff from local health districts, specialty health networks and pillar organisations participated in CORE Chat workshops in 2014-15. Further detail on the CORE Chat program is provided on page 80.

> Small Acts of Kindness, a film developed by the NSW Ministry of Health in 2014, highlights the importance of compassion and kindness within contemporary health care. The film is supporting and reinvigorating the importance of facilitating care that is person centred, humanistic and compassionate through implementation of local innovations and strategies. The film is being used within orientation programs to identify NSW Health's commitment to compassionate care as a foundation of health care delivery as well as in undergraduate programs in nursing and medicine.

> Several eLearning modules on the topic of patient centred care, for example Person Centred Care have been added to HETI Online. These modules focus on promoting dignity and respect for the patient, drawing from the patient's experience and involving the patient and families in decision making about their care.

> HETI's Training and Support Unit for Aboriginal Mothers, Babies and Children delivered a range of clinical skill development webinars for staff working in the Aboriginal Maternal and Infant Health Service and the Building Strong Foundations Network. A group of 54 network staff, including Aboriginal Health Workers, joined three special education webinars in 2015. This initiative supports the growth of our Aboriginal workforce and the delivery of safe and culturally appropriate health care for Aboriginal communities.

CASE STUDY: SYDNEY LOCAL HEALTH DISTRICT

Caring for staff using Meditation-based Compassion and Mindfulness Training

Overview

Sydney Local Health District has more than 11,000 staff, the majority dealing with more than 2 million admissions, outpatient visits and emergency department presentations a year.

Ensuring the wellbeing of staff improves their capacity to provide high quality compassionate care for patients and their families. Research has found a positive link between staff wellness and productivity, and that patients who have positive care experiences have better clinical outcomes.

Last year, Sydney Local Health District developed an innovative Heart of Health program, in partnership with the NSW Chief Nurse, Susan Pearce to support staff wellness.

An element of the program includes meditation-based compassion and mindfulness training. Sankalpa, a practical science based, secular program enables participants to learn and practise stress reduction, relaxation, mindfulness, self-compassion and compassion skills.

Key activities

The program began in Canterbury Hospital emergency and now operates across all District hospitals, involving more than 70 staff weekly. The program is offered in weekly and two-day intensive formats (about 40 clinical leaders recently attended this). Twenty staff are being trained over 18 months to facilitate the program.

Outcome

Program effects are being evaluated in collaboration with researchers from USYD and ACU. Preliminary findings demonstrate the intensive format (12 hour dose) significantly improved participants' mindfulness, positive affect, stress, wellbeing, and resources (physical, mental and emotional) with large effect sizes (1.0-1.7). The weekly format (8 hour dose) also produced significant improvements in the above including perspective taking capacity, compassionate, patient and family-centred care, climate of compassion and emotional safety with effect sizes from moderate to large (.4-.8).

S1.2 Ensure our workforce has the right people, with the right skills, in the right place

To foster a skilled workforce to meet changing health care needs, like the shift from hospital to community-based care.

Key achievements

> The annual Junior Medical Officer recruitment campaign in July 2014 was successful in recruiting over 3205 Junior Medical Officers who started in the 2015 clinical year. Over 50,800 applications were received across the range of recognised medical specialities in Australia including endocrinology, haematology, medical oncology, general medicine and paediatrics.

> The Aboriginal Recruitment Pathway successfully appointed 16 new Aboriginal Junior Medical Officers to undertake their internship in NSW hospitals in 2015.

> A record 980 medical intern training positions in NSW were recruited to for 2015, an increase of 130 since 2012. A further five intern positions were funded in the ACT intern training network for NSW university medical graduates. This represents an annual investment of $107 million to train the next generation of doctors.

> 94 interns commenced under the Rural Preferential Recruitment Service. This is an increase of 19 doctors since 2012. Further detail on this scheme is provided on page 76.

> To support expansion in the settings in which junior doctors undertake training, three new intern positions in general practice and 20 new second postgraduate year 2 positions in non-acute hospital settings were funded in 2015.

> A further 13 new specialist medical training positions were funded across a range of specialities, including general medicine and clinical genetics, according to identified workforce priorities.

> In partnership with Macquarie University, the Ministry has supported the re-establishment of the Masters program for Radiopharmaceutical Sciences. The program now reports a small number of participants. Further detail on this initiative is provided on page 77.

> The New Graduate Interprofessional Educational Framework was launched by the Health Education and Training Institute this year. It supports new graduate doctors, nurses, midwives and allied health staff during their transition to work in NSW Health. Further detail on this program is provided on page 80.

CASE STUDY: NSW MINISTRY OF HEALTH AND LOCAL HEALTH DISTRICTS

Aboriginal Population Health Training Initiative

Overview

The Aboriginal Population Health Training Initiative involves on-the-job training combined with part-time study towards a Master of Public Health degree.

The Initiative was established in response to the under representation of Aboriginal people in the health workforce and high demand for skilled Aboriginal health professionals.

Funded by the NSW Ministry of Health and delivered through partnerships with Population Health services within local health districts, the training initiative is open to Aboriginal people who have a health-related undergraduate degree and an interest in population health.

Key activities

The three year traineeship combines workplace learning within a NSW Health service and part-time study towards a Master of Public Health degree. The Initiative enables trainees to develop and apply their public health skills in the workplace.

Outcome

Since the Initiative began in 2011, 13 trainees have been recruited, with the first four trainees completing their traineeships in 2014.

Positive impacts delivered by the Initiative include:

• an increasing number of Aboriginal people working in Population Health

• creating employment and career opportunities for the community

• providing health services with the opportunity to interact positively with Aboriginal people and communities.

This initiative received the Aboriginal Workforce Award at the 2014 Aboriginal Health Awards.

S1.3 Support and inspire our workforce

To develop the skills needed at all levels of the NSW Health workforce, through targeted and effective education and training.

Key achievements

> Funding of $12.4 million was provided in 2014-15 to support strategies within the *Health Professionals Workforce Plan 2012-22*. Evaluation against the Plan showed that 65 statewide and local strategies had been implemented within the initial two year period.

> In late 2014, the NSW Ministry of Health undertook a review of the *Health Professionals Workforce Plan 2012-22* to ensure that the future targets remain appropriate. The review was informed by consultations with agencies.

> The NSW Ministry of Health commissioned the Take the Lead 2 program to support the work of Nursing and Midwifery Unit Managers across NSW Health. The mid program evaluation has shown that participants were engaged and motivated by the program and there has been strong transfer of learning across most performance domains. Ninety one per cent of participants reported that the program supported meaningful changes in their management skills and in their workplace.

> In a new approach to training in lymphoedema management, the Health Education and Training Institute has developed online training programs that will assist allied health professionals in the earlier detection and effective referral for patients with lymphoedema.

> Yarning about Quitting, a project between NSW Kids and Families, Health Education and Training Institute and the NSW Ministry of Health was implemented. The Project developed a joint blended learning package including an eLearning module, training DVD and resources for a communication workshop. The project aimed to increase the capacity of staff to provide effective and culturally appropriate smoking cessation support to Aboriginal pregnant women and mothers.

> Four new online modules, Business Planning for Wards and Departments, Care Coordination, Enterprise-Wide Risk Management for Managers and Own Source Revenue and Your Hospital were developed by the Health Education and Training Institute to support local decision making about patient care service planning and delivery.

> HETI Online continued to deliver leadership and management programs including Springboard, the leadership and management portal, which attracted 4632 users; and the Rural Clinical Team Leadership Program, which had 21 health professionals, including doctors, nurses, allied health and ambulance staff, graduate and present the results of their clinical improvement team projects. Further information on HETI Online is provided on page 79.

CASE STUDY: MURRUMBIDGEE LOCAL HEALTH DISTRICT

Enhanced Scope of Practice Program

Overview

In many rural areas, health care workforce shortages occasionally result in situations where a facility is left without a medical officer, requiring patients to travel outside their local areas for health care.

Expanding the Scope of Practice to enable Registered Nurses to care for patients with low-acuity conditions can improve a range of patient outcomes such as reducing time to treatment and fewer patients requiring transfers.

Key activities

To develop the rural nursing workforce to ensure patients in small communities received timely, appropriate treatment by competently trained Registered Nurses, the unique Enhanced Scope of Practice Program was developed.

The Program provided an opportunity for rural Registered Nurses to receive education and training, using technology-driven training modalities, including interactive online learning modules and videoconference education sessions.

There were 12 Registered Nurses who successfully completed the Program and began their enhanced role at their respective facilities.

Outcome

A total of 163 patients were treated using this new model with 100 per cent receiving the care they needed in their community. The model improved access to health services and improved patient satisfaction. Evaluation found 90 per cent of patients were either satisfied or very satisfied with their overall experience and the Registered Nurses felt empowered to provide a better service to the community.

This project was a finalist in the 2014 NSW Health Awards.

Supporting and harnessing research and innovation

Overview

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

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

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

Challenges

Supporting and harnessing research and innovation plays a vital role in the continued growth and better health of our community and economy but is not without challenges. Challenges include increased international competition for researchers, adapting to rapid changes in the way research is performed, keeping high ethical standards and retaining trust in research.

What NSW is doing

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

NSW Health is implementing a ten year plan to build research capability in NSW and provide key statewide research infrastructure.

Initiatives to support and harness research and innovation include:

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

Highlights

$42.43 million in infrastructure funding to support independent medical research institutes in NSW

50,000 different views on all major health data now available through HealthStats NSW website redesign

Roll out of the Population Health Information Management System to influence the health of over 450,000 young children in NSW

NSW biobank web-based directory has been developed

Public Health and Biostatistics Training Program graduates in 2014-15

$6 million was provided to four organisations for medical device technology development and commercialisation

15,000 people interviewed as part of the NSW Population Health Survey

S2.1 Invest in research

To drive collaboration and promote scale and sustainability in NSW medical research institutes and encourage the commercialisation of medical devices and technology.

Key achievements

> $42.43 million in infrastructure funding was provided to support the day-to-day costs involved in running independent medical research institutes in NSW. These grants were provided to 14 organisations through the Medical Research Support Program. Further detail on this funding are provided on pages 83-84.

> The Medical Devices Fund encourages and supports investment in the development and commercialisation of medical devices and related technologies in NSW to improve patient outcomes. During 2014-15, over $6 million was provided to four organisations through a competitor technology development program. Since the Fund started, $16.4 million has been invested in nine successful applicants. Further detail on this funding is provided on page 85.

> $2.92 million provided to NSW research organisations through the Population Health and Health Services Research Support Program. This investment aims to:
> – increase the generation of high quality and internationally recognised population health and health services research that addresses NSW Health priorities
> – encourage the adoption of research findings in health policies, programs and services.

> A review of the Population Health and Health Services Research Support Program was conducted in 2015 to determine the extent to which the Program is achieving its objectives. Findings from this review will inform future funding rounds.

> The Cancer Institute NSW has supported:
> – seven Translational Cancer Research Centres and program grants to create improvements in cancer control
> – Translational Program Grants
> – clinical trials infrastructure to make NSW a destination of choice for clinical trials
> – research infrastructure so researchers have access to world class research, platforms, tools, equipment and networks
> – fellowships to support and retain excellent cancer researchers in NSW.

CASE STUDY: NSW OFFICE FOR HEALTH AND MEDICAL RESEARCH

Medical Devices Commercialisation Training Program (MDCTP)

Overview

The Medical Device Commercialisation Training Program (MDCTP) was launched in 2013-14 and is a 3 month intensive training program in medical devices commercialisation based in NSW. The MDCTP was developed in partnership between leading technology business incubator Australian Technology Park (ATP) Innovations and the NSW Office for Health and Medical Research (OHMR). The aim of the program is to build medical device commercialisation expertise and capacity in NSW.

Key activities

This program is conducted in two stages:

1. Training – a 3 month intensive pre-selection program run by ATP Innovations

2. Fellowship - OHMR in conjunction with QB3, the California Institute for Quantitative Biosciences provides the two year NSW-QB3 Rosenman Scholar Program to bring together clinicians, medical device commercialisation experts and entrepreneurs to maximise opportunities to develop ideas to treatment solutions for patients.

Outcomes

During the MDCTP, candidates: are exposed to entrepreneurship and develop the necessary skills to commercialise their technologies including; customer discovery, medical device design and commercial value; self-identify whether they are an entrepreneurial academic or an entrepreneur; explore the value proposition for their own unique technologies; and engage face-to-face with stakeholders across the commercialisation continuum from patients and clinical specialists to payers and regulators.

A cohort of 20 participants graduated from the MDCTP in December 2014. From this group of 20 participants, two candidates were selected, based on the recommendation of ATP Innovations and OHMR, for a two year scholarship at the Rosenman Institute at the University of California, San Francisco commencing in November 2015.

Graduates of the 2014 program have started companies, raised capital from investors, engaged industry partners and received over $1 million in development grants to date and created new job opportunities in Australia and abroad. Candidates in the 2015 MDCTP will graduate in November 2015.

S2.2 Build system-wide capacity

To turn information and evidence into policy and practice.

Key achievements

> There were 14 continuing trainees enrolled in the Aboriginal Environmental Health Officer Training Program in 2014-15. Further information on this initiative is provided on page 77.

> Two Aboriginal policy analysts successfully completed the inaugural two-year Aboriginal Policy Pathway Training Program in 2014. This included graduating from the Diploma in Government (Policy Development) and Post Graduate Certificate in Public Sector Management Program. Both graduates have secured permanent positions within the Ministry. Further information on this initiative is provided on page 77.

> The *NSW Health and Medical Research Hub Strategy* is building a system to turn information and evidence into policy and practice. Current projects include:
  – embedding quality research in local health districts
  – developing a framework to support research using data and informatics
  – developing a statewide communications strategy to promote the health and medical research sector in NSW.

> NSW Health is working with researchers on a statewide approach to biobanking, providing grants for bioinformatics projects and increasing access to bioinformatics training. In 2014-15, $250,000 was provided to support delivery of the program including the development of bioinformatics literacy.

> In 2014-15, the HealthStats NSW website was redesigned to assist users in navigating and finding more detailed data by specific topic or location through 'point-and-click' explorers. Fortnightly data releases continue to ensure timely access to the most recent health data available. There are now over 50,000 views available on all major health data through HealthStats NSW.

> Key activity in 2014-15 for the Centre for Health Record Linkage included data sharing with a number of key NSW Government Agencies and jurisdictions, supporting innovative projects in biobanking and streamlining access to linked records. The Centre for Health Record Linkage has over 100 million records in its main data linkage system making it the largest dedicated data linkage centre in Australia. It has also linked more than 100 additional datasets on request.

> The NSW Population Health Survey interviewed approximately 15,000 people in NSW by telephone, including mobile phones during 2014-15. The Survey entered its 13th year of continuous collection and provides important information on a range of key performance indicators.

CASE STUDY: NSW OFFICE OF PREVENTIVE HEALTH

Go4Fun cluster randomised controlled trial

Overview

Go4Fun is an evidence-based community child obesity management program in NSW for children aged between 7-13 years and their families. Go4Fun has been delivered since 2009 and has demonstrated improvements in health, behavioural and self-esteem among children who participate.

As a key program requirement, children attended two sessions each week with their parent or carer. A 2012 program review identified that two sessions were a barrier to participation for families with work and other commitments so a once a week version was trialled.

Key activities

The effectiveness of the once per week delivery model in comparison with the standard twice per week was assessed through a pragmatic cluster randomised controlled trial across 11 LHDs in routine settings.

Outcome

The trial showed that the once per week delivery model was as effective as twice per week in achieving program weight, nutrition and physical activity outcomes. There were also no differences between the two groups in these outcomes six months after program completion.

Based on these findings, the once per week delivery model is now the standard delivery approach for Go4Fun and more accessible to families who could not have attended the program previously due to work and other commitments. Cost efficiency has been achieved with no compromises to program outcomes.

The program evaluation research study won a Sax Institute Research Action Award and an article describing the findings has been accepted for publication in a peer-reviewed journal.

> Five Trainee Biostatisticians graduated from the NSW Biostatistics Training Program in 2014-15 and were awarded a Master of Biostatistics degree by the University of Sydney. www.health.nsw.gov.au/training/botp/pages/default.aspx

> Eleven Trainee Public Health Officers graduated from NSW Public Health Training Program and seven graduates were conferred with the degree of Doctor of Public Health by the University of New South Wales. www.health.nsw.gov.au/training/phot/

> In 2014-15, the first cohort of four trainees graduated from the NSW Aboriginal Population Health Training Initiative and four new trainees commenced the program. Further information on this initiative is provided on page 77.

> The Population Health Intervention Management System is a health intervention management and reporting system that enables NSW Health to support and monitor the effectiveness of population health intervention activities. The Population Health Intervention Management System enables faster, more accurate and comprehensive capture of information via a secure online portal, giving the Population Health Network the ability to assess the quality and impact of their work and drive improvement across the state. The system is currently used in all local health districts by over 120 Health Promotion Officers, supporting 3850 Early Childhood Centres, 2650 primary schools and positively influencing the health of more than 450,000 young children in NSW.

> NSW Health is providing $1.8 million per annum for five years (to June 2018) to the Sax Institute to facilitate policy makers' and practitioners' access to high quality research evidence. The funds are being used to maintain and develop research assets, enable collaborative research projects, provide research and evaluation services to NSW Health, deliver research and evaluation skills training, and host exchange forums involving researchers, policy makers and practitioners. In 2014-15, the Sax Institute brokered 14 reviews of evidence, six research/evaluation services for NSW Health, provided two training sessions and one research/policy exchange.

> NSW Health is providing $500,000 per annum for five years to the Australian Prevention Partnership Centre. The Centre is a national initiative that is identifying new ways of understanding what works and what doesn't to prevent lifestyle-related chronic disease. Research projects underway through the Centre include the development of ways to measure the key factors that make our cities healthy and liveable and a national approach to Aboriginal tobacco control.

S2.3 Share new ideas

To recognise, celebrate and encourage health care innovation with clinicians and managers.

Key achievements

> The 2014 NSW Health Innovation Symposium iCan: iDeas inspiring innovation was held on 31 October 2014. Showcasing the outstanding innovation from every part of the system, the Symposium featured 59 presentations on leading-edge health initiatives that harness new ideas, new technologies and new approaches to the delivery of patient care.

> The 16th Annual NSW Health Awards were held on 31 October 2014. The annual awards ceremony is an important event in the NSW Health calendar. It showcases the excellent work done throughout the NSW public health system. Forty finalists were selected from 144 entrants including those providing direct care and those that support direct care through development of policy, management and clinical or corporate services.

> Each year the Premier's Awards for Public Service are held to recognise outstanding performance and excellence in the delivery of public services. In 2014, NSW Health nominated 16 initiatives. Congratulations to all teams and individual who were chosen as finalists for 2014:
>   – Packaging Accessibility Project – HealthShare NSW
>   – Break and Enter – Justice Health & Forensic Mental Health Network
>   – Quality in Acute Stroke Care Implementation Project – Agency for Clinical Innovation
>   – Sydney Sexual Health Centre partnership with ACON
>   – Jenny Hart – Western Sydney Local Health District Health
>   – Carolyn Murray – South Eastern Sydney Local Health District.

> Agency for Clinical Innovation was awarded the 2014 Premier's Public Sector Award for Improving Performance and Accountability.

> The Agency for Clinical Innovation launched the Innovation Exchange on 31 October 2014. The Innovation Exchange provides a single, collaborative place to share and promote local innovation across NSW. More than 140 initiatives are currently showcased, providing the opportunity to learn from others, share solutions, improve performance, innovate, collaborate and partner on initiatives.

CASE STUDY: CANCER INSTITUTE NSW

Real world evidence for breast cancer chemotherapy effectiveness

Overview

The efficacy and safety of new cancer treatments are usually determined from industry sponsored clinical trials. These trials typically provide a source of high quality evidence however they are often limited to a narrow subset of potential patients undergoing treatment in conditions that differ from the general healthcare system. Clinical trial evidence can be augmented with real-world evidence using linked data from the NSW Cancer Registries. Registry data can simultaneously provide large patient numbers, state-wide coverage and extensive follow-up, all within the NSW healthcare system.

Key activities

Women diagnosed with breast cancer over the period 2008-12 are studied. Through data linkage their treatment regimens can be accurately determined via the eviQ protocol as well as hospital and emergency department admissions and long term survival.

Outcome

This project allows novel insights into the uptake and use of breast cancer therapies in NSW along with richer information on their effectiveness, safety and tolerability. Time to initiate treatment offers further insights into health system performance across NSW and duration of treatment provides much needed real-world evidence for tolerability and adherence. The comparatively large amount of data available also yields information on subgroups of women who are seldom participants in clinical trials such as older women, ethnic minorities and women with additional comorbidities such as diabetes. Refined evidence from real-world studies can be used to supplement clinical trial data and fed back to both clinicians and patients to enable better decisions and better outcomes in NSW.

S2.4 Foster translation and innovation from research

To maximise the use of research in policy, practice and health service delivery.

Key achievements

> The Office of Health and Medical Research's clinical trial support team has established a clinical trial feasibility and capacity planning framework and pathway. A component of this project includes implementing a risk assessment tool for investigator-initiated and collaborative trials. Models are currently being developed to help streamline the study approval and monitoring process for multi-centre studies and reduce the burden on lead site investigators.

> The first Medical Device Commercialisation Training Program, a three month accelerator training course for early to mid-career researchers, was delivered in partnership with ATP Innovations. The Program was a precursor to the NSW-QB3 Rosenman Institute Scholar Program in San Francisco, allowing two scholars to further their expertise in medical device development and commercialisation.

> Secure Analytics for Population Health Research and Intelligence (SAPHaRI) is a platform that enables users within the NSW Health system to discover information through statistical data analysis. In 2014-15, developments included enhancement of the population data warehouse infrastructure, improvements to data management and governance of key data assets, optimisation of disease surveillance reporting systems to support health protection and streamlining to provide access to linked data in a significantly reduced time.

> The NSW Government has committed up to $9 million to clinical trials to further explore the use of cannabis and/or cannabis products in providing relief for patients suffering from a range of debilitating or terminal illnesses. An expert panel chaired by the NSW Chief Health Officer will continue to advise the NSW Government throughout the trial period.

> Roll out of the new Enterprise Data Warehouse for Analysis, Research and Decision (EDWARD) commenced during 2014-15. The new platform enables all NSW Health organisations to collect, manage and safely use high quality data and information across the entire system. It improves upon and expands current health care information networks and pathways supporting a 'whole of system' and better translation of research into practice.

CASE STUDY: HEALTHSHARE NSW

Food packaging improvement project

Overview

HealthShare NSW, which serves 22 million meals to patients in NSW hospitals annually, partnered with Arthritis Australia and Georgia Tech Research Institute to address the problem of hard to open food packaging, a major barrier to nutrition in hospitals and at home.

Key activities

This public private partnership developed the world-first initial Scientific Review packaging accessibility report that scores each product and identifies areas for improvement. This innovative accessibility assessment tool and supporting design guidelines effected major changes to industry in Australia and internationally. It changed business models, rewarded manufacturers for innovating for consumer need and transformed products for hospital and home use.

By making accessibility a procurement condition, HealthShare NSW is supporting the wellbeing of vulnerable patients, is offering Australian small businesses an escape from price-only competition with multinationals and rewarding patient-centric innovation.

Outcome

The project resulted in measurably improved ease of opening of menu items provided in NSW public hospitals, improving patient nutrition.

Improved menu items are now becoming increasingly available in aged care facilities and other hospitals, with more facilities on the way.

Food services and nursing staff report that patients are more likely to attempt to open their own menu items, supporting patient dignity and leading to more food being consumed.

This successful partnership has dramatically redesigned packaged food, ensuring NSW public hospital patients and people at home can access food more easily, increase the amount they eat, build nutrition and support good health outcomes.

This project received the Minister for Health and Minister for Medical Research Award for Innovation at the 2014 NSW Health Awards.

S2.5 Build globally relevant research capacity

To improve research infrastructure by allocating additional funding for medical research within institutes and health care facilities, based on merit and research excellence.

Key achievements

> Funded several research capacity building programs including Genomics A, B and C Programs, Medical Devices Commercialisation Training and the NSW QB3 Rosenman Institute Scholar Program.

> Continued to roll out and implement a number of key support programs and initiatives to build globally relevant research capacity. These include the Medical Research and Support Program, Medical Research Support Program Transition Grants, Medical Research Support Program Assistance Funding, Clinical Trials, Hubs, Genomics and Medical Devices and Commercialisation.

> A web-based directory of NSW biobanks has been developed. Grants have been provided for bioinformatics projects and increased access to bioinformatics training.

> NSW Health is leveraging investment in medical research commercialisation through the Medical Research Commercialisation Fund and developing a strategy to leverage philanthropic investment.

> NSW Health is providing medical researchers access to the latest genome sequencing technologies through the Sydney Genomics Collaborative and the pathogen sequencing partnership project at Westmead.

> A research ethics and governance reform program is being implemented to improve the pre-approval process for all human research including clinical trials in NSW. This includes a simplified model of site specific assessment.

> NSW Health has been instrumental in the establishment of a Jurisdictional Working Group to develop a nationally consistent approach to multi-jurisdictional clinical trials and enhance the ability to attract national and international clinical trials.

> The funding support provided by NSW Health to the Sax Institute assists in building and maintaining research assets that include The 45 and Up Study, the Study of Environment on Aboriginal Resilience and Child Health, the Hospital Alliance for Research Collaboration and the Secure Unified Research Environment.

CASE STUDY: NORTHERN SYDNEY LOCAL HEALTH DISTRICT AND THE EMERGENCY CARE INSTITUTE (ACI)

The Australia and New Zealand ED Airway Registry Project

Overview

Endotracheal intubation is a high risk, multidisciplinary procedure that is associated with an increased rate of severe complications when it occurs in emergency departments as opposed to operating theatres. It is a procedure often undertaken on critically ill or injured patients.

This project aims to improve the safety of intubation in Australian and New Zealand emergency departments by developing a standardised data collection tool to audit practice then deliver feedback to promote improvement.

Key activities

Following an 18 month observational study, a practice improvement bundle was developed at Royal North Shore Hospital to improve patient safety. This involved multidisciplinary training, development and use of a pre-intubation checklist and changes in intubation practice.

At Northern Sydney Local Health District, the Registry has enabled real-time review and improvement of intubation practice in the emergency departments of Mona Vale,

Hornsby and Manly hospitals. Across Australia and New Zealand, participating emergency departments have reviewed and improved their intubation practice and training.

It is the first multicentre study of intubation in this region and is expected to contain over 3000 episodes by the end of the project. The data from this study will become the region-wide benchmark for the standard of intubation in emergency departments to continue to improve patient safety and the skills of emergency department clinicians.

Outcome

Over 40 emergency departments contributed to the project database with many taking similar steps to improve their patients' safety. At Royal North Shore Hospital, intubation success on first attempt improved from 83 per cent to 94 per cent and the incidence of complications fell from 28 per cent to 20 per cent.

This project received the Translation Research Award at the 2014 NSW Health Awards.

Enabling eHealth

Overview

Technology is rapidly transforming everyday life and health care is no exception. eHealth is now generally understood to mean the use of a broad range of information and communication technologies like broadband connectivity, digital networking or smart software to help drive improvements in health and medical care for individuals and communities. Investment in eHealth has the potential to deliver better and safer clinical care for patients no matter where they live, while also driving improved and sustainable network efficiencies.

eHealth NSW was established as a distinct organisation within NSW Health to provide statewide leadership on the shape, delivery and management of information communication technology-led health care.

eHealth NSW encompasses a number of innovative programs already underway across the state that support new models of care. These include telehealth, electronic medications management, statewide access to digital imaging and the use of voice recognition software as part of the second phase of the electronic medical records program. eHealth is being used to improve patient care through:

- patient information being available to clinicians across the state
- clinicians and other local health district staff being engaged to implement statewide systems locally
- the establishment of performance standards to ensure systems meet the needs of clinicians and patients.

Challenges

The eHealth agenda does face challenges. Despite progress, the local health districts all operate on different IT systems and have differing eHealth capacities. Clinician, manager and patient engagement on eHealth has also been varied and investments have not always met the functional needs of our users or fully realised the benefits.

What NSW is doing

The *Blueprint for eHealth* in NSW provides the vision for technology-led improvements in health care for patients. The Blueprint sets out the next steps in harnessing technology to improve the quality, efficiency and safety of health care for patients including:

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

Highlights

eHealth NSW established on 1 July 2014

HealtheNet is now connected to all local health districts

1,500,000 online course completions were recorded through HETI Online

Migration of NSW Health systems to GovDC commenced

Rural eHealth Program established to support eHealth delivery for rural and remote local health districts

An average of 4295 users access the patient flow portal each month

S3.1 Invest in clinical systems

To integrate clinical, community health and outpatient care with electronic record systems.

Key achievements

> The Electronic Medical Record program is extending two electronic medical record systems across NSW. Implementation of the Electronic Medical Record into Justice Health & Forensic Mental Health Network was completed early in 2014-15. The development of electronic orders continued in the Hunter New England Local Health District. Development of clinical documentation in Cerner is ongoing with implementations at Blacktown, Wellington, Cobar, Walgett, Moruya/Batemans Bay, Deniliquin, Cooma, Molong and Corowa Hospitals.

> The Community Health and Outpatient Care Program is developing solutions across two major electronic medical record systems for clinical areas including Aboriginal health, sexual health, community home nursing, child, youth and family, mental health, allied health, aged and chronic care, drug and alcohol services. Implementation is underway across all local health districts, Justice Health & Forensic Mental Health Network and St Vincent's Health Network. The program is on track to be completed by June 2016.

> During 2014-15, an average of 4295 users accessed the Patient Flow Portal each month.

> An electronic Medication Management system has been implemented across 28 priority sites. The Electronic Medication Management program focuses on medication safety and brings patient medical records, management and medication delivery online, significantly reducing the risk of medication errors. As an early adopter of Electronic Medication Management, the Concord General Repatriation Hospital successfully commenced hospital wide roll out of the system in May 2015.

> Work is underway to build an integrated Clinical Information System to support intensive care and high dependency units across NSW. The system will provide increased ability to monitor and manage critically ill patients. Clinicians will be able to access clinical documentation, Electronic Medication Management, pathology and radiology information from bedside devices.

CASE STUDY: CENTRAL COAST LOCAL HEALTH DISTRICT

Patient Journey Boards

Overview

An Electronic Patient Journey Board is a highly visible interactive touch screen that feeds data directly from the Electronic Medical Record and Patient Administration System. It is designed to facilitate multidisciplinary handover meetings with the aim of sustaining improved patient safety, patient experience, efficiency and compliance with organisational targets and policy directives.

The Electronic Patient Journey Board is another module within the Patient Flow Portal. The ability to access an Electronic Patient Journey Board provides numerous benefits to patients and staff including:

- data automatically populating when a patient is admitted or transferred into a ward, therefore reducing the risk of transcribing errors thus greatly improving data integrity
- significantly reduced manual data entry when updating patient information especially when compared to manual white boards
- improved legibility versus handwriting on a manual board
- easy identification of outstanding tasks in the patient's journey.

Key activities

The Electronic Patient Journey Board application is a unique hybrid that is designed to update information either via an automatic feed or manually by using the touch screen. The project team chose the Windows forms development platform because it offered greater flexibility in both the design and functionality of the Electronic Patient Journey Board.

Outcome

The information was displayed using graphic icons and colour schemes to discretely share clinical, financial and demographic information. The display was largely standardised across local health districts however, individual wards were able to tailor the information to meet patient needs. The Electronic Patient Journey Board made use of multifunctional cells, maximising the use of space to display multiple steps in the patient journey in a single view.

The Electronic Patient Journey Board allowed more time to be devoted to bedside clinical care, promoted patient safety and staff satisfaction, improved access to care, reduced transcribing errors and increased efficiency and accuracy in mortality reporting.

This project was a finalist in the 2014 NSW Health Awards.

S3.2 Invest in business systems

To allow managers to more effectively match the staff availability and skill levels to the needs of patients.

Key achievements

> Roll out of the new demand-based rostering system, HealthRoster, has commenced.

> The statewide implementation of HETI Online, a Learning Management System to support the delivery of standardised education to NSW Health staff was completed. Approximately 150,000 NSW Health staff are now able to access HETI Online. HETI Online can be accessed at any time, or any place and hosts 251 training resources. New training resources are added each month and provide both online and classroom learning. A new dashboard enhancement has recently been added to allow NSW Health organisations to monitor staff learning and development. HETI Online also enables NSW Health organisations to ensure all staff complete the mandatory training that ensures safe and high quality patient care.

> In 2014-15, 1.5 million online course completions were recorded through HETI Online.

> The Oracle e-Business suite (StaffLink) is a new integrated Human Resource Information System covering human resource management and payroll functions, finance, procurement and logistics information. It has been developed and implemented to simplify, standardise and streamline related business processes for NSW Health. All local health districts, networks and pillars are now covered by StaffLink. A single record is maintained for each employee, providing greater security. NSW Ambulance and the NSW Ministry of Health are scheduled to go live on the system in the next financial year.

> StaffLink was used to process more than 2.6 million invoices and pay 145,000 NSW Health staff in 2014-15.

> The Food Services Information Technology CBORD databases are currently being upgraded across NSW to provide statewide business intelligence and improved patient nutrition. By June 2015, 60 per cent of hospitals (where HealthShare NSW provides food services) had upgraded their CBORD database.

> The statewide implementation of AFM Online, an enabler for the Asset and Facilities Management Performance Improvement Program, was completed.

> Roll out of PROcure, a new procurement and contract management system, was completed across the NSW Ministry of Health and HealthShare NSW.

---

eCommunicating patient feeding assistance needs

Overview

Providing assistance to eat and drink is a key directive of NSW Health's Nutrition Care Policy. However, the assistance each patient requires can vary and there was no effective system in place to communicate a patient's meal assistance needs.

This project is an example of strong cooperation across the nursing, nutrition, allied health, IT and food services disciplines.

Key activities

The Team, in consultation with clinicians, implemented a simple and uniform method to communicate a patient's mealtime assistance needs at Prince of Wales Hospital.

A short mandatory question, about a patient's diet, was included in the Electronic Medical Record system offering three response options: 1. nil assistance required; 2. assistance to open food packages; or 3. full supervision required.

This information was then downloaded to the food service IT system and it triggered an appropriate brightly coloured tray slip that indicated the level of assistance needed.

Outcome

The enhancement to the Electronic Medical Record system resulted in a significant increase in the number of patients both identified as requiring assistance and receiving assistance.

Following implementation of the Electronic Medical Record system enhancement, a review was conducted of the patients identified to receive assistance and it showed; 19 per cent required assistance to open meal packs, up from 10 per cent; and eight per cent required full assistance to eat, up from five per cent.

This project was a finalist at the 2014 NSW Health Awards.

S3.3 Invest in infrastructure

To provide a more reliable, secure and robust environment that delivers a high-speed, clinical grade interface across the State.

Key achievements

> The Health Wide Area Network Program is progressively connecting all local health districts, networks, pillars and other NSW Health organisations to a shared, highly secure and reliable Wide Area Network across the State. The Health Wide Area Network connects all hospitals and data centres to provide the backbone which enables the statewide roll out of NSW Health clinical and corporate applications. It supports connectivity for remote access, multimedia applications, data exchange, voice and video services. The foundation network has been established. Local Wide Area Networks of the NSW Ministry of Health, local health districts, pillars, Cancer Institute NSW, HealthShare NSW and eHealth NSW are now connected to the Health Wide Area Network. Rural based local health districts will all be connected to the Health Wide Area Network by the end of 2015, providing a high speed, clinical grade interface to all rural locations.

> The foundation infrastructure platform for NSW Health has been established at the new Whole-of-Government Data Centres at Silverwater and Unanderra. eHealth NSW has transitioned corporate information technology systems including StaffLink, VMoney and Assets and Facilities Management Online into the new Data Centres. Migration of Cancer Institute NSW to the new Data Centres has also been completed. The new Whole-of-Government Data Centres are providing a more reliable, secure and robust environment for the hosting of key clinical and corporate information technology applications for NSW Health. High-level migration plans are in place for other applications.

CASE STUDY: NSW AMBULANCE

Inter-CAD Electronic Messaging System

Overview

The Inter-CAD Electronic Messaging System is a peer-to-peer electronic communications system that operates between emergency services and public safety organisations to transmit incident requests and messages between different Computer-Aided Dispatch (CAD) systems.

Key activities

Traditionally, communications between agencies was via telephone and during peak periods delays would be experienced. Where a message needed to be relayed to multiple agencies, a call to each agency would be made. The Inter-CAD Electronic Messaging System allows messages to be relayed to multiple agencies simultaneously, improving operator efficiency and allowing the focus of dispatchers to remain on resource activation, crew welfare and safety.

Inter-CAD Electronic Messaging System is a world first vendor independent standard, which also includes utilities as part of the network.

Using an interface, agencies operating on a Computer Aided Dispatch (CAD) system have the ability to develop individual systems, providing the ability to send and receive, as well as interpret information via the interface.

The Inter-CAD Electronic Messaging System enhanced collaboration and teamwork between agencies by sharing accurate and relevant information, vehicle status information and contributed to officer safety and welfare. The electronic transfer of incident requests and information decreased the time taken for the information to be available to dispatchers and responding personnel.

Outcome

Since implementation, approximately 11,000 incidents have been sent and received by NSW Ambulance via Inter-CAD Electronic Messaging System, per month. Coupled with the system's messaging capacity, it is anticipated that Inter-CAD Electronic Messaging System will realise a saving in excess of 200,000 telephone calls per year.

This project was a finalist in the 2014 NSW Health Awards.

S3.4 Strengthen eHealth governance

To create a contemporary, responsive and world-class eHealth system in NSW.

Key achievements

> On 1 July 2014, eHealth NSW was established as a dedicated organisation within NSW Health to guide Information and Communications Technology planning, strategy, program implementation and operations. Since its establishment, eHealth NSW has continued the statewide implementation of core systems and leveraged achievements to date, to move toward realising the eHealth vision for NSW.

> The eHealth Executive Council is chaired by the Secretary of NSW Health and provides statewide strategic direction and support to eHealth NSW.

> Clinical, Corporate and Infrastructure Portfolio Governance Committees have been established and provide strategic advice for the planning and delivery of eHealth initiatives and direction for future investments across the public health system. The Portfolio Governance Committees include senior clinical and executive representation from the NSW Ministry of Health, local health districts, networks, pillars and other NSW Health organisations to ensure active partnership and representation of varying local priorities across NSW.

> eHealth NSW continues to foster clinical engagement in health informatics and integration of information communication technology into clinical practice, to improve patient health outcomes and health services.

> eHealth NSW is implementing initiatives such as the clinical engagement forum, led by the Chief Clinical Information Officer to ensure NSW Health clinicians are active partners in the development of clinical eHealth programs.

CASE STUDY: HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

In the hands of our clinicians

Overview

The emergence of antimicrobial resistant bacteria is of major concern to societies worldwide. The current process for updating and disseminating antimicrobial prescribing recommendations was recognised as inadequate, with insufficient access to clinicians and limited version control.

This project used the District's existing Antimicrobial Guidelines to provide the underpinning framework for appropriate antimicrobial use.

The project used available technology to provide more current, easily accessible decision support information for clinicians around antimicrobial prescribing .

Key activities

The use of technology optimised for mobile phones was selected for its appeal to the junior medical, pharmacy and nursing workforce. A 2012 orientation week survey of the junior medical office provocation workforce found that while 100 per cent owned smartphones, 30 per cent of devices were android and any program would require multiple platform access.

A website was developed which was accessible from android and iPhone mobile phones and desktop computers.

This allowed for greater version control and provided the opportunity for engagement with hard to reach groups, for example rural general practitioners, visiting Medical Officers and on-call clinicians.

The District's Application Development team was engaged to develop the website within the Hunter New England Local Health District Network and to meet all the functional requirements of the project, within available resources.

Outcome

Six months after launch, the website had received 1700 sessions with 2100 page views. The project improved clinician access to guidelines which helped the prevention and treatment of health-associated infections.

Compliance with the guidelines is a major factor in achieving this success. Successful stewardship programs have also been implemented within Hunter New England Local Health District with the aim to optimise individual patient care while minimising the development and spread of antibiotic-resistant microorganisms.

This project was a finalist at the 2014 NSW Health Awards.

S3.5 Refresh the eHealth vision to set a clear direction for the future

To guide investment in state-wide eHealth initiatives and clearly articulate arrangements in governance, privacy and capacity-building.

Key achievements

> Under the leadership of the eHealth Executive Council, eHealth NSW is supporting the refresh of the eHealth vision, which will be articulated in the NSW eHealth Strategic Plan 2015-2025. The Strategic Plan will provide a roadmap to guide the significant investment in eHealth across the NSW public health system and build capacity across the state by consolidating functionality, integrating systems and expanding existing eHealth programs.

> In 2014-15, eHealth NSW matured its Investment Management Planning capabilities to ensure that information communication technology investments are aligned with NSW Health strategic drivers. The matured process ensures appropriate stakeholder consultation and investment decisions which consider relative risks, benefits, project outcomes and value for money.

> eHealth NSW has introduced a number of internal initiatives to strengthen and support its operations.
  – Architecture governance: eHealth NSW is strengthening its internal processes in order to mature NSW Health's architecture conformance and alignment to support consistency and enable all systems to share data.
  – Security enhancements: eHealth NSW has responsibility to ensure the appropriate levels of security controls are implemented to protect critical systems, applications and data. eHealth NSW executes the appropriate governance set in the Privacy and Security Assurance Framework.
  – eHealth NSW is integrating security controls in clinical and corporate programs within each stage of their lifecycle and is increasing security awareness and training across the cluster to reduce the likelihood and consequences of risks faced by NSW Health.

> The Rural eHealth Program has been established to improve the delivery of eHealth programs to the six rural and remote local health districts (Mid North Coast Local Health District, Northern NSW Local Health District, Western NSW Local Health District, Far West Local Health District, Southern NSW Local Health District, and Murrumbidgee Local Health District).

CASE STUDY: eHEALTH NSW

Rural eHealth Strategy

Overview

The Rural eHealth Strategy aims to utilise information and communications technology (ICT) to integrate and connect health services in regional and remote areas, so that patients receive the right care, delivered in the right place, by the right person and at the right time.

Key activities

The Rural eHealth Strategy recognises the positive impact technology can have on patient care and outcomes. By working in collaboration with six Local Health Districts, the strategy aims to accelerate and coordinate the implementation of clinical, corporate and infrastructure eHealth programs to rural and remote NSW.

Initiatives include:

• Implementing the HealtheNet system, a web based portal, which integrates health care services by providing clinicians with immediate and state-wide access to a secure, consolidated summary of a patient's health information.

• Supporting the development of integrated care and patient-centred care models, including the use of the Personally Controlled Electronic Health Record

• Expanding the electronic medical record system and other clinical systems to support safe, quality and efficient care

• Supporting timely decision making, through access to human resources and financial management systems

• Delivering infrastructure, such as a high speed network and wireless and to provide a secure foundation for eHealth systems and telehealth services

• Providing mobile computing capabilities to community health clinicians

• Harnessing videoconferencing and telehealth capabilities to enhance timely access to clinical advice in rural and remote communities

Outcome

The Rural eHealth Strategy will improve the delivery of eHealth programs to the rural and regionally located local health districts. These local health districts are currently working in a collective governance group with eHealth NSW, to review and implement solutions

Designing and building future-focused infrastructure

Overview

NSW Health facilities are valued at $20 billion, including over 230 public hospitals and 226 ambulance stations.

Significant investment in developing new and upgraded existing facilities across the state is currently underway with over $5 billion committed over the next four years.

Health Infrastructure provides planning solutions and construction capability to NSW Health to manage the planning, design and delivery of health infrastructure capital works across the state. The four main elements of the services Health Infrastructure provides are:

- advisory and strategic planning – advising on project and capital allocation planning, business case development, and whole of government strategic planning
- project development – undertaking development of options and construct business cases, providing technical advice and facilitating consultation with a wide range of stakeholders
- contract management and procurement services – developing the project management plan, supervising the tender and contract process, evaluating tenders and monitoring contractor performance
- delivery – managing construction, acceptance testing, change management and facility commissioning.

Challenges

The provision of health care is a constant process of upgrade and renewal. Over 2014-15 this has been a government focus with significant investment made in building and upgrading hospitals and health services. The challenge has been how to think differently about maintaining, developing and managing NSW Health assets overall. This has meant establishing health care precincts with public and private services, encouraging integrated service delivery models for multipurpose facilities and continuing to develop demand management strategies to respond to growth.

What NSW is doing

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

- deliver on the NSW Health's committed major investments for the next five years
- use the devolved service delivery model to better plan capital requirements based on service needs
- grow partnerships in developing health facilities and equipment
- look to non-capital solutions to deliver care.

Highlights

More than 80 upgrades to hospitals, multipurpose services, ambulance stations or car parks either delivered or in planning

More than 20 new ambulance stations being upgraded or delivered across the state

eHealth is developing a virtual user defined workspace

The metropolitan ambulance station infrastructure strategy is putting paramedics closer to the community

72 capital works projects completed across NSW worth $1.4 billion

24 HealthOne NSW Services are bringing together community health and general practice to enable truly integrated care

S4.1 Delivering the NSW Government's committed major investments for the next five years

To support programs designed to responsibly deliver major infrastructure investments.

Key achievements

> NSW Health's capital works program total expenditure for 2014-15 (including capital expensing) was $1.4 billion inclusive of capital expensing with 72 capital works projects completed across NSW. Significant projects completed in 2014-15 include:
  – Hornsby Ku-ring-gai Hospital Stage 1 Redevelopment ($121 million)
  – St George Hospital Emergency Department ($43.7 million)
  – Missenden Mental Health Unit – The Professor Marie Bashir Centre at Royal Prince Alfred Hospital, ($67 million)

> Infrastructure projects completed during the year included:
  – Royal North Shore Hospital Clinical Service Building
  – Missenden Mental Health Unit – The Professor Marie Bashir Centre
  – Hornsby Redevelopment Stage One
  – St George Emergency Department
  – Moruya Sub-Acute Rehabilitation Unit
  – Shellharbour Ambulatory Care Expansion
  – Hillston Multipurpose Service
  – Port Macquarie Hospital
  – Wollongong Hospital Car Park
  – Sutherland Car Park.

> Health Infrastructure is either planning or delivering more than 80 upgrades to hospitals, multipurpose services, ambulance stations and car parks.

> NSW Ambulance began managing the changes required to implement and realise the benefits of the new infrastructure it is planning for the future delivery of patient care. The Paramedic Response Network will transform NSW Ambulance Sydney operations: changes that are designed by paramedics for paramedics. It will include designing a make ready operational model that will maximise patient facing time for paramedics and also see the implementation of dynamic deployment software to assist in the most appropriate allocation of NSW Ambulance resources. User groups, project teams and governance structures for the program were also established and are working hard to deliver the multi-location, multi-million dollar project.

CASE STUDY: WESTERN NSW LOCAL HEALTH DISTRICT AND HEALTH INFRASTRUCTURE

Dubbo Hospital Redevelopment

Overview

Western NSW LHD is large and diverse encompassing cities, inner regional, outer regional and remote communities. The population of the Western NSW LHD is projected to increase by 8 per cent between 2011 and 2031 with communities within the LHD are experiencing varying growth rates.

Key activities

One of the largest hospitals in the district is the Dubbo Hospital, which is a major referral hospital for communities in central western NSW. Dubbo Hospital has a long history of delivering the best health service available for the community and its surrounding areas and the NSW Government is committed to delivering a redeveloped health service that will adapt and grow to meet community needs into the future. The redevelopment of Dubbo Hospital is jointly funded with the NSW Government providing $84.2 million and the Australian Government contributing $7.1 million from the Commonwealth's Health and Hospitals Fund. Stages 1 and 2 of the redevelopment are nearing completion, with the new and upgraded facilities operational over late 2015 and into early 2016.

Outcome

The $91.3 million Dubbo Hospital Stages 1 and 2 includes the delivery of new operating theatres, new day-only wards, inpatient wards and birthing suites for maternity services, upgraded renal dialysis facilities and a refurbished main entry. It also involves upgraded supporting infrastructure such as car parking, to support clinical services for western NSW communities. The NSW Government has committed $150 million towards Stages 3 and 4 of the redevelopment. These are currently in the planning phase, and will include a range of further upgraded facilities and services tailored to the needs of the people in the Western NSW Local Health District.

S4.2 Better plan capital requirements based on service needs

To inform robust, capital asset planning at a local health district, network and state-wide level.

Key achievements

> In 2014-15, NSW Health delivered Phase One of the Clinical Services Planning Analytics Portal as an innovative technology solution for planners across the NSW health system to access and analyse data to inform service and capital planning decisions. Ongoing refinements to the Portal will continue to provide more data, enhanced visualisation functions and useability improvements to the range of tools used by planners, overcoming challenges in data consistency and varied levels of analytical capability.

> To further inform capital asset and service planning at local health district, specialty health network and statewide levels to 2035-36, NSW Health began a review of current methodologies and assumptions used in its clinical services planning and projection tools. The review will ensure that NSW is leading and utilising best practice in modelling approaches and information technology to inform service and capital planning decisions.

> Health Infrastructure rolled out the Asset Replacement Program to better assist local health districts manage their assets.

> Health Infrastructure is upgrading or building more than 20 new ambulance stations across the State. The metropolitan ambulance station infrastructure strategy is designed to put paramedics closer to the community.

CASE STUDY: HEALTH INFRASTRUCTURE

Building our future together

Overview

The $312 million Blacktown Mount Druitt Stage 1 Project facilitated a systematic, comprehensive Community and Consumer Engagement Program. At its core, the focus was on consumers being recognised through the formal project governance structure, to enable them to be involved in, and provide valuable input into the planning and delivery phases of the project.

The Community and Consumer Engagement Program was initiated by the project team and formed an integral part of the Blacktown Mount Druitt Redevelopment Project. The program has been recognised as best practice for partnering with consumers to achieve outcomes not just limited to the physical building, but explores how design can better influence clinical care, patient flows and positive patient experience.

Key activities

At the commencement of the project, the team reviewed community and consumer engagement across the capital health portfolio. The results concluded that where consumer engagement was undertaken, projects reported an overall positive outcome.

In response to these findings and in keeping with NSW Health's CORE values, the project team ensured that the Community and Consumer Consultation Program formed the cornerstone of engagement for this project.

In response to the review findings and in keeping with NSW Health's CORE values, the Project team commenced a program of ongoing community and consumer consultation.

Outcome

As a direct result of the consumer engagement, a number of innovative and patient-focussed improvements were made encompassing changes to design, models of care and operational procedures. These solution focused initiatives included dedicated carer accommodation in patient bedrooms for overnight stays and a cafè style infusion lounge designed to reduce social isolation during chemotherapy.

The success of the Community and Consumer Engagement Program has led to some elements being adopted by other projects across NSW, with the help of Health Infrastructure's Consumer and Stakeholder Consultation Engagement Toolkit - a framework designed to provide a roadmap for how community and consumer engagement can be effectively delivered.

This project received the Patients as Partners Award at the 2014 NSW Health Awards.

S4.3 Grow partnerships in developing health facilities and equipment

To explore innovative and efficient approaches to deliver world-class health care facilities.

Key achievements

> The new Byron Central Hospital is underway. The project will provide enhanced surgical services including 24-hour accident and emergency services, 43 overnight inpatient beds, a low-risk maternity service, X-ray and medical imaging services, a new 20-bed non-acute mental health unit, dental service and chemotherapy service.

> NSW Health has continued to identify enhanced opportunities for engaging with the private and not-for-profit sectors for service delivery. The procurement method for the delivery of the new Northern Beaches Hospital is an example of an innovative approach to service delivery for NSW Health in working with the private and not-for-profit sectors to provide high quality services, facilities and equipment. At the end of the 2014, Healthscope was awarded the contract for the Northern Beaches hospital.

S4.4 Look to non-capital solutions to deliver care

To invest in eHealth solutions to deliver the connectivity needed to support new models of care.

Key achievements

> NSW Health has continued to explore opportunities to deliver improved health outcomes in settings outside the hospital building. Examples of non-capital solutions include ComPacks community packages, Hospital in the Home and telehealth strategies. These strategies have delivered substantial benefits to patients, their families and the health system, including releasing capacity in hospitals and improving utilisation of existing assets.

> In collaboration with South Eastern Sydney Local Health District and Illawarra Shoalhaven Local Health District, eHealth NSW is developing a virtual user defined workspace, 'Workplace as a Service', where work sessions can be made simultaneously available to clinicians across a range of platforms and locations. This approach will reduce the need for future capital purchases of information and communication technology hardware.

> Health Infrastructure is working with NSW Health and local health districts to identify opportunities to explore non-capital solutions such as the provision of surgical services at Byron Central Hospital.

> eHealth NSW continues to foster clinical engagement in health informatics and integration of information communication technology into clinical practice, to improve patient health outcomes and health services.

CASE STUDY: NSW HEALTH PATHOLOGY

Point of Care Testing for 24/7 rural and regional pathology

Overview

The statewide Point of Care Testing program is aiming to deploy 400 devices to more than 175 regional and rural emergency departments across NSW.

Key activities

NSW Health Pathology installed all devices within the program and ensured each site was accredited and participated in an external quality assurance program.

NSW Health Pathology worked with industry to establish the middleware software that connected to all testing devices. This allowed device monitoring across the state in real time to quickly identify and rectify technical issues. Software also integrated test results into the local medical record software, improving safety and care for patients.

Initial training for clinical and medical staff was held onsite and follow up training was provided online. The unique middleware software helped to identify users who were not performing tests correctly. These users could then be locked out of the system until they received further training to ensure the highest quality of testing was maintained.

Outcome

The hand-held devices provided onsite analysis for common pathology tests that emergency department teams rely on. Onsite analysis allowed faster results to greatly improve time to treatment. As results are available electronically in real time, costly air evacuations to larger hospitals could be avoided.

This program is the largest managed point of care system in the world and was a finalist in the 2014 NSW Health Awards.

Management & accountability

Governance

Corporate governance in NSW Health is the manner by which authority and accountability is distributed through the whole health system.

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

- setting the strategic direction for NSW Health
- ensuring compliance with statutory requirements
- monitoring the performance of health services
- monitoring the quality of health services
- developing the workforce and managing industrial relations
- monitoring clinical, consumer and community participation
- ensuring ethical practice
- ensuring implementation of the health-related areas of the NSW Premier's Priorities (previously *NSW 2021: A plan to make NSW number one*).

Governance framework

The NSW Ministry of Health is a department of the NSW Government. The governance framework for NSW Health establishes the accountability systems and relationships between the NSW Ministry of Health, on behalf of the NSW Government and the public health system. The framework also recognises the specific purpose of each organisation, its legislative policy and ethical obligations, as well as its workforce and employment responsibilities within the system. Under NSW Health's devolved governance model these organisations, each with specific functions, work together to achieve the objectives set out in the *NSW State Health Plan*.

The organisations that make up the public health system include:

- local health districts and specialty health networks
- other statutory health corporations
- affiliated health organisations
- Health Protection NSW
- NSW Health Pathology
- HealthShare NSW
- e-Health
- NSW Ambulance
- Health Infrastructure.

These organisations are recognised or established under the *Health Services Act 1997*. Local health districts, statutory health corporations and affiliated health organisations are referred to under the *Health Services Act 1997* as public health organisations.

Each health organisation is governed by an accountable authority, being either a board or a chief executive, with appointment and responsibilities for these set out in legislation.

Through this accountability structure, each health organisation is responsible for managing its internal control environment, and reports annually on a range of governance matters and provides various annual attestation statements certifying their level of compliance against key primary governance responsibilities.

These attestation statements for each health organisation are required to be posted on each organisation's website.

The governance framework is supported by NSW Health's CORE values and is underpinned by NSW Health's seven governance standards.

NSW Health seven governance standards

1	Establish robust governance and oversight frameworks
2	Ensure clinical responsibilities are clearly allocated and understood
3	Set the strategic direction for the organisation and its services
4	Monitor financial and service delivery performance
5	Maintain high standards of professional and ethical conduct
6	Involve stakeholders in decisions that affect them
7	Establish sound audit and risk management practices

The governance framework is summarised in the following diagram. The centre depicts the key elements of effective governance which public health organisations are responsible for managing. The outer circles are the key external governance requirements that apply to these organisations across all their activities.
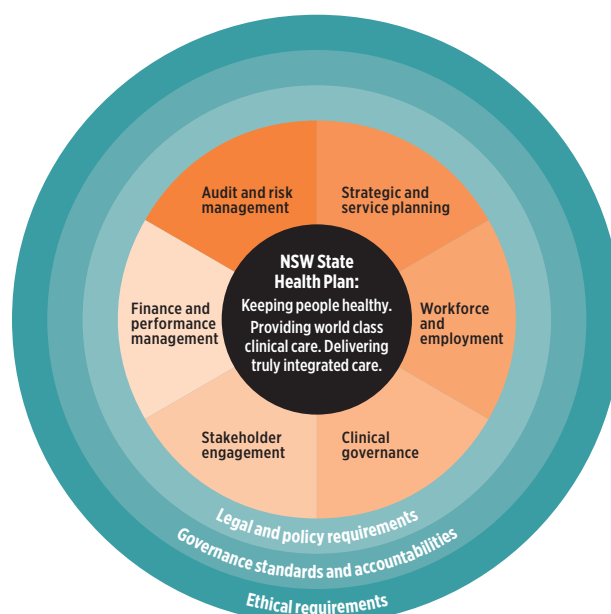
Strategic and service planning

A set of high-level performance indicators measure NSW Health's performance against priorities contained in the *NSW State Health Plan*. Outcomes against these indicators are reported in the Performance section of this Annual Report.

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

During 2014-15 NSW Health reviewed its state of maturity to share ideas of best practice.

Workforce and employment

Staff of the Ministry of Health are employed under *Government Sector Employment Act 2013*.

Under the *Health Services Act 1997*, the Secretary exercises the employer functions of the Government in relation to the staff employed in the NSW Health Service, being staff working in the public health system. The majority of these functions have been delegated by the Secretary to public health organisations.

The Secretary approves:
• all non-standard contracts of employment/engagement
• statewide industrial matters.

NSW Health works collaboratively with the Public Service Commission which has a broader role in the strategic development and management of the public sector workforce.

Clinical governance

The provision of safe and high quality health care in NSW requires effective clinical governance structures and processes. NSW Health has a comprehensive clinical governance process in place which provides a systematic approach to improving patient safety and clinical quality across the whole of the NSW Health system.

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

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

Local health districts and specialty health networks have primary responsibility for providing safe, high quality care for patients and have established clinical governance units. Responsible to the chief executive, local health district directors of clinical governance provide advice and reports to health service governance structures on:
• serious incidents or complaints including investigation, analysis and implementation of recommendations
• performance against safety and quality indicators and recommendations on actions necessary to improve patient safety
• the effectiveness of performance management, appointment and credentialing policies and procedures for clinicians
• complaints or concerns about individual clinicians, in accordance with NSW Health policies and standards.

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

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

Accreditation

Hospitals, dental services and oral health clinics located within hospitals must be assessed against the *National Safety and Quality Health Service (NSQHS) Standards*, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme agreed on by states, territories and the Commonwealth in November 2010. The benefits of accreditation against the *NSQHS Standards* are that it:
• protects patients from harm
• reduces risk
• improves the quality of health services provided
• tests whether systems are in place to ensure that minimum standards of safety and quality are met
• provides a risk management approach to safety and quality
• provides a quality improvement focus that encourages health services to achieve and maintain best practice.

Stakeholder engagement

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

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

To gather feedback from patients, the Bureau of Health Information manages the NSW Patient Survey Program on behalf of the NSW Ministry of Health and local health districts. This survey gathers information from patients across NSW about their experience with services in public hospitals and other health care facilities, and this is published annually on the Bureau's website.

Finance and performance management

NSW Health Performance Framework

The NSW Health Performance Framework for public sector health services provides an integrated process for performance review and management, with the over-arching objectives of improving patient safety, service delivery and quality across NSW Health. The Framework includes the performance expected of local health districts and specialty health networks to achieve the required levels of health improvement, service delivery and financial performance. The Framework forms an integral part of the annual business planning cycle that establishes the annual service agreements between the NSW Ministry of Health and individual health services, including standards for financial performance. The Framework and associated key performance indicators and service measures promote and support a high performance culture.

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

The Framework operates within a number of important contexts:

- integration of governance and strategic frameworks, business planning, budget setting and performance assessment is undertaken within the context of the *NSW State Health Plan*
- the National Health Reform Agreement requires NSW to establish Service Agreements with each health service and implement a performance management and accountability system, including processes for remediation of poor performance
- service agreements, service compacts and performance reviews are central elements of the Performance Framework in practice. The Performance Framework operates alongside NSW Health Funding Reform, Activity Based Funding Guidelines and the Purchasing and Commissioning Frameworks.

The primary interaction between the NSW Ministry of Health and health services under the Performance Framework is with the chief executive of the health service. A peak forum for NSW Health is the Council of Board Chairs represented by the Board Chairs of local health districts and specialty health networks who meet quarterly with the Minister for Health and the Secretary.

Service Agreements

The annual NSW Health Service Agreements were developed in the context of the National Health Reform Agreement, 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.

These agreements are an integral component of the NSW Government's commitment to devolve governance and accountability to the local level and continue as a key driver in the devolution of NSW Health's service purchasing approach, with Activity Based Funding a key component. Each local health district and network service agreement has been made publicly available on their respective websites.

Audit and risk management

NSW Health operates within a range of whole-of-government policies issued through NSW Treasury, as adopted by NSW Health policy. In the context of internal audit and risk management, these require public health organisations to maintain effective, independent audit framework and corporate governance practice that is consistent with the 'best practice' attributes for the NSW public sector.

Specifically, the audit framework of public health organisations is established within a suite of legislation, policies, procedures, reporting and review requirements. There are several governance mechanisms that oversee the responsible use of government resources and the efficiency and effectiveness of health services delivery in NSW.

The legislative basis includes:

- *Charitable Fundraising Act 1991*
- *Charitable Trusts Act 1993*
- *Dormant Funds Act 1942*
- *Health Administration Act 1982*

- *Health Services Act 1997*
- *Independent Commission Against Corruption Act 1988*
- *Local Health District By-Laws*
- *Public Authorities (Financial Arrangements) Act 1987*
- *Public Finance & Audit Act 1983*
- *Public Health Act 2010*
- *Ombudsman Act 1974*
- *Trustee Act 1925.*

Audit and risk management committees

Each public health organisation must establish an audit and risk management committee. The audit and risk management committee is a key component in the public health organisation's corporate governance framework involved in the monitoring, review, oversight and reporting on:

- internal controls
- enterprise risk management
- business continuity plans
- disaster recovery plans
- corruption and fraud prevention
- external accountability (including financial statements)
- compliance with applicable laws and regulations
- internal audit
- external audit.

Internal audit at the NSW Ministry of Health

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

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

Ethical behaviour

Maintaining ethical behaviour is recognised as the cornerstone of effective corporate governance. NSW Health is committed to ethical leadership across the NSW public health service, requiring all staff to lead by example in contributing to a positive workplace culture which reflects our core values of collaboration, openness, respect and empowerment, and builds upon the public sector core values of integrity, trust, service and accountability. These values are reflected in statewide policies including the Code of Conduct.

Risk management

Effective enterprise risk management is a key component of strategic planning and monitoring of organisational systems that are fundamental to evidence based decision making, responsible management and good governance. Enterprise-wide risks are best managed through a structured enterprise-wide risk management process involving continuous monitoring and risk control (policy, procedures and guidelines) in an integrated and systematic manner.

This best practice is reflected in the risk management– enterprise-wide policy which requires each public health organisation to establish and implement an enterprise-wide risk management framework.

Each public health organisation is required to ensure that it complies with various state laws relating to its operations, especially those that directly impose legal responsibilities for managing risk:

- *Public Finance & Audit Act 1983*
- *Annual Reports (Departments) Regulation 2010*
- *Annual Reports (Statutory Bodies) Regulation 2010*
- *Government Information (Public Access) Act 2009*
- *Workplace Health & Safety Act 2011*
- *Protection of the Environment Operations Act 1997.*

Effective risk management is built into governance and organisational structures, planning and operational processes in order to minimise the likelihood and impact of potential risks. This systematic and integrated approach enables public health organisations to deliver on its performance objectives and meet its responsibilities and accountabilities to its stakeholders.

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.

External agency oversight

There are several government agencies that are involved in the oversight of audit and governance issues relevant to public health organisations within NSW. Some of the key NSW oversight agencies include the NSW Ombudsman, Information and Privacy Commissioner, Independent Commission Against Corruption, NSW Treasury, Department of Premier and Cabinet, the Auditor-General, Audit Office of NSW and the Public Accounts Committee of the NSW Parliament. The following summarises a selection of external oversight agency reporting undertaken during 2014-15.

The Audit Office of NSW fulfils the external audit function for NSW public health organisations, and undertakes a range of audits across finance, performance and compliance topics.

The Public Accounts Committee reviews performance audit reports tabled in Parliament as part of a 12 month follow-up review process to assess progress made by agencies in implementing recommendations. For the 2014-15, the Public Accounts Committee reviewed three performance audits reports issued by the NSW Auditor-General:

- Reducing Ambulance Turnaround Time at Hospital
- Managing the Use of Operating Theatres
- Building Energy Efficiency in NSW Health.

In each of these reports, the Public Accounts Committee commended NSW Health on adopting a range of strategies to implement audit recommendations. In relation to the audit report on Building Energy Efficiency in NSW Health, NSW Health will adopt a comprehensive sustainability strategy, as recommended by the Auditor-General and the Public Accounts Committee. This will include a reporting framework and ensure operational integrity at the local health district level.

Internal audit and risk management attestation for the 2014-15 Financial Year for the NSW Ministry of Health

I, Dr Mary Foley, am of the opinion that the NSW Ministry of Health has internal audit and risk management processes in place that are, in all material respects, compliant with the core requirements set out in Treasury Circular *NSW TC 09/08 Internal Audit and Risk Management Policy*. These processes provide a level of assurance that enables senior management of the NSW Ministry of Health to understand, manage and satisfactorily control risk exposures.

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

• Mr Alex Smith, Independent Chair (appointed March 2012 to December 2014 and extended to June 2015)

• Mr Ian Gillespie, Independent Member (appointed March 2012 to December 2014 and extended to June 2015)

• Karen Crawshaw, Non-independent Member (appointed June 2013 to June 2016).

I, Dr Mary Foley, declare that this Internal Audit and Risk Management Attestation is also made in having reviewed the attestation statements of the following controlled entities:

• Central Coast Local Health District
• Far West Local Health District
• Hunter New England Local Health District
• Illawarra Shoalhaven Local Health District
• Mid North Coast Local Health District
• Murrumbidgee Local Health District
• Nepean Blue Mountains Local Health District
• Northern NSW Local Health District
• Northern Sydney Local Health District
• South Eastern Sydney Local Health District
• Southern NSW Local Health District
• South Western Sydney Local Health District
• Sydney Local Health District
• Western NSW Local Health District

• Western Sydney Local Health District
• Agency for Clinical Innovation
• Bureau of Health Information
• Cancer Institute NSW
• Clinical Excellence Commission
• eHealth
• Health Education and Training Institute
• Health Infrastructure
• HealthShare NSW
• Justice Health & Forensic Mental Health Network
• NSW Ambulance
• NSW Health Pathology
• NSW Kids and Families
• The Sydney Children's Hospitals Network.

Dr Mary Foley

Secretary, NSW Ministry of Health
17 September 2015

Contact Officer: Ross Tyler
Manager, Internal Audit, NSW Ministry of Health
Telephone: 02 9391 9640

Public accountability

Public interest disclosures

This information has been provided in compliance with statutory reporting requirements for NSW Health organisations pursuant to s31 of the *Public Interest Disclosures Act 1994*. NSW Health has a Public Interest Disclosures Policy PD2011_066 *Public Interest Disclosures*. This policy covers management of Public Interest Disclosures (PIDs) across all NSW Health organisations.

During the 2014-15 reporting period, 54 public officials made PIDs to NSW Health organisations (38 in the course of their day to day functions, and 16 falling into the category of all other PIDs). In total, NSW Health organisations have received 52 PIDs over the reporting period (34 made by officers in the course of their day to day responsibilities, one made in accordance with a statutory obligation and the remaining 17 falling into the category 'all other PIDs'). 69 PIDs were finalised during the 2014-15 period.

Almost all PIDs related to reports of corruption (49), with three PIDs relating to maladministration PIDs. This represents a decrease in PIDs from the 2013-14 reporting period (81) which was a period of high PID activity following legislative changes in 2013, to include reports made in the course of a person's day to day role.

PID coordinators from across NSW Health met with representatives from the NSW Ombudsman PID Unit at the NSW Ministry of Health in November 2014 for the annual NSW Health PID Forum to discuss issues in PID management across NSW Health.

During 2014-15, PID coordinators for NSW Health organisations have continued to implement tailored staff awareness strategies to suit their organisational needs. Awareness strategies used by NSW Health organisations included training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning and training provided to new employees as part of the induction procedure. Information about PIDs is provided on organisation intranet sites and some organisations have provided information via newsletters, posters and surveys to increase awareness about PIDs in their organisations.

Government Information (Public Access) Act 2009

Review of proactive release program – Clause 7(a)

The NSW Ministry of Health reviews its information on a regular basis and routinely uploads information to the website that may be of interest to the general public. This includes reviewing and updating a wide range of publications and resources for the public including reports, fact sheets, brochures and pamphlets. Fact sheets are also available in other languages from the NSW Multicultural Health Communication website. The most accessible way for the public to access this information is via the NSW Health website.

The NSW Ministry of Health also uploads information bulletins that provide advice to the NSW public health sector; NSW population health surveys that provide ongoing information on health behaviours, health status and other factors that influence the health of the people of NSW; policy directives that communicate compliance requirements for the NSW public health system and guidelines that provide advice or guidance to the system.

Number of access applications received – Clause 7(b)*

During 2014-15, the NSW Ministry of Health received 53 formal access applications under the *Government Information (Public Access) Act 2009 (GIPA Act)* and 37 applications were transferred to other agencies. A total of 51 applications made to the NSW Ministry of Health were completed during the reporting year. There were two applications received which were undecided as at 30 June 2015 and these have been carried forward to the next reporting period.

During the reporting period, 19 applications were invalid as they did not comply with the formal requirements of Section 41 of the *GIPA Act*. Two applications subsequently became a valid application. There were three internal reviews conducted in 2014-15.

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

Of the 51 formal access applications decided during the reporting period, the NSW Ministry of Health made 15 decisions to refuse access to information referred to in Schedule 1 of the *GIPA Act* (information for which there is conclusive presumption of overriding public interest against disclosure). Six applications resulted in full refusal. Nine other applications involved a decision to refuse access to a small amount of information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A-H pages 70-71.

*Note: Detailed advice on *GIPA Act* applications and determinations for other NSW Health organisations can be found on individual websites.

TABLE A – Number of applications by type of applicant and outcome*, NSW Ministry of Health 2014-15

	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	4	2	4	5	3	1	0	0
Members of parliament	1	4	1	1	0	3	0	0
Private sector business	0	0	0	1	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	1	0	0	0	0	0	0	0
Members of the public (other)	6	3	1	10	0	0	0	0

Note: *More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

TABLE B – Number of applications by type of applicant and outcome, NSW Ministry of Health 2014-15

	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 application*	0	1	0	2	0	0	0	0
Access applications (other than personal information applications)	11	8	6	16	3	4	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

Note: *A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).

TABLE C – Invalid applications, NSW Ministry of Health 2014-15

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	19
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	19
Invalid applications that subsequently became valid applications	2

TABLE D – Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule A to Act, NSW Ministry of Health 2014-15

	Number of times consideration used*
Overriding secrecy laws	0
Cabinet information	1
Executive Council information	0
Contempt	0
Legal professional privilege	4
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

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

TABLE E – Other public interest considerations against disclosure: Matters listed in table to Section 14 of Act, NSW Ministry of Health 2014-15

	Number of occasions when application not successful
Responsible and effective government	4
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	3
Environment, culture, economy and general matters	0
Secrecy provisions	2
Exempt documents under interstate Freedom of Information legislation	0

TABLE F – Timelines, NSW Ministry of Health 2014-15

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	45
Decided after 35 days (by agreement with applicant)	2
Not decided within time (deemed refusal) (Note: all applications continued to be processed with the applicant receiving Notice of Decision)	6
Total	53

TABLE G – Number of applications reviewed under Part 5 of the Act (by type of review and outcome), NSW Ministry of Health 2014-15

	Decision varied	Decision upheld	Total
Internal review	1	2	3
Review by Information Commissioner*		**	0
Internal review following recommendation under section 93 of Act			0
Review by Administrative Decisions Tribunal of NSW		1	1
Total			4

Note: *The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner. ** The result of the Information Commissioner's review is not available as at 30 September 2015 when this data was compiled.

TABLE H – Applications for review under Part 5 of the Act (by type of applicant), NSW Ministry of Health 2014-15

	Number of applications for review
Applications by access applicants	4
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Acts administered

- *Anatomy Act 1977* No 126
- *Assisted Reproductive Technology Act 2007* No 69
- *Cancer Institute (NSW) Act 2003* No 14, jointly with the Minister for Medical Research
- *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 Justice and Police (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, the Attorney General)
- *New South Wales Institute of Psychiatry Act 1964* No 44
- *Poisons and Therapeutic Goods Act 1966* No 31
- *Private Health Facilities Act 2007* No 9
- *Public Health Act 2010* No 127
- *Public Health (Tobacco) Act 2008* No 94
- *Research Involving Human Embryos (New South Wales) Act 2003* No 21
- *Smoke-free Environment Act 2000* No 69

Legislative changes

New acts
- Nil

Amending acts
- *Health Practitioner Regulation Legislation Amendment Act 2014*
- *Health Services Amendment (Ambulance Fees) Act 2014*
- *Mental Health Amendment (Statutory Review) Act 2014*
- *Public Health (Tobacco) Amendment (E-cigarettes) Act 2015*

Repealed acts
- Nil

Orders
- *Public Health Amendment (Viral Haemorrhagic Fevers) Order 2014*

Subordinate legislation

Principal Regulations made
- *Assisted Reproductive Technology Regulation 2014*
- *Health Administration Regulation 2015*
- *Human Tissue Regulation 2015*

Significant amending regulations made
- *Assisted Reproductive Technology Amendment (Exemptions) Regulation 2015*
- *Health Services Amendment (Ambulance Fees) Regulation 2015*
- *Poisons and Therapeutic Goods Amendment (National Residential Medication Chart and Influenza Vaccination) Regulation 2015*
- *Private Health Facilities Amendment (Prescribed Treatment and Prescribed Services) Regulation 2015*
- *Smoke-free Environment Amendment (Signage Requirements) Regulation 2015*

Repealed regulations
- *Assisted Reproductive Technology Regulation 2009*
- *Health Administration Regulation 2010*
- *Human Tissue Regulation 2010*

Information management

Along with our people and finances, we value information as a core strategic asset. eHealth is our primary information management custodian, they manage our information assets to make better decisions, and in doing so achieve improved health outcomes for NSW. The Ministry is committed to creating an information management culture and this is reflected in the digital information security annual attestation statement for the 2014-15 financial year on the next page.

Privacy management plan

The NSW Ministry of Health provides ongoing privacy information and support to the NSW public health system. Specific projects this year have included:

- Publication on 1 April 2015 of the *Privacy Manual for Health Information*, available as a NSW Health policy manual via the NSW Health website
- Updating the *Patient Privacy* webpage via the NSW Health website, updating information and resources to members of the public and staff regarding privacy management in NSW Health
- Consultation on, and contribution to, the development of numerous NSW Health policies, including:
  - Information Bulletin: NSW Privacy Commissioner guidelines: *Use/disclosure of genetic information to a patient's genetic relatives*
  - Youth friendly privacy resources developed in association with NSW Kids and Families
  - Information sharing provisions for the *Safer Pathway* policy to support victims of domestic violence
  - *Policy Directive: Public Communications Policy*, particularly in relation to the use by both staff and patients of smart phones and social media within the health care setting
  - *Policy Directive: Creutzfeld-Jakob Disease Related Information Sharing.*

The Ministry's Privacy Officer has contributed to or presented to various groups, workshops or committees in 2014-15, including:

- Health Chaplaincy Liaison Group, NSW Ministry of Health.
- Privacy presentations for the NSW Ministry of Health Staff Orientation Workshops.
- Various eHealth forums and projects – including HealtheNet.

- Service Delivery Reform Privacy Workshop coordinated by NSW Department of Premier and Cabinet.
- The healthykids.nsw.gov.au website – An initiative of NSW Ministry of Health, NSW Department of Education and Communities and the Heart Foundation.
- The Government Employee Number submissions
- National Disability Insurance Scheme.

The NSW Health Privacy Contact Officers network group meetings in November 2014 and May 2015 provided an excellent opportunity for discussion about local and statewide privacy issues. The network also provides professional development opportunities for Privacy Contact Officers based in local health districts and other public health organisations within NSW Health, particularly in relation to:

- Security arrangements and privacy protections for emerging eHealth projects, including the Community Health and Outpatient Care system and the NSW Health statewide HealtheNet project.
- Review of privacy matters within the NSW Civil and Administrative Tribunal.
- Applications for internal review and discussion of suggested compliance actions resulting from breaches of privacy.
- Management of patient record audits.
- Access to HIV records.
- Use of mobile recording devices.

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 2014-15, the NSW Ministry of Health received one application for Internal Review under the *Privacy and Personal Information Protection Act 1988*:

1. An internal review application was received in January 2015 alleging that the NSW Ministry of Health had breached the terms of the Information Protection Principles relating to the applicant's personal information. The review considered the relevant principles and no breach was identified.

Digital information security annual attestation statement for the 2014–15 Financial Year

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

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

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

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

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

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

Dr Mary Foley

Secretary,NSW Ministry of Health
31 October 2015

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

Our people

NSW Health is the largest health care employer in Australia with 108,278 full-time equivalent staff reported as June 2015.

From June 2012 to June 2015, the NSW Health workforce increased by 6400 full time employees (6.3 per cent growth) and the clinical workforce (including medical, nursing and midwifery, allied health professionals, other professionals, para-professionals and clinical support staff, scientific and technical support staff and ambulance officers) increased by 6.4 per cent.

In metropolitan local health districts, full time equivalent staff increased by 6.0 per cent while regional and rural local health districts staff numbers increased by 6.8 per cent.

As at June 2015 more than 49,000 nurses now work in NSW hospitals and health services. There were over 1850 graduate nurses and midwives employed in the public health system during 2015. In addition in June 2015 there were over 10,800 full time equivalent doctors employed within the NSW Health system, representing 10 per cent of the total health workforce.

A record 980 medical intern training positions in NSW were recruited for 2015, an increase of 130 since 2012. NSW also funded a further five intern positions in the Australian Capital Territory intern training network for NSW university medical graduates. This represents an annual investment in the order of $107 million to train the next generation of doctors.

Further detail on workforce statistics is provided in Appendix two.

Health Professionals Workforce Plan 2012-22

The *Health Professionals Workforce Plan 2012-22* was developed following extensive consultation with a broad range of health professionals, organisations, associations and providers in settings from rural and city locations.

The Plan provides a high level overview of the strategies that need to be implemented to ensure that NSW can train, recruit and retain health professionals to continue to provide a quality health service to the people of NSW. The Plan identifies who is responsible for the development and delivery of initiatives, recognising that there are many organisations that contribute to the successful provision of health services across NSW Health.

The Plan is being implemented against a complex background of factors such as the shift in health care needs from acute to chronic care settings, a greater emphasis on the need for effective primary and preventative health care, the geographic distribution of the population of NSW, the affordability of health care and the inequities of health outcomes, such as those that occur in Aboriginal and rural and remote communities.

The initiatives are designed to meet the strategic goals of the Plan developed for 1-2 year, 2-5 year and 5-10 year periods. An evaluation against the Plan showed that 65 statewide and local strategies within the Plan had been implemented within the initial 2012-13 period. In 2014-15, funding of $12.4 million was provided in to support strategies within the Plan.

In late 2014, the NSW Ministry of Health undertook a review of the Plan, in consultation with agencies, to ensure that the future targets remain appropriate. Release of the second edition of the Plan is scheduled for late 2015, which contains updated strategies and targets for the remaining periods.

The current detailed Plan can be accessed through www.health.nsw.gov.au/workforce

Medical modelling and careers website

Recommendation 7.3 of the Health Professionals Workforce Plan 2012-2022 requires the NSW Ministry of Health along with local health districts and networks to "align specialist medical workforce supply with forecast health service demand and delivery requirements".

A structured methodology was used which included establishing appropriate governance, research, information gathering and extensive stakeholder collaboration.

The medical workforce fact sheets were developed for 48 individual medical specialty workforce models. The fact sheets include information characteristics, trainees and new fellows, retirement intentions, supply and distribution and priority and risk rating.

The fact sheets can be accessed at www.health.nsw.gov.au/careers/Pages/career-planning.aspx

A specific careers website was launched by NSW Health in 2015.

Map My Health Career is a website aimed at medical students and junior doctors to assist them in their choice of medical specialty and their place of practice. In NSW there is a marked geographical mal distribution of doctors, with rural and remote local health districts finding recruitment challenging. There are also some medical specialties which are not as popular as others and suffer from a shortage of both specialists and trainees. The website encourages medical students and early career doctors to consider training in the less popular specialties and practicing in rural and regional areas. The project is based on an extensive literature review on how doctors and medical students make career decisions. Focus group interviews were also conducted to ascertain appropriate content and means of delivery.

The *Map My Health Career* website is available at www.mapmycareer.health.nsw.gov.au

Staffing and recruitment

Improving the supply of an optimally trained workforce across all areas is important.

In 2014-15, NSW Health continued to implement existing as well as new programs and initiatives to support this goal. The following information highlights specifically a number of key workforces and initiatives.

Medical workforce

During 2014-15, key strategies undertaken to support and grow the medical workforce, with a focus on rural and regional, included:

- Funding of over $13 million in 2014-15 for medical postgraduate training, with support for prevocational (first two years training) networks, specialty training networks and non-specialist doctor training. These training networks link rural, regional and metropolitan hospitals.
- The Rural Preferential Recruitment Service, which supports doctors to spend the majority of their internship in a rural location. Ninety seven interns commenced their intern training under this Scheme in 2015, an increase of 22 doctors (29 per cent) since 2012.
- Funding of over $1.4 million to the NSW Rural Doctors Network to support rural training and General Practitioners in rural NSW.
- The NSW Rural Generalist Training Program, a statewide program aimed at producing doctors who are general practitioners with advanced skills able to deliver services to rural communities. In 2014-15 the number of rural generalist training positions doubled from 15 to 30 positions.
- There were 23 new intern and second postgraduate year (PGY2) positions funded in 2015 to support expansion in the settings in which junior doctors undertake training (currently being implemented). Through this funding 3 intern positions in general practice and 20 positions in non-acute hospital settings were established.
- NSW Health also funded a further 13 new specialist medical training positions across a range of specialities, including general medicine and clinical genetics, according to identified workforce priorities.
- The Aboriginal Medical Recruitment Pathway supports Aboriginal medical graduates transition into the NSW Health medical workforce. In 2015, there were 16 Aboriginal medical graduates recruited to intern positions via this pathway.
- Seed funding of over $1.5 million supported the development of the Senior Hospitalist role and helped local health districts establish 10 Senior Hospitalist positions.
- The annual NSW Health Junior Medical Officer recruitment campaign in 2014 was successful in recruiting over 3205 junior medical officers, who started in the 2015 clinical year. The campaign involved 50,811 applications mainly for specialty training positions across the range of recognised medical specialties in Australia, including endocrinology, haematology, medical oncology, general medicine and paediatrics.

Nursing and midwifery workforce

NSW Health implemented a range of initiatives throughout 2014-15 to support and develop nursing roles in NSW, including:

The Aboriginal Nursing and Midwifery Strategy

- There are 38 cadets currently enrolled in the Cadetship Program to graduate as registered nurses, midwives or enrolled nurses.
- Recruitment is underway to employ a further 20 cadets in 2015-16.

Enrolled Nurse Scholarships

- NSW Health in partnership with TAFE NSW offered 288 Diploma of Nursing (Enrolled) scholarships in 2015.
- One-third of these scholarships are located in rural and regional local health districts.

The Rural Grow Your Own Initiative Program

- This program was implemented to target undergraduate nursing and midwifery students and link them to a rural health facility.
- Students work for 12 weeks in their paired facility and are offered employment on successful completion of their course.

The New Graduate Metro Rural Exchange

- The Exchange was implemented to support graduates to undertake six months employment in a metropolitan health facility and six months in a rural or remote facility.

The New Graduate Mental Health General Nursing Exchange

- This Exchange was implemented to allow graduates to experience six months clinical experience in both mental health and general settings.

Rural Postgraduate Midwifery Scholarships

- In 2015, there were 10 scholarships offered to local Registered Nurses to undertake midwifery training in their own rural maternity service. On successful completion of training, employment as a midwife is offered.

The new Generalist Nurse Program is currently being developed to meet the needs of rural local health districts and is due for launch in late 2015.

Allied health workforce

- The NSW State Government has a commitment to putting the right people with the right skills in the right place. The *NSW Health Professionals Workforce Plan 2012-2022* identifies five 'small but critical' workforces which require attention in order to meet the needs of a changing health care service in NSW (Strategy 2.2).
- Small but critical workforces are defined as 'workforces which contribute critical and essential elements of a comprehensive health service, and are currently experiencing threats to meet system needs now and into the future'.

- The allied health workforce is a major contributor to the health system. All five small but critical workforces fall under the allied health workforce, and include radiopharmaceutical scientists, diagnostic imaging medical physicists, orthotics and prosthetists, sonography, and audiology. The Ministry of Health is undertaking significant work around horizon scanning of the workforce.

Initiatives to support and grow the allied health workforce implemented in 2014-15 included:

- The 2015 Aboriginal Allied Health Cadetship intake included 10 new cadets in speech pathology, occupational therapy, social work and oral health.

- The re-establishment of the Masters in Radiopharmaceutical Sciences qualification to help promote this profession, through partnership between the NSW Ministry of Health, and Macquarie University. The Program has reported a small number of enrolled participants in 2015.

- NSW Health has committed to continued funding to expand the number of pre-registration radiography and nuclear medicine positions, with six positions funded in rural local health districts.

- There was a 6.2 per cent FTE increase in the allied health workforce in NSW between 2012 and 2015.

- The Health Education and Training Institute (HETI) administer the NSW Rural Allied Health Undergraduate Scholarships. These scholarships are offered to students from a rural background undertaking entry level studies in allied health leading to a degree that qualifies the student to practice.

- Up to 50 NSW Rural Allied Health Scholarships, valued up to $10,000, are offered each year.

Aboriginal workforce

The NSW Health *Good Health Great Jobs: Aboriginal Workforce Strategic Framework 2011-2015* provides focus on the recruitment and retention of skilled Aboriginal people across health services to meet the NSW Government's commitment to achieve 2.6 per cent of Aboriginal staff by 2015.

The rate of Aboriginal employment in NSW Health has risen to 2.4 per cent from 1.9 per cent in 2013 and includes 63 doctors and 652 nurses. Local health districts and other public health organisations have responded with Aboriginal Workforce Plans and initiatives have halved the gap in employment outcomes between Aboriginal and non-Aboriginal people.

Throughout 2014-15, additional programs to support and develop the Aboriginal workforce included:

The Aboriginal Environmental Health Officer Training Program

- In 2014-15, there were 14 continuing trainees in the Program and 13 previous graduates.

- The Program supports the development of a highly skilled Aboriginal workforce by providing employment, education (bachelor degree) and support for Aboriginal people to become environmental health officers.

The Aboriginal Policy Pathway Training Program

- In 2014, two Aboriginal Policy Analysts successfully completed the inaugural two year program and graduated with a Diploma in Government (Policy Development) and Post Graduate Certificate in Public Sector Management Program.

- This program was developed to support the career pathway of Aboriginal health staff into policy work and both graduates have secured permanent positions within the NSW Ministry of Health.

The NSW Aboriginal Population Health Training Initiative

- The first cohort of four trainees graduated from the program in 2014-15 and four new trainees commenced the program.

- NSW Health supported the NSW Aboriginal Population Health Training Initiative to continue to grow the Aboriginal workforce, enhance cultural understanding and help ensure safe and culturally appropriate health care for Aboriginal people.

- This three year program combines Master of Public Health studies with work placements in the population health services areas of NSW Health.

- Since 2011, the program has supported 13 trainees across eight health services.

Aboriginal staff as a proportion of total (%)
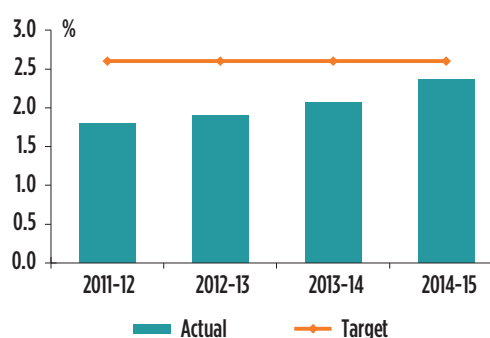
Source: Public Service Commission EEO Report.

Note: NSW Public Health System. Excludes Third Schedule Facilities.

Workforce Diversity

The Ministry of Health has a strong commitment to workforce diversity and recruits and employs staff on the basis of merit. This provides a diverse workforce and workplace culture where people are treated with respect. The Ministry has a number of key plans to promote and support workforce diversity including the Disability Action plan, the *NSW Aboriginal Health Plan 2013-2023* and the *NSW Health Aboriginal Workforce Strategic Framework 2011-2015*.

Workforce Diversity activities for 2014-2015 included:

- In 2015 NAIDOC week was commemorated in the week commencing 5 July with the theme 'We all Stand on Sacred Ground: Learn, Respect and Celebrate'. This year's celebrations encouraged us to respect and celebrate local and national sites of significance or 'sacred places' and to learn of their traditional names, history and stories. NAIDOC celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islander people, and highlights the continued 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 to commemorate and honour Aboriginal people who experienced or are affected by the forced removal of children from their families. In line with the observance day, The Ministry commemorated the day by having a Sorry Day morning tea event that provided the opportunity for staff to come together in commemoration; to share the steps towards healing for the Stolen generation, their families and communities; and to reflect up the importance of healing, justice and reconciliation.

- The NSW Government is committed to improving the health and wellbeing of Aboriginal people and this commitment was shown by NSW Health hosting the 2014 NSW Aboriginal Health Awards (the Awards) on 13 November 2014. The 2014 Awards provided an opportunity to recognise achievement of efforts against the NSW

Government's commitment of closing the gap that are reflected in:

– *NSW 2021: A plan to make NSW number one*;

– *NSW State Health Plan*;

– NSW Statement of Intent & NSW Aboriginal Health Partnership; and

– *NSW Aboriginal Health Plan 2013 – 2023*

These initiatives convey a commitment to work together particularly with Aboriginal people to address the service delivery and health disparities evident throughout the health sector between Aboriginal and non-Aboriginal peoples. Details on the Award winners are accessible on the following link: http://www.health.nsw.gov.au/aboriginal/Documents/awards-winners.pdf

A. NSW Health – Trends in the representation of workforce diversity groups

Diversity group	Benchmark or target	% of total staff			
		2012	2013	2014	2015
Women	60%	61%	64%	68%	67%
Aboriginal people and Torres Strait Islanders	2.6%	1.2%	1.2%	1.4%	1.1%
People whose first language was not English	19%	13.2%	11.1%	25%	26.8%
People with a disability	1.5%	2.5%	1.4%	2.3%	1.4%

B. Trends in the distribution of workforce diversity groups

Diversity Group	Benchmark or target	Distribution index			
		2012	2013	2014	2015
Women	100	94%	97%	97%	98%
Aboriginal people and Torres Strait Islanders	100	94%	100%	N/A*	N/A*
People whose first language was not English	100	98%	86%	92%	89%
People with a disability	100	100%	91%	N/A*	N/A*

Source: Public Service Commission EEO Report June 2015.

NOTE: Staff numbers are as at 30 June 2015 and exclude casual staff. A distribution index of 100 indicates that the centre of the distribution of the Diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the Diversity 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 Diversity group is less concentrated at lower salary levels.

*Note: The Distribution Index is not calculated where Workforce Diversity group or non-Workforce Diversity group members are less than 20.

Disability

The NSW Ministry of Health developed the *NSW Health Disability Action Plan 2009-14*, which included action plans of other agencies with NSW Health. The NSW Health Disability Action Plan can be found on the NSW Health website.

The NSW Health Disability Action Plan commits NSW Health to the following principles:

- People with disability are fully valued members of the community

- People with disability are entitled to equitable access to services provided to the general community

- In the provision of services to people with disability the focus remains on the whole of life needs of the individual and their capacity to participate fully in the community

- Participation of people with disability in decision making processes leads to better informed policy and outcomes for people with disability

- The development of cultural competence is elemental to effectively support the diversity of people with disability

- The unique needs of people of Aboriginal background with disability are recognised, respected and addressed appropriately

- The legal rights of people with disability are recognised and protected

- People with disability have equal right to employment and respect.

Key Achievements

The NSW Ministry of Health met its implementation and reporting obligations and contributed to a range of actions in the health and disability sectors, including:

- working with Department of Family and Community Services to progressively implement the National Disability Insurance Scheme

- completing the evaluation of the pilot health services for people with intellectual disability

- including a question in the NSW Patient Survey Program on long-standing conditions

- developing a joint guideline with Ageing, Disability and Home Care (ADHC) to support residents of ADHC operated and funded accommodation support services who attend or are admitted to a NSW public hospital
- implementing the *Oral health 2020: Strategic Framework for Oral Health Services* which includes people with disabilities amongst its priority populations
- developing *Healthy, Safe and Well, A Strategic Health Plan for Children, Young People and Families 2014 – 2024* which specifically considers the needs of children, young people and families with disabilities.

Aboriginal workforce

In 2014-15, the *Workforce Diversity Management Plan* was implemented and included the following initiatives:

Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011 – 2015

- This framework requires all health services to report progress towards the 2.6 per cent target for employment of Aboriginal staff, on a six monthly basis.
- The reporting includes cultural training for all NSW Health staff through the Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health.
- At June 2015, NSW Health had 2.4 per cent Aboriginal people employed in the workforce.

Stepping Up Aboriginal recruitment and retention resource

- In April 2015, NSW Health launched Stepping Up, an online Aboriginal recruitment resource to support the employment of Aboriginal people into NSW Health.
- The resource provides culturally sensitive and effective recruitment practices for Aboriginal people and aims to address the recruitment challenges experienced by NSW health managers, Aboriginal staff and job applicants.

National Sorry Day

- To commemorate and honour Aboriginal people who experienced or are affected by the forced removal of children from their families, the NSW Ministry of Health hosted a Sorry Day morning tea that provided the opportunity for staff to come together in commemoration, to share the steps towards healing for the Stolen Generation, their families and communities and to reflect on the importance of healing, justice and reconciliation.

2014 NSW Aboriginal Health Awards

- The Awards provided an opportunity to recognise achievement of efforts against the NSW Government's commitment to closing the gap reflected in:
  – *NSW 2021: A plan to make NSW number one*
  – *NSW State Health Plan*
  – *NSW Statement of Intent and NSW Aboriginal Health Partnership*
  – *NSW Aboriginal Health Plan 2013 – 2023.*

These initiatives convey a commitment to work together with Aboriginal people to address the service delivery and health disparities evident throughout the health sector between Aboriginal and non-Aboriginal peoples.

NSW 2021: A plan to make NSW number one was replaced by the NSW Premier's Priorities on 14 September 2015.

Performance management

NSW Health is committed to continuing to create a skilled workforce with the competency and capability to achieve individual objectives and the ability to adapt to change.

Developing leadership and management abilities is fundamental to drive the planning and implementation of organisational objectives.

Our programs link with the *NSW Public Sector Performance Development Framework* conversations, where participants are encouraged to develop skills matching their role and enhance their performance and career development.

The *NSW Public Sector Performance Development Framework* mandates that all performance management systems in the NSW public sector must contain the following six core components:

Learning and development

Learning and development plays a key role in facilitating new knowledge, understanding and innovative thinking. The Health Education and Training Institute supports education and training for excellent health care across the NSW Health system. The Institute provides world-class education and training resources to support the full range of roles across the public health system including patient care, administration and support services.

Skills development

HETI Online is NSW Health's statewide web-based Learning Management System that delivers and tracks training for all NSW Health employees. There are 251 learning resources offered through HETI Online and in 2014-15 a total of 1.5 million online courses were completed. The Health Education and Training Institute (HETI) continued to support promotion of mandatory training across NSW Health through the mandatory training reform program. In 2014-15, there were 82, clinical and non-clinical, training modules produced in response to the identified needs of NSW Health organisations.

In 2015, the *New Graduate Interprofessional Educational Framework* was launched to support new graduate doctors, nurses, midwives and allied health staff during their transition to work in NSW Health.

The Framework aims to improve teamwork, communication and collaboration, build team-based clinical care and embed interprofessional collaborative practice for safer patient-centred care and improved staff experience.

Leadership development

- NSW Health provides extensive professional development opportunities for leaders in medicine, health administration, medical research, policy and practice and allied health across NSW. Initiatives implemented in 2014-15 to support the professional development of leaders within NSW Health included:

- The NSW Health Leadership Program that builds individual, team and system-wide leadership capacity to achieve outcomes for patients and service agreements and supports transformational change. In 2014-15, the program was implemented in 13 hospitals across NSW and won an award for 'significant contribution to innovation in Australia' at the Sixth Annual Lawrence Hargrave Awards.

- The NSW Health Capacity Building Program that continued to strengthen the research workforce by supporting our health and medical researchers from early career to elite level.

- Over 1400 NSW Health managers and employees accessing People Management Skills Program training to develop their people management capabilities and help improve and enhance workplace culture.

- The financial management programs that delivered training to improve financial management skills across NSW Health. In 2014-15, this training was delivered to 695 NSW Health staff.

- Springboard, the leadership and management portal that attracted 4632 users and provides resources and a self-assessment tool.

- The 21 health professionals, including doctors, nurses, allied health and ambulance staff who graduated and presented the results of their clinical improvement projects through the Rural Clinical Team Leadership Program.

Employee satisfaction

Workplace culture

The development and implementation of initiatives that are designed to assist all staff in contributing to a positive workplace culture across NSW Health remains a continued focus and in 2014-15 included:

- NSW Health organisations continue to action their Your Say Action Plans from the *2013 Your Say Employer Survey*. The *2015 Your Say Survey* was conducted between 30 March and 8 May 2015. Results will be published in September 2015.

- The launch of CORE Chat workshops to help staff understand the NSW Health CORE values and support a workplace that embodies the values. Since late 2014 there have been 350 staff from local health districts, specialty health networks and pillar organisations who have participated in this initiative to improve workplace culture. As a workplace tool, CORE Chat aims to develop and

encourage increased responsibility for all health workers to bring about positive change in workplace culture, find mutually acceptable resolution to issues that are solution-focused and minimise blame and prejudice.

- Over 87,000 staff completing the Respecting the Difference: Aboriginal Cultural training eLearning module and 23,116 staff, across all local health districts, completing the face-to-face training component. This training motivates staff to build positive and meaningful relationships with Aboriginal patients, clients, visitors and supports staff by providing an insight into why many Aboriginal people do not comfortably engage with health care providers.

- Completion of the conflict resolution e-learning course by all NSW Health staff to encourage and support effective workplaces where staff feel empowered to address minor conflict in a productive and respectful way.

People Matter survey

The survey is run on a biennial basis and in 2014 provided NSW public sector employees with the opportunity to have their say about their workplace to help make the public sector a better place to work. The survey sought views on how well the public sector values its employees, how employment principles are applied within each organisation and gather information on the way in which organisations, managers and workgroups operate.

Survey results highlighted where NSW Health exceeded broader public sector results including job security, accurate reflection of role descriptions and learning and development activity.

Supporting employees

Across NSW Health activities to support employees are localised for each NSW Health organisation and implemented by local workplace development teams.

For example, the Hunter New England Local Health District offers a range of initiatives that support staff and build a positive workplace culture through a planned, disciplined approach to doing the right thing for patients, their families and district staff, titled Excellence.

The Excellence approach includes regular leader rounding tours that encourage staff to contribute ideas for service improvement in their area and chief executive-led development forums to help support and develop leadership capability throughout the organisation.

The Workplace Harmony Framework underpins Excellence encouraging team standards of behaviour aligned with CORE values, the Code of Conduct and desired behaviours for patient safety.

Respectful workplace online programs educate staff on the fundamentals of creating a respectful workplace and developing respectful conversation skills.

The District's Aboriginal Cultural Respect Education Program builds on the NSW Health Respecting the Difference training to foster skills and the knowledge to develop culturally competent staff who are able to interact with Aboriginal patients and communities to build trust and deliver health services.

Additional initiatives implemented in 2014-15 to support staff included:

- pecognition of the individual and team contributions with award programs such as the Mid North Coast Local Health District Health Innovation Awards

- an Employee Assistance Program made available to provide free, professional and confidential counselling services for NSW Ministry of Health staff and their immediate families. The Program offers counselling for work and personal issues including work relationships, career counselling, conflict resolution, bullying/harassment, personal relationships, stress, depression, anxiety, substance abuse, addictions, gambling, grief, loss and bereavement.

- staff well-being programs including providing free flu vaccinations to staff

- the Young Professionals Network that brought together young professionals from the NSW Ministry of Health and other NSW Health organisations. Aimed at people aged 35 years and younger, the Network fosters communication and relationships across NSW Health.

Bullying and complaints

NSW Health organisations continued to implement local strategies to reduce the incidents of bullying and unacceptable behaviour and enhance workplace culture. Anti-bullying management advisors developed strategies to improve communication, increase information sharing and provide support and coaching to managers on effective complaints management processes.

The Anti-Bullying Advice Line continued to provide independent, confidential advice and information to employees on the process for resolving complaints.

The statewide Anti-Bullying Advisors Network continued to provide input into the ongoing development of strategies for improving the management of bullying complaints and ensuring advice from the Anti-Bullying Advice Line is consistent with the NSW Health policy: *Bullying – Prevention and Management of Workplace Bullying in NSW Health*.

NSW Health organisations are required to report de-identified data to the NSW Ministry of Health on individual complaints known to human resources departments. These are initially assessed as a potential bullying complaint. The total bullying complaints received for the period 1 July 2014 to 30 June 2015 was 102. This represents 0.09 per cent of the total full time equivalent (FTE) staff in the health system (based on June 2014 FTE). This is a reduction from the 2013-14 period in which 131 complaints were reported.

Workplace health and safety

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

Strategies to improve work health and safety include the implementation of *Work Health Safety: Better Practice Procedures* and *Injury Management & Return to Work* policy frameworks; ongoing commitment to the NSW Ministry of Health Work Health Safety Mission Statement and to the promotion of healthy lifestyle campaigns to staff on general health and wellbeing strategies.

NSW Health organisations remain committed to the continual improvement of their WHS systems through the implementation of local procedures and practices to comply with Ministry safe work policies and legislative requirements. WHS is promoted through the establishment of programs such as the Get Healthy at Work initiative and ongoing WHS training for the NSW Health workforce.

Workers compensation

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

During 2014-15, seven new workers compensation claims from a total of 44 work related injury/illness incidents were lodged. This is an average of one claim for every 6.3 work related injury/illness incidents. The number of new claims accepted increased by two from the previous year (in 2013-14 there were five claims accepted).

Body stress related injuries accounted for three of the seven claims (compared to two of the five in 2013-14). The remainder of claims were one slip/trip and fall, one psychological and two other injuries.

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

- a focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work related injuries

- frequent claims reviews between the NSW Ministry of Health and the Fund Claims Manager to monitor claim activity, return to work strategies, industry performance and compensation costs.

Further detail on workers compensation is provided on page 240.

Environmental management

Environmental sustainability

NSW Health continued its strong commitment to environmental sustainability. In 2014-15, NSW Health aligned the *Health Environmental Sustainability Strategy* with the new *Government Resource Efficiency Policy*.

The aligned strategy will be released in early 2015-16 and will set out planned actions and targets to further reduce operating costs and increase the efficiency of our resource use.

Energy management

The table below shows the rolling three year energy cost and consumption for NSW Health (State 777 contracts) and reflects the result of placing downward pressure on utility bills at a strategic level and at our facilities.

ROLLING 3 YEAR STATE LARGE SITE ELECTRICITY CONTRACT COST AND CONSUMPTION				
Year	Contract account ID #	Electricity consumption kWh	Electricity cost $	Total electricity bill $
2012-13	422	799,863,755	$37,019,132	$119,451,769
2013-14	429	739,837,254	$39,758,680	$125,744,994
2014-15	540	753,616,515	$38,356,339	$106,121,551

Waste reduction

NSW Health continues to show a strong commitment to the implementation of waste reduction strategies. The Managed Print Service that has been implemented in the Miller Street premises features follow me printing, which requires the user to release print job at the printer. This significantly reduces both paper and toner consumption as unwanted print jobs are not processed. The stationary review previously implemented in the Ministry has now been further extended, resulting in additional rationalisation of stationary products and reductions in usage. Mandatory waste reporting will also be implemented across the health system in 2015-16.

Key achievements 2014-15

- Five applications were approved under the Energy Efficiency Government Program and $1.2 million was invested in energy efficiency projects, including:
  - installation of power factor correction units and replacement of pan sanitiser units across multiple hospital facilities at Murrumbidgee Local Health District
  - upgrades to lighting and installation of photovoltaic solar power systems across multiple sites in Western NSW Local Health District
  - installation of photovoltaic solar power systems at two Multipurpose Service facilities at Murrumbidgee Local Health District
  - implementation of a pilot to evaluate the outcome of a monitoring and optimisation project for the heating ventilation and cooling system at Fairfield Hospital. The success of this project will see the inclusion of similar scopes in all future energy efficiency projects for hospitals.

- Two Energy Performance Contract (EPC) applications were approved by NSW Treasury for a combined value of $9.6 million. As part of this, the Northern NSW Local Health District EPC application was over $7 million, the largest valued health EPC project for the NSW Government to date.

- A further six NSW Health EPC projects at an estimated value of $35 million are in various stages of development.

- NSW Health released the NSW Health energy and water benchmarking tool to local health districts. This tool is designed to provide a rating of all public hospital facilities to allow for easier project site identification, monitoring and performance tracking.

Research and development

Population Health and Health Services Research Support Program

The Population Health and Health Services Research Support Program is a competitive funding program administered by the NSW Ministry of Health. Its purpose is to build capacity and strengthen population health and health services research that is important to NSW Health and leads to changes in the health of the population and health services in NSW.

The first three rounds of funding under the Program ran from July 2003 to June 2006; July 2006 to December 2009; and January 2010 to June 2013.

Round four of the program runs from July 2013 to June 2017.

Grants paid under program for 2014-15

Grant recipient	Amount $	Purpose
Hunter Medical Research Institute	499,750	Public Health Program Capacity Building Group
Macquarie University	187,500	Australian Institute of Health Innovation
University of New South Wales	62,500	Australian Institute of Health Innovation
University of New South Wales	500,000	Centre for Primary Health Care and Equity
University of Sydney	500,000	Australian Rural Health Research Collaboration
University of Sydney	495,016	Clinical and Population Perinatal Health Research
University of Sydney	426,000	Prevention Research Collaboration
Western Sydney Local Health District	250,000	Centre for Infectious Diseases and Microbiology – Public Health
TOTAL	2,920,766*	

Note: *It should be noted that the amount of $2,670,766 was expended against the Grants to Research Organisations Line Items A280300-280330 while the amount of $250,000 for payment to Western Sydney Local Health District was expended to the Intra Health Grant Account Line Item A280390.

$2.92 million grants paid under program for 2014-15

Medical Research Support Program and associated programs

Medical Research Support Program

The NSW Government established the Medical Research Support Program to provide infrastructure funding to health and medical research organisations.

Eleven institutes are currently being funded for 2012-16. Grants paid under the Medical Research Support Program in 2014-15 were:

Organisation name	Amount ($)
Garvan Institute of Medical Research	$7,342,599
The George Institute for Global Health	$5,687,722
Westmead Millennium Institute for Medical Research	$5,092,986
Hunter Medical Research Institute	$7,243,263
ANZAC Research Institute	$1,073,813
Centenary Institute	$2,066,758
Children's Medical Research Institute	$1,033,467
Ingham Institute	$1,807,056
Neuroscience Research Australia	$2,593,100
Victor Chang Cardiac Research Institute	$2,256,727
Black Dog Institute	$1,002,439
Children's Cancer Institute Australia	$965,332
Illawarra Health and Medical Research Institute	$1,405,453
Woolcock Institute of Medical Research	$1,049,629

$42.43 million grants paid under the Medical Research Support Program in 2014-15

Medical Research Support Program Transition Grants

Medical Research Support Program Transition Grants were awarded provisionally for three years following the 2012 Health and Medical Research Strategic Review, which led to the introduction of new eligibility criteria for the 2012-16 funding period. The transition grant was introduced to enable these institutes to either transition out of the program, or to meet the new eligibility criteria.

Organisation name	Amount ($)
Centre for Vascular Research (UNSW)	$245,270
Kolling Institute (Northern Sydney LHD)	$603,026
Institute of Virology (St Vincent's Hospital Sydney)	$894,377

Medical Research Support Program Assistance Funding

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

Organisation name	Amount ($)
Neuroscience Research Australia (Schizophrenia Research Institute)	$75,000
Total Medical Research Support Program Expenditure 2014-15	$42,438,017

Networks and clinical trials

The Australian Advanced Treatment Centre is an early phase clinical trials facility in NSW to accelerate the translation cycle and decrease the average time it takes for clinical research to benefit a patient.

Organisation name	Amount ($)
National Heart Foundation (Cardio Vascular Research Network)	$250,000
Multiple Sclerosis Research Australia	$52,500
Australian and New Zealand Spinal Cord Injury Network	$50,000
University of New South Wales (AATC)	$125,000
Total	$477,500

Schizophrenia research

Schizophrenia Research Chair

The Chair provides scientific leadership at the Schizophrenia Research Laboratory and mentorship for schizophrenia researchers more broadly throughout the State.

Organisation Name	Amount ($)
Neuroscience Research Australia (Schizophrenia Research Institute)	$1,000,000
Total	$1,000,000

HUBS

A total of $900,000 has been allocated annually to Research Hubs to provide administrative support and assist in coordination of hub activities to enhance collaboration. The funds will facilitate the efficient sharing of expensive equipment, accommodation and support services, and in the development of statewide research translation capacity.

Organisation name	Amount ($)
Heart Research Institute (Central Sydney)	$100,000
St Vincent's Centre for Applied Medical Research (Darlinghurst)	$100,000
Hunter Medical Research Institute (Hunter)	$100,000
Illawarra Health and Medical Research Institute	$100,000
Ingham Institute (Liverpool)	$100,000
University of Sydney (Northern Sydney)	$100,000
Health Science Alliance (South Eastern Sydney)	$100,000
Children's Medical Research Institute (Westmead)	$100,000
Mid North Coast Local Health District (Rural)	$100,000
Total	$900,000

Genomics

Over four years, $24 million has been committed and allocated for the Sydney Genomics Collaborative to provide NSW researchers with access to state-of-the-art genomic technologies. The Collaborative consists of three sub-programs that are being developed over four years in partnership with the Garvan Institute of Medical Research and other key organisations:

- Program A: Medical Genome Reference Bank – a data library comprising the whole genome sequences of at least 4000 Australians
- Program B: NSW Genomics Collaborative Grants Program – to support research projects to better understand the genetic basis for disease
- Program C: Cancer Genomics Medicine Program – programs for clinical screening for 'actionable' mutations in advanced cancer and a clinical trial based on molecular eligibility and identification of cancer risk genes in young cancer patients.

Organisation Name	Amount ($)
Garvan Institute (Program A)	$1,700,000
Garvan Institute (Program B)	$2,582,500
Victor Chang Cardiac Research Institute (Program B)	$50,000
Kolling Institute (Northern Sydney LHD) (Program B)	$100,000
Melanoma Institute Australia (Program B)	$131,500
Centenary Institute (Program B)	$136,350
Garvan Institute of Medical Research (Program C)	$1,300,000
Total	6,000,350

Medical devices and commercialisation

Medical Devices Seeding Fund

The NSW Government has allocated $5 million per annum for a competitive technology development and commercialisation program managed by the NSW Ministry of Health. The 2014-15 allocation included $1.055 million carried over from 2013-14.

Organisation name	Amount ($)
Optimised Ortho Pty Ltd	$2,000,000
Sydney Children's Hospitals Network	$705,000
Advanced Surgical Design and Manufacture Limited	$1,550,000
SpeeDX Pty Ltd	$1,800,000
Total	$6,055,000

Medical Device Commercialisation Training

The Medical Device Commercialisation Training program delivered by ATP Innovations Pty Ltd will provide training in medical device commercialisation. Participants gain skills in entrepreneurship, medical device design, development and commercialisation. The three month training program is the precursor for selection of up to two candidates to attend the NSW-QB3 Rosenman Institute Scholar Program in the United States.

NSW QB3 Rosenman Institute Scholar Program

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

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund was established in 2007 to support early stage development and commercialisation opportunities from medical research institutes and allied research hospitals in Australia. The Fund has been working with the NSW institutes over the past five years to increase capacity to commercialise research discoveries. The NSW Health contribution to the fund enables access to expertise, training and mentoring.

Organisation name	Amount ($)
Australian Technology Park Innovation Centre	$200,000
University of Wollongong	$212,576
Medical Research Commercialisation Fund (MRCF)	$150,000
Total	$562,576

Research Capacity Building Program: Bioinformatics

The Bioinformatics (genomics) Training Program has been developed to provide training to clinicians, researchers, academics and health professionals in bioinformatics. In 2014-15, there was $250,000 provided to support the delivery of the Program including the development of bioinformatics literacy.

To May 2015, seven bioinformatics workshops were delivered providing bioinformatics training for 156 NSW and ACT-based medical researchers, clinicians and health practitioners from 39 organisations.

Accessibility

Multicultural policies and service programs

The Multicultural Policies and Services Program is a whole of Government responsibility overseen by Multicultural NSW. It focuses on ensuring Government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public. Last year, the former Community Relations Commission, now known as Multicultural NSW, assessed NSW Health as being within the highest range of the Multicultural Planning Framework. This is a significant achievement and is based on clear priorities guiding the work of NSW Health across all its structures. NSW Health was commended as a leader in the sector in:

- monitoring and evaluating the use of interpreters
- collecting, analysing and using data to influence service provision
- communicating with communities
- designing responses and targeted programs for specific communities.

This reflects NSW Health's work across the state to improve four priority areas:

- access and use of interpreters
- quality of data collection
- training in cultural competency
- communication strategies.

In 2014-15, Multicultural NSW's reporting requirements centred on two key themes: key performance indicators and the results of evaluations and services for humanitarian entrants. All NSW Health organisations were invited to contribute to NSW Health's Multicultural Policies and Services Program reporting for 2014-15 and the following report emphasises these themes.

Key achievements 2014-15

Project/initiative	Achievement 2014-15
Central Coast Local Health District	
Implementation of the Central Coast Local Health District Multicultural Health Plan, 2014-2017	The District conducted a medical record audit on interpreter usage for admitted patients, which led to including: • 'interpreter required' and 'preferred language' fields in the Patient Admission Summary page of a patient's medical record upon each admission • 'interpreter required' column on the electronic patient journey board • an Interpreter Action Checklist medical record form • Electronic Medical Record training on updating demographics/patient information relating to interpreter required, preferred language and country of birth • staff education on the Health Care Interpreter Service and cultural considerations at Gosford and Wyong Hospitals. A follow up audit will be conducted to conclude whether the above changes have increased interpreter usage.
Hunter New England Local Health District	
Psychosocial Program with Afghan Women	The District's Multicultural Health Service (Penola House), NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, child and family nurses and volunteers collaborated on this program, which is based on the assumption that wellness depends on physical, behavioural, psychological, social, cultural and economic factors. The program included mindfulness training, stress management, yoga classes, swimming classes, art therapy, doll making, talks on sexual and reproductive health, sleep hygiene, domestic violence education, child protection and referrals to trauma counselling. The format of the program lessened the sense of stigma, built the confidence of the women and helped break the social isolation which many experience living in a new and unfamiliar culture.
Illawarra Shoalhaven Local Health District	
Refugee Health – Illawarra TAFE Adult Migrant English Program	The District worked with the Illawarra TAFE Adult Migrant English Program (AMEP) to deliver a 12 month series of health education sessions addressing high priority health topics. In 2014-15, over 420 new arrival refugees participated in health sessions. Currently, the Multicultural Health Service is working with TAFE AMEP to incorporate key health messages into ongoing English language sessions to ensure sustainable health messages in teaching and learning. All TAFE health programs continue to engage health service personnel to provide further information and opportunity for discussion with students using health care interpreters.
Mid North Coast Local Health District	
Study on Refugees in Coffs Harbour and the Rural Health System	The aim of the study were for refugees themselves to identify problems that members of the refugee community have accessing mainstream health care; to gauge how common the issues were; and what could be done in the initial settlement phase to make their health journeys and outcomes more successful. The participants' recommendations were about using interpreters, assisting with transport, the cost of medication and making appointments for people in the initial settlement phase. Other recommendations were to offer health education sessions for new arrivals, show respect and be more culturally sensitive towards refugees by educating staff on refugees' backgrounds and how to care for refugees.

Project/initiative	Achievement 2014-15

Murrumbidgee Local Health District

| Refugee Health Assessment Service | The District has continued funding support to the Murrumbidgee Public Health Network (MPHN) for a Refugee Health Nurse (RHN) based in Wagga Wagga. The Refugee Health Assessment Service was established in August 2010 and is operated by Murrumbidgee Local Health District and the MPHN. A clinic staffed by a RHN and supported by local general practitioners who have a special interest in refugee health is held weekly. The clinic provides the initial health assessments, pathology, immunisations, screening and treatments for newly arrived refugees required in the first two to three months of settlement. Links are then established into General Practice. Ongoing care is provided by the General Practitioner of the patient's choice. |

Nepean Blue Mountains Local Health District

| Improving interpreter usage in consent for surgery/ procedures | There has been a significant increase in the compliance rate of using interpreters for the purpose of consent for surgery/ procedures from 20 per cent in 2013 to 76 per cent in 2015. The project has achieved this by:
• reviewing *Recommendation for Admission* forms (RFAs)
• training Visiting Medical Officers, nursing and clerical staff
• conducting regular audits of RFAs (the next audit will be conducted in December 2015)
• increasing the recording of bilingual medical staff usage
• increasing telephone interpreter usage by 30 per cent
• decreasing use of family members to interpret
• developing and translating into 20 community languages the interpreter posters and brochures at Pre-admission Clinic. |

Northern NSW Local Health District

| Assistance of Overseas trained Medical Practitioners in Northern NSW Local Health District employment | The project provides assistance to overseas trained doctors living in Australia, including a number living within the Northern NSW boundaries, in obtaining Australian Health Practitioner Regulation Authority registration. As a result, nine overseas trained Medical Officers have been employed within District hospitals and services. The initiative has increased capacity for Northern NSW Local Health District, which will assist in the culturally appropriate delivery of health services. |

Northern Sydney Local Health District

| Interpreter survey | A survey of 774 District hospital and community health service employees explored staff awareness of the availability of interpreting services, experiences, access to resources and participation in training. The results indicated that over 95 per cent of staff were aware that interpreting services were available. However, the survey also identified a need to improve awareness of: the two types of available interpreting services (onsite and telephone); the eligibility of carers to use the interpreting services; access to training and resources on booking processes.

A plan was implemented to address the survey findings, including distribution of fact sheets, provision of training for staff, updating information on the health service intranet site and co-funding of a DVD to be used for training staff on the effective use of interpreters. |
| Health assessment program for newly arrived refugees and humanitarian entrants | The District continued to implement a comprehensive health assessment and assertive follow-up program with 218 clients in the program. Each client received a comprehensive check-up by a local general practitioner and oral health assessment with an onsite interpreter present at both appointments. Families with young children were assisted to have a check-up by an early childhood health nurse. The program was expanded to include a vision check in response to feedback from Tibetan humanitarian entrants, about the difficulties they were experiencing reading the blackboard in their adult English classes. A partnership was established with a local optometrist to conduct vision checks with an onsite interpreter present. The program has also assisted clients to access specialist ophthalmology clinics. The majority of clients have required eye glasses which have been obtained free of charge through the Government funded NSW Spectacles Program. Program emphasis continues to be placed on establishing one-to-one rapport with each new arrival to build trust in the health service and to facilitate access to a range of health and welfare services. |

Southern NSW Local Health District

| Increase access to women's health information for refugee women in Goulburn | The District has a strong working relationship with the NSW Cervical Screening Program and promotes their multicultural health resources via the women's health nurse program. The women's health nurse in Goulburn has established a relationship with the refugee program delivered by Anglicare, and is working in partnership with general practitioners and non-government organisations to provide cervical screening and health promotion for refugee women. |

South Eastern Sydney Local Health District

| Optimising Health and Learning Program: A targeted health screening program for newly arrived vulnerable young people from migrant and refugee backgrounds | The Program targets health and educational outcomes in refugee and other vulnerable migrant young people. It includes nurse-led screening supported by a multidisciplinary team, as well as linking young people and their families to general practitioners. The District provided internal funding for the program ($170,000; January 2014 – June 2015) for two sites: Beverly Hills and Kogarah Intensive English Centres. Twelve program partners across health, education and the non-government organisation sector contributed in-kind support. There were 273 young people screened during 2014-15 and there was a high yield for health conditions.

Giving health information to young people and their parents and the integration across primary and specialist/tertiary services, has decreased the likelihood of avoidable emergency department presentations or hospital admissions with more advanced health issues.

Program sustainability within the District has been achieved through integration into recurrent funding and support for the Registered Nurse and Registrar positions from the Multicultural Health Service, Kogarah Developmental Assessment Centre and the Sydney Children's Hospitals Network. |
| Sustaining NSW Families in Arncliffe | Sustaining NSW Families (SNF) is an evidence-based intervention that provides eligible families with a nurse-led structured home visiting program, commencing in the antenatal period and continuing until the child's second birthday. The program is offered to families at risk of poor maternal, child health, developmental and wellbeing outcomes. It was developed as an effective intervention for mothers and families who are identified as vulnerable, at risk and living in areas of socio-economic disadvantage. The Arncliffe SNF program targets women and children from culturally and linguistically diverse backgrounds including Arabic and Chinese, as well as those from high needs and new and emerging communities such as the Nepalese and Bangladeshi communities. |

Project/initiative	Achievement 2014-15
South Western Sydney Local Health District	
Healing Mind Fighting Stigma Project	Theatre techniques were used to engage Arabic communities for intercultural dialogue underpinning cultural perceptions and barriers to accessing mental health services. The Project addressed: • under-utilisation of mental health services by Middle-Eastern communities in Australia as a result of strongly held socio-cultural and traditional belief systems surrounding mental illness, such as shame, stigma, privacy and trust issues • language barriers and lack of adequate knowledge of mental health issues. The Project delivered seven education sessions on stress, depression, anxiety, panic attacks, post-traumatic stress disorder and schizophrenia. All sessions were delivered in Arabic (or interpreted into Arabic) by counsellors and professional health educators. An Arabic DVD was produced with English subtitles and launched in June 2015. There were 128 attendees including Arabic speaking carers, families, newly arrived refugees, mental health professionals and community workers. Ninety eight per cent of participants thought that the DVD was a valuable resource for the community and indicated they would share the DVD with clients, families and friends and use it as a resource for community education.
African Communities Program	This program has provided pathways to employment for many African people, as well as a safe place where they come and share their food. Five years ago the Health Promotion Service established a community kitchen for newly arrived refugee men from Africa, with 14 men participating. From this community kitchen an African men's catering enterprise was established. Four of these men are currently working in hospitality and two are completing University degrees. From a community kitchen, the program also expanded to include physical activities for young people, as well as healthy eating for African women. Currently 15 – 20 young people regularly attend the program and 10 -15 parents participate in the healthy eating program. African fashion has been added to the list of African enterprises.
Sydney Local Health District	
Sydney Health Care Interpreter Service	The Sydney Health Care Interpreter Service was established on 1 July 2014. The Service sits within the Sydney Local Health District Community Health facility and provides professional health care interpreter services (face-to-face and telephone) for patients and health care providers, in hospitals, the community and in the homes of patients within both Sydney Local Health District and South Eastern Sydney Local Health District catchment areas. It provides support for 114 languages through full-time, part-time and sessional interpreters. Professional interpreters assist with patient understanding and compliance with treatment and follow up. A new call centre has been established, along with a new governance committee to oversee strategic planning for the Service. The Service will introduce a new booking and billing system in 2015-16 to create further efficiencies of interpreter resource utilisation.
Can Get Health, Canterbury Local Government Area	The project collected a strong body of knowledge about disadvantage in the Canterbury local government area and information about lack of access to health services contributing to health inequity. The project worked with existing services and organisations and the communities they serve to find practical solutions. Strategies were implemented for each of the priority population groups focussed on prevention, e.g. mental health was identified as an important issue for the local Chinese community. Mental health interventions with the Chinese community included a Beyond Blue roadshow in Campsie, information to raise awareness through posters, newspaper articles, social media and two Mental Health First Aid courses. Diabetes prevention in the Arabic community focussed on a four week radio campaign on three Arabic radio stations, a six week 'Healthy Eating and Physical Activity' course, and messages on social media.
Western NSW Local Health District	
Multicultural Interagency	The District has actively participated with the Central West – Orana – Far West Multicultural Interagency group on: • Harmony Day and other multicultural events • looking at culturally and linguistically diverse communities' needs in the National Disability Insurance Scheme • facilitating discussion on a better understanding of refugees and their issues as they work with mainstream services • looking at inviting refugees as guest speakers at meetings to raise awareness, particularly about how global events and issues are affecting them • ensuring interpreter services are in place to support clients and their families • strong linkages between Aboriginal cultural awareness and culturally and linguistically diverse communities awareness.
Western Sydney Local Health District	
Prevention of chronic disease, Go4Fun and Shaping a Good Life	Services within the District have delivered programs to children and adults from culturally and linguistically diverse communities aimed at preventing chronic disease, including Go4Fun, a 10 week healthy lifestyle program for children and their families, who are above a healthy weight. In 2014-15, the main languages spoken by program participants included Arabic (15 per cent), Mandarin/Cantonese (4 per cent) Urdu (3.5 per cent) Hindi (3.5 per cent), and Filipino (3 per cent). Evaluation suggests participants felt more knowledgeable and confident to manage their conditions. Almost 300 Chinese speakers participated in Shaping a Good Life, a health promotion initiative aimed at encouraging physical exercise, preventing chronic disease and linking people to services.
Hospital Information and Orientation Program	The Program aimed to help refugee families learn about the health care system in Australia and meet their local health services, to ease the anxiety they might feel when coming to an unfamiliar hospital environment. It invites newly arrived refugee students, their parents and teachers associated with the Evans High School Intensive English Centre and Macquarie Community College Adult Migrant English Program at Blacktown and Mt Druitt, to visit Blacktown hospital including emergency, outpatient, antenatal, therapy, imaging and pastoral care departments. The Program is becoming a regular event which will gradually be offered by other District hospitals.
Parenting and Wellness Education Program	The Program in the Blacktown local government area is a seven-week program run three times per year for new mothers from culturally and linguistically diverse communities. It aims to help new mums access and learn about baby development, health issues and provide support to women so they gain knowledge and confidence in providing appropriate care for their babies. A bus trip to Westmead Children's Hospital for a talk on children's safety and a hospital tour are part of the Program, as well as baby and immunisation clinics.

Project/initiative	Achievement 2014-15
Pillars	
Agency for Clinical Innovation	
Translation of Emergency Department Patient Fact Sheets	The Agency's Emergency Care Institute Clinical Advisory Committee produces discharge advice for patients departing emergency departments. These are peer reviewed, evidence-based, linked to relevant literature, regularly updated and designed for local context. The fact sheets are available at www.ecinsw.com.au/translated-factsheets. NSW Multicultural Health Communication Services translated a number of these fact sheets into seven languages.
Clinical Excellence Commission	
Health Literacy portal	The Commission, in collaboration with Illawarra Shoalhaven Local Health District, has developed a statewide resource for local health districts. The resource focuses on tools to support improvements in patient information and approaches to health literacy.
Health Education and Training Institute	
Working in Culturally Diverse Contexts	The Institute has been promoting its *Working in Culturally Diverse Contexts* online training module. The module helps the learner to: • understand their role and responsibilities in meeting the NSW Ministry of Health's commitment to ensuring all health services meet the needs of people from culturally and linguistically diverse communities • recognise the diversity that exists in clinical settings among health providers, patients, families and communities • access resources to develop culturally competent ways of working with patients from culturally and linguistically diverse backgrounds. Since March 2014, over 900 people have completed the training, with 73.5 per cent of respondents to an online survey agreeing or strongly agreeing that they can make a difference in their role by using what they learned.
NSW Kids and Families	
Education Resource: Translation of consumer resources for pregnant women	NSW Kids and Families translated resources to enhance access to information for pregnant women from culturally and linguistically diverse populations. The *Management of Pregnancy beyond 41 weeks Gestation* and *Your Next Birth after Caesarean Section* brochures were translated into 10 languages and are available on the NSW Kids and Families website. The *Having a Baby* resource, translated into 20 languages for pregnant women using the public health system in NSW, provides information about pregnancy, childbirth and the postnatal period.
Health Networks	
St Vincent's Health Network	
CALD Clinical Practice Improvement Project	St Joseph's Hospital ran a Clinical Practice Improvement Project to provide culturally and linguistically diverse patients with timely access to interpreters on admission to the Medical Rehabilitation Unit and in health care situations where communication is essential.
Justice Health and Forensic Mental Health Network	
Connecting with Families and Carers clinician training	The training has a pre-requisite to complete the Health Education and Training Institute's module, Connecting with Carers from CALD Backgrounds in Mental Health Settings. Training was provided to the Network's mental health clinicians and Corrective Services NSW staff on managing survivors of torture and trauma including refugees. It was well received by clinicians and some mental health sections provided further training to their team members.
Sydney Children's Hospital Network	
Equitable access to developmental surveillance and early intervention: Understanding the barriers for children from culturally and linguistically diverse backgrounds	The project improved health literacy and capacity in culturally and linguistically diverse communities in the Botany Bay local government area around child development, identifying developmental vulnerability and knowing where to go for parents when they are concerned. It also increased the awareness of general practitioners in the area of developmental surveillance services available through the Sydney Children's Hospitals Network, including early childhood nursing and community child health. This has informed service development so that it is accessible and culturally responsive to families from culturally and linguistically diverse backgrounds. A study was published in the Health Expectations journal, with implementation of findings and strategies expected in the next phase: Early childhood development and surveillance: Everyone's Business.
Statewide Health Services	
NSW Ambulance	
Interpreter contact information in the latest Patient Support Contact Numbers	The 2015 Protocol and Pharmacology Information provides quick access to telephone interpreter service telephone numbers in medical emergencies and is available to all staff including operators at our Control Centres and on-road frontline staff to assist in patient assessment. In the last financial year, use of TIS National (translating and interpreting service) included over 2600 occasions of service in 59 community languages.
Multicultural Health Communication Service	
The Pink Sari Project	Launched in September 2014, the Project has achieved unique community engagement with community members, including female members of Sikh temples in Sydney, discussing health issues (mammograms/breast cancer) in the temples for the first time in their history. Breast cancer survivors from Indian and Sri Lankan communities spoke publically about the importance of early detection, and ethno-specific doctors from Tamil backgrounds organised their own forums to address issues. As a result, the Cancer Institute NSW has reported an increase from baseline data on mammogram screening rates of women (aged 50-74) from Indian and Sri Lankan backgrounds in NSW (as at March 2015). These groups have one of the lowest rates of screening in NSW. The Project won the 2015 South Eastern Sydney Local Health District Improvement and Innovation Award. The Multicultural Health Communication Service made the Project a collaborative approach with community members proactively engaged to produce effective outcomes, e.g. cultural organisations actively contacted BreastScreen Services to present at their self-arranged information sessions.

Project/initiative	Achievement 2014-15

Multicultural HIV and Hepatitis Service

Clinical Support Program; Indonesian Hepatitis B Community Development Project	The Service provides bilingual/bicultural psycho-social support to people from over 25 culturally and linguistically diverse backgrounds that are living with HIV or are undergoing hepatitis C treatment. The Clinical Support Program provided over 1200 occasions of service in the reporting period. In October 2014, the Multicultural HIV and Hepatitis Service piloted a hepatitis B community testing clinic, with the Indonesian community, involving a partnership between the Service, IndoCare, Inner West Sydney Medicare Local and Royal Prince Alfred Hospital Liver Centre. The clinic was well received by the community. The Service has worked with key Indonesian community stakeholders to establish a new committee to improve health within the Indonesian community. The group will develop community-owned and culturally appropriate responses to health issues including hepatitis B, HIV, domestic violence and women's rights.

Multicultural Problem Gambling Service for NSW

Engaging the Turkish Community	The Multicultural Problem Gambling Service for NSW reconvened the Turkish focus group with members from seven human service providers to organise a Turkish community forum. An Islamic religious leader increased the level of community engagement and assisted in: • increasing community awareness of problem gambling and related issues in an Islamic context • reducing stigma attached to problem gambling and seeking help • increasing access to services available for problem gamblers and their families.

NSW Education Program on Female Genital Mutilation

Cultural Days to raise Awareness on female genital mutilation; Clinical Guidelines on caring for women affected by female genital mutilation and flip chart	Changes in NSW legislation on female genital mutilation (FGM) in March 2014 prompted the Program and the Bilingual Community Workers to raise awareness in their communities, through six cultural day events which were conducted in the Egyptian, Ethiopian, Indonesian, Kurdish, Sudanese, and West African Communities. Over 300 women attended in 2014-15. Clinical Guidelines were released by NSW Kids and Families. A program of training has been developed that incorporates the Guidelines, changes to the legislation and the promotion of a flip chart for use by midwives talking to pregnant women affected by FGM. This training will be rolled out to midwives and clinical health workers in hospitals across NSW.

NSW Refugee Health Service

NSW Refugee Health Clinical Services	NSW Refugee Health Service (RHS) conducted nearly 2000 Refugee Health Nurse Program clinic attendances across five metropolitan local health districts. Evaluation and feedback was incorporated into this program. RHS conducted over 500 general practitioner clinic attendances for refugee and asylum seeker patients at Auburn, Blacktown, Liverpool and Mt Druitt Community Health Centres. RHS used professional interpreters for all relevant clients and imbedded the importance of this into education and training of mainstream staff and students.

Transcultural Mental Health Centre

2015 – Conversations Matter Consultations	The Transcultural Mental Health Centre and the Hunter Institute of Mental Health collected information during culturally and linguistically diverse community consultations to develop a resource for health professionals and community leaders on how to talk with community members about suicide. Two focus groups were held with participants from a variety of health disciplines, as well as community leaders, carers and consumers. Cultural backgrounds represented included Armenian, Chinese, Indian, Iranian, Italian, Korean, Lebanese, Russian, Samoan, Spanish and Vietnamese.

Multicultural Health Plan Implementation Group and working groups on priority areas

In 2014-15, the Multicultural Health Plan Implementation Group met once every two months to lead planning and progress under the *Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-16*. The Implementation Group included a representative from each local health district and two statewide multicultural health services. The Implementation Group focused on four key priority areas:

1 Improve access to and use of interpreters.

2 Improve data collection and related systems for culturally and linguistically diverse clients/patients.

3 Improve training and education for health staff to support cultural competency.

4 Deliver communication campaigns and strategies to support key messages statewide.

Working groups under the Implementation Group focused on each of these priority areas and met at least once a quarter to monitor improvements. Several surveys have been completed on:

• interpreters

• data collection of country of birth and other information by local health district information systems

• cultural competency training.

A literature review of cultural competency was organised in partnership with the University of Wollongong and the communications working group provided input into the successful 2015 Multicultural Health Week.

In 2015-16, the Implementation Group and working groups will focus on how to prioritise their efforts to position multicultural health services to deliver safe, quality care that continues to ensure that the health system is accessible, easy to navigate, and accommodating of culturally and linguistically diverse communities in NSW. Practical solutions will be presented at a planning day in late 2015 to discuss how best to do this in future years.

NSW Health planned initiatives 2015–16

Project/initiative	Achievement 2014-15
Central Coast Local Health District	
Implementation of the CCLHD Multicultural Health Plan, 2014-2017	To improve health outcomes for people from a CALD background by focusing on key areas, including: • Increase awareness and appropriate utilisation of the HCIS • Increase awareness and responsiveness of CCLHD staff working in a culturally diverse environment • Further develop and deliver culturally appropriate health promotion programs for vulnerable CALD groups Target measures: • Increase % of OOS of interpreter usage • Increase % of staff training in cultural awareness and competency • Measurable outcomes for specific programs • Register of partnerships, service level agreements, networks and MOUs developed and maintained.
Hunter New England Local Health District	
Use of Interpreters across the CALD inpatient journey in the John Hunter Hospital (JHH)	The project aims to measure and improve the level of compliance with the requirement to provide professional interpreters for patients with limited English at essential stages of the patient journey such as admissions in JHH Newcastle. The use of interpreters at pivotal points of the patient journey from admission to discharge is obtained through data from the patients' discharge reports and the HCIS booking system. Gaps in compliance will be identified and reported to the Multicultural Access Committee quarterly. The report will establish a bench mark for units to measure and improve their performance.
Illawarra Shoalhaven Local Health District	
Cancer Good News Project phase two: research connected to the Faecal Occult Blood Test (FOBT)	ISLHD has set up a research project with the University of Wollongong to determine the acceptability and accessibility to, and beliefs of the Macedonian and Serbian communities in relation to the National Bowel Cancer Screening Program FOBT. It will be used to improve understanding about the use of the FOBT and to develop culturally appropriate strategies regarding the FOBT. Community members have been invited to participate in focus group discussions. Currently the research team are working to develop strategies that improve acceptability, ease of use and understanding of the FOBT for low literacy groups. The project is expected to be completed by January 2016.
Mid North Coast Local Health District	
Nurse led School screening program	The project aims to improve early identification and intervention for health issues likely to impact on student learning among refugee and other newly arrived students. The objectives are to: • provide a nurse led screening clinic based with local high schools • refer students with identified health issues to appropriate services • link students and their families with local GPs and provide information about health and health services • provide local GPs with information and support to provide ongoing care to students and their families.
Nepean Blue Mountains Local Health District	
Breaking Barriers, Bringing Understanding 3B U Project	Previous work with NBMLHD mental health services has highlighted very low numbers of the CALD population seeking and using mental health services (22 per cent of population in the NBMLHD is born overseas – 2011 census). Anecdotally there is a high incidence of mental health issues in the local CALD population. The Multicultural Health Service has partnered with Nepean Migrant Access, Penrith Women's Health Centre, Macquarie University and Partners in Recovery to create the project. It aims to research the CALD communities' perspectives on mental health, assist to overcome stigma, organise consultations across the LHD, and develop strategies to raise awareness of mental health issues. It will support NBMLHD mental health services to develop culturally appropriate work practices and resources that will ensure sustainability after the project's completion, including clinical cross cultural competency training for allied health staff.
Northern Sydney LHD	
The CALD Seniors Physical Activity Project; Interpreter survey	Follow-up telephone surveys will be conducted to obtain feedback on the implementation of the program with community members. The interpreter survey will be repeated to determine if the implementation of the action plan has been successful in addressing the gaps in knowledge and staff awareness identified in the 2013/14 survey.
South Eastern Sydney Local Health District	
Our Right to Know: using professional interpreters for surgical consent	The project aims to improve patient safety through the use of professional interpreters for patients from CALD backgrounds with limited English proficiency when obtaining informed consent for surgical procedures. It is a partnership between Prince of Wales Hospital (POW), St George Hospital (SGH), the LHD Multicultural Health Service and Sydney HCIS. Objectives are to increase the use of professional interpreters when obtaining informed consent at the Perioperative Unit at POW and for Upper GIT and Breast/Endocrine surgical sub-specialties at SGH. It will include file audits; patient interviews; focus groups with nursing and administrative staff; interviews and online surveys with medical staff; and process mapping to improve: (1) access to telephone interpreting services; (2) patient knowledge about their right to a professional interpreter; (3) the efficiency of face-to-face interpreter services; and (4) co-designing new business rules with senior surgeons.
Evaluation of the acceptability and clinical utility of the Arabic Mindfulness CD	Mindfulness based cognitive therapy has been proven to be one of the most effective interventions for managing depressed mood, anxiety and stress. SESLHD developed an Arabic language mindfulness CD in 2013, making it the first Arabic language self-management resource. SESLHD will do the study with UNSW, and it will determine whether it represents an acceptable and useful self-management resource for the Arabic speaking community. The research will be the first of its type on the use of Mindfulness with Arabic speaking communities. The results of the research will be presented at the International Psychology Conference in Dubai in October 2015.
South Western Sydney Local Health District	
Self-Management in patients from CALD backgrounds with Diabetes	A research study will investigate the factors influencing diabetes self-management skills of patients from CALD background to inform strategies to improve self-management. Patients with diabetes accessing the diabetes clinics of Liverpool and Campbelltown hospitals will be surveyed using validated tools for their self-efficacy, health literacy and self-management.

Project/initiative	Achievement 2014-15
Sydney Local Health District	
Hepatitis B awareness, screening and vaccination project for Korean and Chinese communities	This project will be run with the Korean Australian Medical Society (KAMS) and members of the Korean Health Committee to enhance capacity to promote the importance of hepatitis B screening and vaccination to prevent infection and liver diseases. Planned activities during NSW Hepatitis Awareness Week include a health forum on hepatitis B where Korean bilingual medical professionals will speak. A media campaign will include a Korean-language booklet on hepatitis B distributed in community newspapers and magazines. Korean medical professionals will also speak on Korean radio programs on SBS to increase awareness.
	A similar project will be run with the Chinese community with the Chinese Australasian Services Society (CASS), Carers' Program SLHD, Burwood Council and the RPA Hepatitis and Liver Clinic.
Western NSW Local Health District	
Health promotion for CALD communities	The WNSWLHD will work with Local Government Migrant Support officers to develop strategies for communicating positive health messages for CALD community groups.
Western Sydney Local Health District	
HealthCare Interpreters and Communication	WSLHD is engaged in a number of initiatives related to its HCIS, including training hospital staff and addressing the distinction between bilingual staff and interpreters. A new project to improve use of interpreters when obtaining a valid consent from non-English speaking patients and a new multilingual appointment system for outpatient clinics in Blacktown hospital has also been initiated. A number of new resources are being produced, including a DVD aimed at staff education and an 'interpreter required' card to inform patients about interpreters, their rights in accessing public health facilities and how to book interpreters. This project is a partnership with the MHCS, HCIS and WSLHD Multicultural Health Service.
Pillars	
Agency for Clinical Innovation	
Priority Populations Toolkit	The Toolkit will form part of the Patient Experience and Consumer Engagement Framework and will include downloadable resources, tools, videos, presentations and other material to support ACI Networks, Taskforces, Institutes and others to partner with priority populations, including CALD communities.
Clinical Excellence Commission	
Multicultural Health Week	The CEC will partner with the MHCS to promote key messages about patient rights and responsibilities for CALD communities. The campaign will include targeted community, media and clinician messages.
Health Education and Training Institute	
Working with Refugees	HETI will be developing a learning resource called *Working with Refugees*. It will explore innovative education and training methods to increase the capacity of the health workforce to respond to refugees.
NSW Kids and Families	
Engaging CALD men in understanding the impact and dynamics of domestic/family violence	The NSW Health Education Centre Against Violence (ECAV) has been supporting the education of community women from CALD communities for more than ten years through the development and delivery of two modules on domestic family violence (DFV). The modules are in twelve languages and ECAV's cultural equity position provides mentoring and support to the Bilingual Community Educators who deliver the program. In 2015-2016 ECAV will pilot the expansion of this program to engage CALD men, particularly from newly emerging and refugee communities, through community awareness workshops.
Health Networks	
St Vincent's Health Network	
Translate patient information	There is ongoing work to translate patient information into main patient languages at SVH and SHHS. The next translations focus on MRSA/infection control; patient rights and responsibilities; and patient complaints and compliments.
Justice Health and Forensic Mental Health Network	
Keeping Safe in Gaol	This booklet will provide new receptions to NSW Correctional Centres with information on harm minimisation strategies to prevent the risk of blood borne viruses and sexually transmissible infections. It will be translated into the top five community languages spoken in the correctional setting: Chinese Simple, Chinese Traditional, Vietnamese, Arabic and Spanish.
Sydney Children's Hospital Network	
Review of Recommendation for Paediatric Admission form	A working group is reviewing paediatric SCHN RFA forms to develop a unified tool. It will include country of birth details for the child's parents to provide information about their cultural background to assist staff to be aware of cultural determinants which can assist with compliance, attendance and other factors impacting on health outcomes.
Statewide Health Services	
NSW Ambulance	
Develop emerging community information	A program will analyse interpreter usage in community languages and identify emerging information needs to improve service delivery by using data to target media releases and fact sheets more accurately.
Multicultural Health Communication Service	
CALD Organ and Tissue Donation Awareness Campaign	The campaign aims to increase awareness of the importance of organ and tissue donation among CALD communities, to increase positive attitudes and registration of CALD community members. In 2015/16 the MHCS expects to focus on Arabic speakers, Cantonese/ Mandarin speakers, Filipino speakers and Vietnamese speakers. The campaign will create media coverage of organ and tissue donation messages, and reach individuals through bilingual talks, a story telling event and workshops.
Multicultural HIV and Hepatitis Service	
NSW Hepatitis B Community Alliance – Media Strategy	Chronic hepatitis B is a significant health issues affecting many CALD communities in NSW. The Alliance aims to strengthen communities' capacity to address hepatitis B issues by raising awareness, promoting testing, monitoring and treatment as well as prevention. Alliance members and the MHAHS are working together to develop and implement tailored ethnic media campaigns. The campaigns will commence during Hepatitis Awareness Week (27 July 2015 – 2 Aug 2015) and continue over the following months.
Multicultural Problem Gambling Service for NSW	
Change the concept of gambling for international students	There is significant problem gambling reported among international students with associated mental health problems, such as anxiety, depression and suicidal thoughts. A partnership is being developed with a number of universities aimed at prevention and early intervention, with the first meeting in August 2015.

Project/initiative	Achievement 2014-15
NSW Education Program on Female Genital Mutilation	
Information for health professionals and religious leaders	The NSW Education Program will organise a Religious Leaders Health Forum to disseminate information to on religious practices affecting health, including the amended NSW legislation against FGM. It will also disseminate information to GPs and health professionals about care and referral pathways for women with FGM, changes to the legislation and distribute an updated pamphlet.
NSW Refugee Health Service	
NSW Refugee Health Service Research	RHS is planning to research the effectiveness of its Refugee Health Nurse Program and Oral Health program in 2015-16.
Transcultural Mental Health Centre	
Your Experience of Service (YES) questionnaire and information brochure	TMHC is working on the YES questionnaire and information brochure in 21 community languages to gather information from consumers about their experiences of care to help mental health services and consumers build better services. Interpreters and bilingual mental health professionals will review the resources, assess language suitability and cultural appropriateness for the target audiences. Community consultations will also be held to review the resources, with one focus group for each language.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is the largest social policy reform in Australia's history.

Under the Bilateral Agreement signed in September 2015, the Commonwealth and NSW Governments have agreed to a plan for the roll out of the NDIS across NSW.

NSW Health has been actively involved in all aspects of the transition towards the full scheme to ensure people with disability, their families and carers are provided with the best supports.

NSW Health has incorporated key learning's from the Hunter New England trial site to help guide and support the Nepean Blue Mountains Local Health District early transition for 0-17 year olds.

Practical resources have been developed to assist local health districts as they begin to transition to full scheme from 1 July 2016.

The majority of work undertaken by the NSW Ministry of Health has related to how the health system will link to the NDIS.

Major achievements in 2014-15 include:

- Supporting the development of the Bilateral Agreement between the Commonwealth and NSW Governments that will realise full scheme NDIS for NSW, providing choice and control to 140,000 people with disability living in NSW.
- Working with Family and Community Services (FaCS) on a data linkage project that has allowed for a streamlined transition to the NDIS for the Nepean Blue Mountains Local Health District
- The development of a decision making tool for local health districts to assist them in deciding whether to become an NDIS service provider
- The inclusion of Home Enteral Nutrition (HEN) into the NDIS, providing security of food supply for many hundreds of people utilising HEN feeding.
- Development of a Monitoring and Evaluation Framework to measure and monitor impacts on the health system
- Development of the NSW Health Transition Plan and Implementation Toolkit to assist local health districts as they transition to the full scheme

.

Disability Action Plan 2009-14

The NSW Ministry of Health developed the *NSW Health Disability Action Plan 2009-14*, which included the action plans of other agencies within NSW Health. The *NSW Health Disability Action Plan* is available on the NSW Health website.

The *NSW Health Disability Action Plan* commits NSW Health to the following principles:

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

Key Achievements

The NSW Ministry of Health met its implementation and reporting obligations and contributed to a range of actions in the health and disability sectors, including:

- working with Department of Family and Community Services to implement the National Disability Insurance Scheme
- completing the evaluation of the pilot health services for people with intellectual disability
- including a question in the *NSW Patient Survey Program* on long-standing conditions

- developing a joint guideline with Ageing, Disability and Home Care (ADHC) to support residents of ADHC operated and funded accommodation support services who attend or are admitted to a NSW public hospital
- implementing the *Oral health 2020: Strategic Framework for Oral Health Services* which includes people with disabilities amongst its priority populations
- developing *Healthy, Safe and Well, A Strategic Health Plan for Children, Young People and Families 2014 – 2024* which specifically considers the needs of children, young people and families with disabilities.

Future Directions in Disability Inclusion

The NSW Ministry of Health developed the *NSW Health Disability Action Plan 2009-14*, which included action plans of other agencies with NSW Health. The NSW Health Disability Action Plan can be found on the NSW Health website. One of the principles in the NSW Health Disability Action Plan is that people with disability have equal right to employment and respect.

The principles developed under the Disability Action Plan are being incorporated into the NSW Health Disability Inclusion Action Plan 2016-19. The Disability Inclusion Action Plan will outline the practical steps NSW Health will put into place to break down barriers and promote access to services, information and employment and promote the rights of people with disability. The Disability Inclusion Action Plan will focus on four key outcome areas for NSW Health:

- attitudes and behaviours
- liveable communities
- employment
- systems and processes.

NSW Carers (Recognition) Act 2010

A carer provides ongoing unpaid support to a family member or friend who needs help because of disability, terminal, chronic or mental illness or ageing.

The *NSW Carers (Recognition) Act 2010* was introduced to formally recognise the significant economic and social contribution that carers make in NSW.

Supporting carers is the responsibility of all levels of Government and the community as a whole. Under the *NSW Carers (Recognition) Act 2010* all NSW Health staff are required to:

- understand the NSW Carers Charter and take action to reflect its 13 principles in policy and service delivery
- have processes in place to consult with carers on policy matters that may affect them
- have human resource policies in place to serve the needs of the NSW Health workforce who are carers.

In 2014-15, extensive education and training continued on the Carers Act, Charter and carers' issues. An estimated three thousand staff were reached across all NSW Health organisations. This included face-to-face, online training and education sessions for staff in the NSW Ministry of Health, local health districts, specialty health networks and pillar organisations. Innovative approaches included cartoons and comic strips, presentations by carers, quizzes, use of carer stories and discussion of workplace scenarios.

The Health Education and Training Institute online learning program, Partnering with Carers, has been developed to increase awareness and understanding by NSW Health staff of the needs of carers, as clients and colleagues. During the four months to 30 June, over 400 employees completed the module. Participants included nursing, medical, allied health and management staff as well as corporate services, hospital support and technical support staff across local health districts, specialty health networks and other NSW Health agencies.

The Act and the Charter are available on the NSW Health website with a range of other resources for NSW Health employees and carers.

Other achievements by NSW Health agencies to date include:

- implementation of a two way referral process by Justice Health & Forensic Mental Health Network with Family and Carer Mental Health Program providers under a Memorandum of Understanding
- development of a local health district Coordinated Carers Network comprising regional carer representatives of people with mental illness
- a 21 per cent increase in the number of HealthShare NSW and eHealth employees accessing their Personal and Carers leave following promotion of the arrangements
- implementation of a confidential distribution list to target information and resources to carers working in local health districts
- testing of carer experience measures as part of Integrated Care strategies
- implementation of a carer stress assessment tool and procedure by local health district community health teams
- evaluation of the TOP 5 Program which demonstrated positive implications for hospitalised patients with dementia and their carers, including impacts on patient safety (decreased falls and decreased use of anti-psychotic medications) and staff satisfaction
- annual completion of the local health district carer checklist with Quality and Patient Safety Coordinators including review of the facility or service, carer engagement, staff education, feasibility analysis of carer identification in NSW Health Client Registration and Patient Administration Systems.

Finances

Financial snapshot

On a Net Cost of Services basis, NSW Health's 2014-15 result was $70 million favourable against the approved adjusted budget as agreed with NSW Treasury. This result was determined after excluding the full actual impact derived from the Long Service Leave actuarial result for 2014-15. The extent of the favourability was largely due to the deferral and transfer of surplus land that was budgeted to occur in 2014-15. Had this occurred the Net Cost of Service result for NSW Health would largely have been on budget.

NSW Health's full year capital expenditure for 2014-15 (excluding capital expensing) was $1.3 billion for works in progress and completed works. The total spend on capital in 2014-15 represents 9 per cent of the total Property, Plant, Equipment and Intangibles asset base.

Based on the combined operating and asset results above, NSW Health has been assessed by NSW Treasury as achieving its overall budget responsibilities in 2014-15.

The Ministry of Health's Statement of Comprehensive Income reports a net result of $529 million, $58 million greater than the initial budget estimates. Information detailing the reasons for this variance is contained in the 2014-15 audited financial statements (Note 39).

Expenses

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

Expenditure by category for the year 2014-15

- Employee Related — 61%
- Visiting Medical Officers — 4%
- Other Operating & Finance Expenses — 25%
- Depreciation and Amortisation — 4%
- Grants and Subsidies — 6%
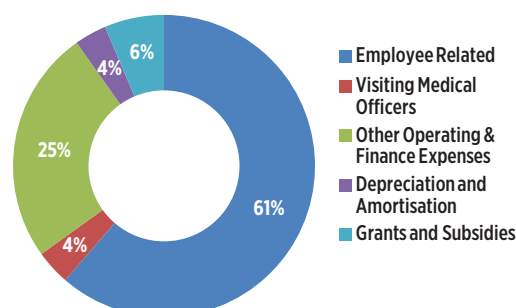
As a provider of patient centred health services, approximately 65 per cent or $12.3 billion of costs incurred during 2014-15 are labour related and include employee salary costs and contracted Visiting Medical Officers costs. Significant costs in 2014-15 within the Other Operating and Finance Costs include approximately $1.4 billion in drug, medical and surgical supplies and $466 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health related services were over $1.2 billion in 2014-15, including payments of more than $614 million of operating grants being paid to affiliated health organisations.

Revenue

Revenue by category for the year 2014-15

- Recurrent Appropriation — 51%
- Capital Appropriation — 5%
- Acceptance by the Crown Entity of Employee Benefits — 3%
- Sale of Goods and Services — 13%
- Investment & Other Revenue — 1%
- (27%)
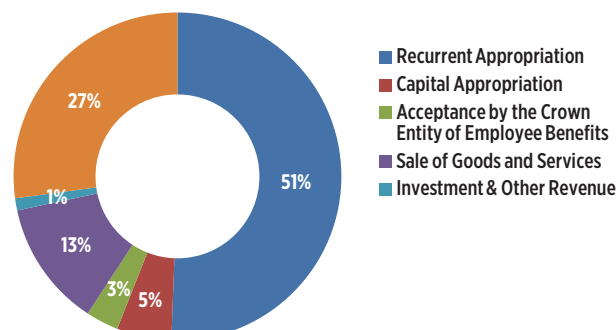
Own source revenues retained by NSW Health controlled entities during 2014-15 comprised largely private and compensable patient fees. These are included in Sale of Goods and Services in the chart above and Note 8 of the 2014-15 audited financial statements provides further detail about this category of revenue. Key items include private patient fees mainly from private health funds for privately insured patients ($761 million), Department of Veterans' Affairs for the provision of services to entitled veterans ($346 million), recoup of costs from the Commonwealth through Medicare for highly specialised drugs ($237 million), compensable payments received from motor vehicle insurers for the hospital costs of persons hospitalised or receiving treatment as a result of motor vehicle accidents ($146 million), and revenue from the use of facilities by medical practitioners under Rights of Private Practice arrangements ($413 million).

The Commonwealth Special Purpose Payment for NSW as part of the National Health Reform Agreement is receipted under grants and contributions ($4.9 billion), an increase of 10 per cent over the prior year.

Net Assets

NSW Health's net assets as at 30 June 2015 are $12.3 billion. This is made up of total assets of $16.6 billion netted off by total liabilities of $4.3 billion. The net assets are represented by accumulated funds of $8.6 billion and an asset revaluation reserve of $3.7 billion.

The audited financial statements for the NSW Ministry of Health are provided in this report. Audited financial statements have also been prepared in respect of each of the reporting entities controlled by the Ministry. These statements have been included in a separate volume of the 2014-15 Annual Report. The Ministry and all its controlled entities received an unqualified opinion.

Financial management

Credit card certification

It is affirmed that for the 2014-15 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 NSW Ministry of Health is largely limited to:

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

Documenting credit card use

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

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

Procurement cards

In accordance with NSW Treasury Policy (NSW Health Policy Directive PD2014_035), NSW Health has commenced roll out of Procurement Cards (PCards) to all organisations within NSW Health. The roll out program is anticipated to be completed to all organisations by December 2015.

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

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

Implementation of price determination

For 2014-15, the costs for ambulance charges were applied consistent with the determination of the Independent Pricing and Regulatory Tribunal. Rates were advised in NSW Health Policy Directive PD2014_016. Current charges are outlined in NSW Health Policy Directive PD2015_016 *Ambulance Service Charges.*

Non-government organisation funding

NSW Health has a long history of partnering with non-government organisations (NGOs) to deliver health related services across NSW. In 2014-15, NSW Health provided grants to over 300 organisations through the NGO Grants Program across a range of key programs including Aboriginal health, drug and alcohol, mental health, AIDS and infectious diseases, women's health and chronic care support.

In response to the *Grants Management Improvement Program Taskforce* report, and other reviews of grant funding, NSW Health is working with the NGO sector to introduce revised arrangements that will strengthen NSW Health's partnership with NGOs.

Under *Partnerships for Health*, NSW Health will introduce revised purchasing arrangements for community-based health programs that are currently funded through NGO grants. This will ensure that important programs delivered by NGOs are aligned to priority needs, deliver value for money and are purchased in the same way that NSW Health procures new services.

Achievements in 2014-15 include:

- roll out of a new NGO funding agreement that promotes enhanced monitoring and reporting of funded activities through new key performance indicators and reporting frameworks
- consultation with NGO peaks, health-related NGOs (via an online survey), NSW agencies and other stakeholders on the development of a training and education program to support NGOs transition to new purchasing arrangements
- development of initial program purchasing positions, to shape and inform sector consultation and engagement
- continuation of NGO grant funding through to 30 June 2016 to support the ongoing delivery of important community-based health programs, often to vulnerable communities.

Non-government organisation grants program funded by the NSW Ministry of Health 2014-15

Grant Recipient	Description	Amount
Aboriginal Health and Medical Research Council of NSW	Peak body to build capacity and capability of Aboriginal Community Controlled Health Services in priority areas such as governance, financial management and business, contribute to policy development processes aimed at improving the health outcomes of Aboriginal people across NSW and be a formal partner with NSW Health on Aboriginal health issues. Funding is given for core functions, quality improvement programs, chronic disease and health ethics.	$2,195,400
Aboriginal Health and Medical Research Council of NSW	Implementation of HIV/AIDS, hepatitis C and B, sexually transmissible infections (STI) and harm minimisation statewide service capacity building projects with Aboriginal Community Controlled Health Services in NSW. Also: Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health distance learning package; and sexual and reproductive health service capacity building.	$612,200
Aboriginal Health and Medical Research Council of NSW	Coordinate and support the Aboriginal Drug and Alcohol Network and support the development of culturally sensitive alcohol and other drug services for Aboriginal people in Aboriginal health services and local health districts.	$161,500
Aboriginal Health and Medical Research Council of NSW	Mental health statewide coordination to support and develop the capacity of Aboriginal health services to deliver mental health services and provide advice to NSW Health on Aboriginal mental health issues.	$172,200
Aboriginal Medical Service Co-op Ltd	Preventive health care, drug and alcohol, chronic disease management and maternal health programs for the Aboriginal community in the Sydney inner city area.	$547,000
Aboriginal Medical Service Co-op Ltd	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal Community Controlled Health Organisations.	$201,700
Aboriginal Medical Service Co-op Ltd	Multipurpose drug and alcohol centre.	$279,600
Aboriginal Medical Service Co-op Ltd	Mental health workers project and mental health youth project for Aboriginal community in the Sydney inner city area.	$285,000
Aboriginal Medical Service Co-op Ltd	Aboriginal oral health services.	$118,800
Aboriginal Medical Service Western Sydney Co-op Ltd	Preventive health care, family health, chronic disease management and drug and alcohol programs for the Aboriginal community in the western Sydney area.	$484,200
Aboriginal Medical Service Western Sydney Co-op Ltd	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Aboriginal Medical Service Western Sydney Co-op Ltd	Mental health worker project for Aboriginal community.	$86,900
Aboriginal Medical Service Western Sydney Co-op Ltd	Aboriginal oral health services.	$435,100
ACON Health Ltd	ACON is the peak statewide community based organisation providing HIV prevention, education, and support services to people at risk of and living with HIV. Services and programs include: HIV prevention, education and community development programs for gay and other homosexually active men; treatments information, health promotion and support programs for people with HIV; individual and group counselling; enhanced primary care and GP liaison; and HIV information provision.	$9,852,800
After Care	Family and carer mental health program.	$707,600
Albury Wodonga Aboriginal Health Service Inc	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Albury Wodonga Aboriginal Health Service Inc	Mental health worker project for Aboriginal community.	$86,900
Albury Wodonga Aboriginal Health Service Inc	Aboriginal oral health services.	$336,500
Armajun Aboriginal Health Service	Provision of sexual and reproductive health programs for local Aboriginal communities.	$60,000
Australasian Society for HIV Medicine Inc	Australasian Society for HIV Medicine Inc provides: general practitioner engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV; training that supports GPs involved with patients who have HIV and STIs; sexual health training for nurses; and HIV and STI training for other health care providers, as required	$613,500
Australian Breastfeeding Association (NSW Branch)	Promoting and supporting breastfeeding.	$53,850
Australian Red Cross (NSW Division)	Delivers drug and alcohol overdose awareness prevention, education and outreach to at risk communities in NSW.	$269,300
Awabakal Newcastle Aboriginal Co-op Ltd	Preventive health care, drug and alcohol, ear health, chronic care and family health programs for the Aboriginal community in the Newcastle area.	$540,300
Awabakal Newcastle Aboriginal Co-op Ltd	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Awabakal Newcastle Aboriginal Co-op Ltd	Mental health worker project for Aboriginal community in the Newcastle area.	$97,700
Awabakal Newcastle Aboriginal Co-op Ltd	Aboriginal oral health services.	$173,000
Biripi Aboriginal Corporation Medical Centre	Preventive health care drug and alcohol and family health programs for the Aboriginal community in the Taree area.	$328,300

Grant Recipient	Description	Amount
Biripi Aboriginal Corporation Medical Centre	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.	$192,900
Biripi Aboriginal Corporation Medical Centre	Aboriginal oral health services.	$173,000
Black Dog Institute	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches.	$1,398,200
Bourke Aboriginal Health Service Ltd	Public health, family health and drug and alcohol programs for the Aboriginal community in Bourke and surrounding areas.	$250,200
Bourke Aboriginal Health Service Ltd	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Bulgarr Ngaru Medical Aboriginal Corporation	Family health program in the Grafton area.	$88,400
Bulgarr Ngaru Medical Aboriginal Corporation	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.	$177,900
Bulgarr Ngaru Medical Aboriginal Corporation	Mental health worker project for Aboriginal community.	$99,700
Bulgarr Ngaru Medical Aboriginal Corporation	Aboriginal oral health services.	$418,900
Bulgarr Ngaru Medical Aboriginal Corporation – Casino AMS	Chronic disease prevention and management program in the Casino area.	$212,000
Bulgarr Ngaru Medical Aboriginal Corporation – Casino AMS	Aboriginal oral health services.	$241,000
Centacare Wilcannia-Forbes	Family health program in Narromine and Bourke.	$162,300
Centacare Wilcannia-Forbes	Family and Carer Mental Health Program.	$712,200
Centre for Disability Studies	Provision of a medical and health consultant service for adolescents and adults with intellectual disability.	$200,000
Centre for Social Research in Health, University of NSW	Analysis and reporting of HIV, STI and viral hepatitis social/behavioural data. Monitoring of risk behaviour among populations at risk of HIV and STI and provision of research into living with HIV and related diseases.	$81,361
Coomealla Health Aboriginal Corporation	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.	$192,900
Coomealla Health Aboriginal Corporation	Mental health worker project for Aboriginal community.	$97,700
Coonamble Aboriginal Health Corporation	Family health and chronic care programs in the Coonamble area.	$300,400
Coonamble Aboriginal Health Corporation	Provision of sexual and reproductive health programs for local Aboriginal communities.	$120,000
Council of Social Service NSW	Capacity building activities that increase sustainability in health related NGOs. Activities that promote the development of health policies, strategies, service design and delivery to better address the health needs of disadvantaged people.	$234,900
Cummeragunja Housing & Development Aboriginal Corporation	Preventive health program for the Aboriginal community in the Cummeragunja, Moama and surrounding areas.	$88,700
Cummeragunja Housing & Development Aboriginal Corporation	Mental health worker project for Aboriginal community.	$97,700
Cystic Fibrosis NSW	Counselling, support, information and assistance to people with Cystic Fibrosis and their families.	$245,300
DAMEC (Drug and Alcohol Multicultural Education Centre)	Statewide program targeting health and related professionals to assist them to appropriately service culturally and linguistically diverse customers.	$650,500
Diabetes NSW	Provision of syringes and pen needles at no cost to NSW registrants of the National Diabetic Services Scheme and the promotion and education for safe sharps disposal.	$2,437,500
Dubbo Neighbourhood Centre Inc	Family health program for communities in the Dubbo area.	$88,800
Durri Aboriginal Corporation Medical Service	Preventive health care, chronic care and drug and alcohol programs for the Aboriginal communities in the Kempsey area.	$451,600
Durri Aboriginal Corporation Medical Service	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Durri Aboriginal Corporation Medical Service	Aboriginal oral health services.	$418,900
Family Drug Support	Provides 24 hour telephone counselling, support and referral to families impacted by family members' drug and alcohol misuse.	$332,300
Family Planning NSW	Provision of sexual and reproductive health education programs for Aboriginal communties in NSW.	$250,000
Frederic House	Frederic House is a residential aged care facility that targets older men with mental health and/or substance use issues. This top up funding supports the facility and services provided, particularly the provision of specialist staffing.	$195,200

Grant Recipient	Description	Amount
Galambila Aboriginal Health Service Inc.	Chronic disease prevention and management program for Aboriginal community in the Coffs Harbour area.	$290,200
Galambila Aboriginal Health Service Inc.	Mental health worker project for Aboriginal community.	$86,900
Goorie Galbans Aboriginal Corporation	Family health program in the Kempsey area.	$134,000
Griffith Aboriginal Medical Service	Provision of sexual and reproductive health programs for local Aboriginal communities.	$50,000
Health Consumers NSW	Activities that support health consumer representation in the development of health policies, strategies and programs. Key activities include support for consumer representative networks and training and education for the health sector.	$367,800
Healthy Kids Association Inc	Delivery of key activities in relation to the NSW School Canteen Strategy, Fresh Taste @ School and activities associated with the Healthy Children Initiative when required.	$441,600
Hepatitis NSW (HNSW)	HNSW is a statewide community-based organisation that provides information, support, referral, education 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.	$1,794,300
Hunter New England Local Health District	Aboriginal oral health services.	$461,600
Illaroo Cooperative Aboriginal Corporation	Personal care worker for the Rose Mumbler Retirement Village.	$57,500
Illawarra Aboriginal Medical Service	Preventive health care, drug and alcohol programs, health and welfare worker and an early childhood nurse for the Aboriginal community in the Illawarra area.	$265,800
Illawarra Aboriginal Medical Service	Provision of HIV/AIDS, hepatitis C and B and sexually transmissible infections programs for local Aboriginal communities.	$72,900
Illawarra Aboriginal Medical Service	Aboriginal oral health services.	$302,300
Intereach NSW Inc	Family health program in the Deniliquin area	$98,300
Katungul Aboriginal Corporation Community & Medical Services	Ear health program for Aboriginal communities of the far South Coast region.	$78,700
Katungul Aboriginal Corporation Community & Medical Services	Provision of HIV/AIDS, hepatitis C and B and sexually transmissible infections programs for local Aboriginal communities.	$72,900
Katungul Aboriginal Corporation Community & Medical Services	Mental health worker project for Aboriginal community.	$92,000
Katungul Aboriginal Corporation Community & Medical Services	Aboriginal oral health services.	$314,900
KIDSAFE NSW Inc	Prevention of deaths and injuries to children under the age of 15.	$225,400
Life Education NSW Ltd	Delivers drug and alcohol and healthy lifestyle related education to primary and secondary school children across NSW.	$1,940,500
Lifeline Australia	Crisis telephone service.	$2,207,600
Maari Ma Aboriginal Corporation	Aboriginal oral health services.	$189,900
Maari Ma Health Aboriginal Corporation	Family health, chronic disease prevention and management programs in the Broken Hill and surrounding areas.	$365,955
Manning District Emergency Accommodation Inc	Counselling and support service for Aboriginal women and children in the Manning district.	$58,200
Mental Health Coordinating Council NSW	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.	$514,800
Mission Australia	Family and carer mental health program.	$710,300
National Stroke Foundation	Support health checks in community pharmacies.	$1,214,000
Network of Alcohol & Other Drugs Agencies Inc	Peak body for NGOs providing alcohol and other drug services.	$1,124,600
Ngaimpe Aboriginal Corporation	Residential drug and alcohol program for men in the Central Coast area.	$179,600
NSW Rural Doctors Network Ltd	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.	$1,469,600

Grant Recipient	Description	Amount
NSW Users & AIDS Association Inc (NUAA)	NUAA is a statewide community-based organisation that provides HIV/AIDS and hepatitis C prevention education, harm reduction, advocacy, and referral and support services for people who inject drugs.	$1,471,600
Orana Haven Aboriginal Corporation	Residential drug and alcohol program located near Brewarrina.	$149,100
Orange Aboriginal Health Service	Chronic disease prevention in the Orange area.	$212,000
Orange Aboriginal Health Service	Aboriginal oral health services.	$331,200
Parkinson's NSW Inc	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.	$25,300
Parramatta Mission	Family and carer mental health program.	$1,421,300
Peer Support Foundation Ltd	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across NSW.	$254,400
Pharmacy Guild of Australia (NSW Branch)	Promotion and coordination of the Pharmacy Fitpack Scheme (Needle and Syringe Program) in retail pharmacies throughout NSW.	$1,499,000
Pharmacy Guild of Australia (NSW Branch)	Support health checks in community pharmacies.	$890,000
Pius X Aboriginal Corporation	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Pius X Aboriginal Corporation	Aboriginal oral health services.	$172,500
Positive Life NSW	Statewide community based education, information and referral and support services for people living with HIV.	$845,700
Quality Innovation Performance	Assist with the NGO Quality Improvement Program for NGOs funded under NSW Health's NGO Grant Program.	$215,400
Riverina Medical & Dental Aboriginal Corporation	Preventive health care, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region.	$479,000
Riverina Medical & Dental Aboriginal Corporation	Mental health worker project for Aboriginal community.	$86,900
Riverina Medical & Dental Aboriginal Corporation	Aboriginal oral health services.	$456,100
Schizophrenia Fellowship of NSW Inc	Family and carer mental health program.	$2,160,200
Schizophrenia Research Institute	Support for a comprehensive research program across hospitals, universities and research institutes to discover the ways in which to prevent and cure schizophrenia.	$1,400,700
Sex Workers Outreach Project	Provision of HIV/AIDS, hepatitis C and B and STI peer-based sex worker health education and outreach program.	$1,155,500
South Coast Medical Service Aboriginal Corporation	Preventive health care and drug and alcohol programs for the Aboriginal community in the Nowra area.	$162,700
South Coast Medical Service Aboriginal Corporation	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
South Coast Medical Service Aboriginal Corporation	Mental health worker for local Aboriginal community.	$187,300
South Coast Medical Service Aboriginal Corporation	Aboriginal oral health services.	$262,100
Tharawal Aboriginal Corporation	Preventive health care and drug and alcohol programs for the Aboriginal community in the Campbelltown area.	$161,400
Tharawal Aboriginal Corporation	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Tharawal Aboriginal Corporation	Mental health worker project for Aboriginal community.	$86,900
Tharawal Aboriginal Corporation	Aboriginal oral health services.	$302,300
The Kirby Institute – University of NSW	Analysis and reporting of HIV, STIs and viral hepatitis surveillance data. Monitoring of prevalence, incidence and risk factors among populations at risk of HIV, STIs and viral hepatitis.	$100,000
The Oolong Aboriginal Corporation	Residential drug and alcohol treatment located in the Nowra area.	$198,200
The Oolong Aboriginal Corporation	A residential drug and alcohol treatment and referral service for Aboriginal people.	$289,700
Tobwabba Aboriginal Medical Service	Family health services for the prevention and management of violence with Aboriginal families in Forster and surrounding areas.	$89,500
United Hospital Auxiliaries of NSW Inc	Administrative and communications support to the affiliated hospital auxiliaries and UHA Volunteers located in public hospitals, multipurpose services, community health centres, day care services and other public health facilities across NSW.	$189,000
Uniting Care NSW.ACT	Medically supervised injecting centre.	$3,450,200
Walgett Aboriginal Medical Service Co-op Ltd	Preventive health care, family health and drug and alcohol programs for the Aboriginal community in the Walgett area and Aboriginal Health Worker in Collarenebri.	$305,100

Grant Recipient	Description	Amount
Walgett Aboriginal Medical Service Co-op Ltd	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$113,200
Walgett Aboriginal Medical Service Co-op Ltd	Mental health worker project for Aboriginal community.	$173,600
Walgett Aboriginal Medical Service Co-op Ltd	Aboriginal oral health services.	$118,800
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	Family health program in the South Coast area.	$91,700
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	Mental health worker project for Aboriginal community.	$89,100
Weigelli Centre Aboriginal Corporation	Residential drug and alcohol program for Aboriginal people in the Cowra area.	$79,400
Weigelli Centre Aboriginal Corporation	Mental health worker project for Aboriginal community.	$86,900
Wellington Aboriginal Corporation Health Service	Drug and alcohol, youth and family health programs for the Aboriginal community in and around Wellington.	$217,400
Wellington Aboriginal Corporation Health Service	Provision of HIV/AIDS, hepatitis C and B and STI programs for local Aboriginal communities.	$72,900
Wellington Aboriginal Corporation Health Service	Project grant for the employment of an Aboriginal mental health focused clinical team leader (psychologist).	$95,200
Women's Health NSW	Women's Health NSW is the peak body for non-government, community based, women's health centres in NSW. The organisation is responsible for promoting a coordinated approach to policy and planning, service delivery, staff development, training, education and consultation between members, NSW Health and other government and non-government agencies.	$198,300
Yerin Aboriginal Health Services Inc	Preventive health care, ear health and family health programs for the Aboriginal people in the Wyong area.	$373,700
Yerin Aboriginal Health Services Inc	Mental health worker project for Aboriginal community.	$86,900
Yerin Aboriginal Health Services Inc	Aboriginal oral health services.	$331,200
YFoundations	Support the development and delivery of an integrated population-based prevention program that aims to increase consistent condom use, STI/HIV testing and treatment among young people.	$169,425
Yoorana Gunya Family Healing Centre Aboriginal Corporation	Family health program for the Aboriginal community in Forbes and surrounding areas.	$173,300

Other funding grants 2014-15

Organisation name	Amount ($)	Description
Aboriginal Health & Medical Research Council	24,000	Sponsorship of Harm Minimisation Forum – May 2015.
Adele Dundas Incorporated	355,766	Residential rehabilitation services for clients from Adult Drug Court.
Aftercare	1,948,230	Mental health housing and accommodation initiatives.
Aftercare	196,467	Adhoc grant for mental health supported accommodation services
Aftercare	542,414	Mental health boarding house support initiative.
Ageing, Disability & Home Care, Department of Family and Community Services NSW	32,000	Joint funding for the University Chair in Intellectual Disability Mental Health.
Albury Wodonga Health	14,187	NSW contribution for a Mental Health and Community Health Transition Manager position.
Alzheimer's Australia	100,000	Donation to assist with the replacement of the 'Memory Van' and associated fit out costs to support outreach services across NSW.
ARCS Australia	26,900	Sponsorship of Scientific Congress.
Armidale Men's Shed Incorporated	2,500	Men's Shed Mental Health Program.
ASP Healthcare Pty Ltd	22,492	Supply of needle and syringe disposal bins to designated locations in NSW.
Australian & NZ Intensive Care Society	360,064	Core Bi-National Intensive Care Databases.
Australian Breastfeeding Association	20,000	Promotion and support of breastfeeding, targeting overweight and obesity in NSW.
Australian Commission on Safety & Quality in Health Care	50,000	Development of Aboriginal and Torres Strait Islander National Safety and Quality Health Service resources.
Australian Commission on Safety & Quality in Health Care	2,164,551	NSW contribution for the Australian Commission on Safety and Quality in Health Care.
Australian Diabetes Council	180,000	National Diabetes Service Scheme.
Australian Drug Foundation	1,345,825	Drug and Alcohol Community Engagement and Action Program.

Organisation name	Amount ($)	Description
Australian Red Cross	8,868,079	Tissue Typing/Bone Marrow Services.
Australian Red Cross	1,666,666	Retention of Australian Red Cross Blood Supply funding surplus.
Australian Society for Medical Research	18,000	Sponsorship of Australian Society for Medical Research Week – June 2015.
Bathurst Men's Shed Incorporated	8,000	Men's Shed Mental Health Program.
Be Centre Foundation Limited	2,265	Play therapy program for children with emotional, behavioural and trauma issues.
Benelong's Haven Limited	54,145	Residential rehabilitation services for clients from Adult Drug Court.
Berry Men's Shed Limited	1,000	Men's Shed Mental Health Program.
Beyond Blue Limited	159,035	Blue Mountains disaster response training and resources.
Black Dog Institute	2,000	Funding for film production project for people with mental health problems.
Black Dog Institute	10,000	Statewide Mental Health Youth Mentoring Program.
Bourke Shire Council	33,155	Community sharps safe disposal project.
Central Coast Schizophrenia & Bi-polar Fellowship	1,500	Mental health and community engagement projects.
Central Darling Shire Council	31,282	Community sharps safe disposal project.
Cofluence Pty Limited	9,870	One-off grant for mental health app design workshop.
Community Restorative Centre	89,635	Drug/alcohol treatment services.
Coonamble Aboriginal Health Service	148,761	One-off funding to support Aboriginal health service delivery at the Dubbo outreach site.
Culburra Beach Orient Point Men's Shed	1,700	Men's Shed Mental Health Program.
Cure Brain Cancer Foundation	250,000	Donation for the purchase of equipment to develop therapeutic vaccine clinical trials in NSW for brain cancer patients.
Dahlsford Grove Lifestyle Village Men's Shed	2,500	Men's Shed Mental Health Program.
Department of Family & Community Services NSW	168,326	Training of staff for cases of substance abuse.
Department of Family & Community Services NSW	125,000	Contribution towards the NSW Carers' Awards.
Department of Family & Community Services NSW	25,000	Contribution towards the consultation costs associated with the establishment of a memorial at the former Parramatta Girls Training School.
Department of Health & Human Services Victoria	76,154	NSW contribution for the Mental Health Professional On-Line Development, Hosting & Maintenance Program.
Department of Health & Human Services Victoria	3,000,000	Capital grant for the development of a 'Brain and Mind' mental health centre in Albury.
Department of Health Australian Government	838,494	NSW contribution for 'Front- of- Pack' food labelling implementation.
Department of Health Australian Government	1,693,416	NSW contribution to Australian Childhood Immunisation Register.
Department of Health Australian Government	1,456,910	NSW contribution for National Cord Blood Collection Network.
Department of Health Australian Government	16,010	NSW contribution to World AIDS Day.
Drug and Alcohol Multicultural Education Centre	229,803	Drug/alcohol treatment services.
East Hills District Men's Shed Association Incorporated	750	Men's Shed Mental Health Program.
Family Planning NSW	115,550	Delivery of Sexual Safety Training, Education and Resources Program.
Glen Innes Men's Shed Incorporated	2,500	Men's Shed Mental Health Program.
Guthrie House	25,374	Residential rehabilitation services for clients from Adult Drug Court.
Health Direct Australia	3,003,283	NSW Get Healthy Information and Coaching Service.
Health Direct Australia	12,474,036	National Registered Nurse Telephone Triage Service.
Health Professional Councils Authority	10,000	Contribution towards the operational costs of the Aboriginal & Torres Strait Islander Health Practice Council of NSW.
Hospital Art Australia Incorporated	500	Funding for purchase of art utensils for mental health units and hospitals in NSW.
Humpty Dumpty Foundation	300,025	One-off grant to purchase paediatric equipment.
Humpty Dumpty Foundation	60,000	The Michelle Beets Memorial Award.
Jarrah House	137,910	Drug/alcohol treatment services.
Jarrah House	13,005	Residential rehabilitation services for clients from Adult Drug Court.
Kedesh Rehabilitation Services	208,386	Drug/alcohol treatment services.
Kids of Macarthur Health Foundation	70,000	Donation towards purchase of a mobile digital radiography machine for Campbelltown Hospital.

Organisation name	Amount ($)	Description
Lake George Men's Shed	1,000	Men's Shed Mental Health Program.
Lifehouse at RPA	2,400,000	Outreach services to Rural Cancer Centres and provision of facilities for Junior Medical Officer Training.
Lifeline Macarthur	2,500	One-off grant for purchase of Christmas hampers for socio-economically disadvantaged people with mental illness.
Lifeline South Coast NSW	5,000	Telephone crisis support service and financial counselling.
Lifestart Co-operative Limited	5,000	Donation for the fun run event 'Run for the Hills' to support fundraising efforts to provide early intervention services for children with Down Syndrome.
Men's Shed Maitland Incorporated	1,000	Men's Shed Mental Health Program.
Mental Health Commission of NSW	58,000	2014-15 NSW Consumer Workers' Annual Forum.
Mental Health Commission of NSW	140,000	Suicide Prevention 'Conversations Matter' project.
Mental Health Co-ordinationg Council	125,000	Scholarship Program for Certificate IV Mental Health Peer Work and Certificate IV Mental Health.
Mental Health Council of Australia	19,990	National Mental Health Consumer and Carer Forum annual contribution.
Mental Illness Fellowship Victoria	101,818	Establishment costs for the Youth Community Living Support Services in South Western Sydney and Northern NSW regions.
Mid-Western Regional Council	4,043	Community sharps safe disposal project.
Mind Blank Limited	1,550	One-off grant towards a Kiama Mental Health Youth Forum.
Mission Australia	706,440	Mental Health Recovery and Resource Services Program.
Mission Australia	3,372,866	Mental health housing and accommodation initiatives.
Murwillumbah Community Men's Shed	2,000	Men's Shed Mental Health Program.
Myositis Association Australia	20,000	One-off donation for the development of online educational resources for children with myositis.
Nambucca Valley Phoenix Limited	55,963	Community sharps safe disposal project.
Nambucca Valley Phoenix Limited	55,963	Bowraville Safe Families' Aboriginal Injury Prevention Program.
National Association for Loss & Grief	284,299	Adhoc Grant for Mental Health Supported Accommodation Services.
National Blood Authority	1,241,904	Contribution to operational costs.
National Heart Foundation	20,000	Donation to the 'Go Red for Women' heart disease awareness campaign for women.
National Heart Foundation (Western Australia Division)	44,000	Australian Physical Activity Network.
National Rugby League Limited	19,500	Sponsorship of the ' What's Your State of Mind' mental health campaign.
Neami National	9,254,760	Mental health housing and accommodation initiatives.
Neami National	529,830	Mental Health Recovery and Resource Services Program.
Neami National	723,963	Mental health boarding house support initiative.
NELUNE Foundation	330,000	Purchase of anaesthetic machines for Cancer Centre.
New Horizons Enterprises	13,475,817	Mental health housing and accommodation initiatives.
New Horizons Enterprises	596,059	Mental Health Recovery and Resource Services Program.
Ngaimpe Aboriginal Corporation	39,908	Residential rehabilitation services for clients from Adult Drug Court.
NSW Department of Corrective Services	1,652,656	Specific drug and alcohol programs as part of the National Drug Strategy.
NSW Department of Education & Training	100,000	Sexual Health in Schools Program.
NSW Department of Education & Training	2,594,490	Promotion of healthy eating and physical exercise at school-'Live Life Well at School'.
NSW Department of Justice	59,390	Contribution to local courts for magistrates review of Involuntary Drugs & Alcohol Treatment Program.
NSW Department of Justice	321,915	Delivery of drug diversion programs.
NSW Department of Premier & Cabinet	334,000	Support for Premier's Council of Active Living.
NSW Institute of Psychiatry	3,189,714	Provision of key mental health education and training programs.
NSW Institute of Psychiatry	181,818	NSW Suicide Prevention Strategy – Grief and Loss Training Program for Aboriginal Mental Health Workers.
NSW Institute of Psychiatry	136,364	Grief and Loss Training for Aboriginal Mental Health Workers.
NSW Juvenile Justice, Attorney General & Justice	2,379,597	National Health Care Agreement Drug Budget Funding.
NSW Nurses and Midwives' Association	72,727	Bob Fenwick Memorial Mentoring Grants Program.
NSW Office of Sport	100,000	Active Ageing Program.
NSW Police Service	127,051	Funding for Drug Diversion Training.
NSW Police Service	141,681	Diversion Cannabis Mansard Causing Scheme.
NSW Police Service	509,878	National Drug Strategy Funding.
NSW Rural Doctors' Network	113,781	Medical Specialist Outreach Assistance Program.

Organisation name	Amount ($)	Description
Odyssey House McGrath Foundation	3,445	Residential rehabilitation services for clients from Adult Drug Court.
On Track Community Programs	691,649	Mental health housing and accommodation initiatives.
Parramatta Mission	6,037,496	Mental health housing and accommodation initiatives.
Parramatta Mission	1,150,000	Blacktown and Penrith pilot sites for 'LikeMind' integrated mental health services.
Parramatta Mission	985,000	Mental Health Recovery and Resource Services Program.
Parramatta Mission	241,321	Mental health boarding house support initiative.
Pharmacy Guild of Australia	1,288,520	Pharmacy Incentive Scheme – NSW Opioid Treatment Program.
Pharmacy Guild of Australia	85,000	Pain Network Awareness Campaign for management of chronic pain.
Pink Hope Community Limited	250,000	Support for the delivery of preventative health measures for hereditary breast and ovarian cancer.
Pole Depot Community Centre	2,000	Refurbishment of community centre 'Youth Zone' room.
Port Macquarie- Hastings Suicide Prevention Network	2,500	One-off grant for 'Creatability Art Program'.
Postvention Australia Incorporated	5,000	Support for the' 4th Australian Postvention Conference'.
Raymond Terrace Men's Shed	5,722	Men's Shed Mental Health Program.
Rhodanthe Lipsett Indigenous Midwifery Charitable Trust	75,000	Contribution to Indigenous Midwifery Scholarship Strategy.
Research Australia	20,000	Sponsorship of Research for Australia's 3rd Annual Philanthropy for Health & Medical Research Conference.
RichmondPRA	949,279	Mental Health Recovery and Resource Services Program.
RichmondPRA	14,514,507	Mental health housing and accommodation initiatives.
RichmondPRA	371,863	Adhoc grant for mental health supported accommodation services.
RichmondPRA	904,953	Mental health boarding house support initiative.
RichmondPRA	90,909	Establishment costs for the Youth Community Living Support Services in Penrith, Western Sydney and Hunter regions.
Ronald McDonald House Westmead	10,000,000	Donation towards the expansion of Ronald McDonald House at the Children's Hospital Westmead.
Rotary Club of Gosford North Incorporated	6,000	Support for 'Save Our Kids' youth suicide prevention program.
Royal Institute for Deaf and Blind Children	240,000	One-off capital funding for the refurbishment of the Port Macquarie Cochlear Centre.
Salvation Army	149,714	Drug / alcohol treatment services.
Salvation Army	85,865	Residential rehabilitation services for clients from Adult Drug Court.
Samaritan's Foundation	240,330	Drug / alcohol treatment Services.
Schizophrenia Fellowship	331,145	Mental Health Recovery and Resource Services Program.
Schizophrenia Fellowship	53,000	Community Development Project Grant.
Silver Chain Group Limited	2,223,388	Palliative Care Home Support Services.
South Australian Health Department	1,151,006	Australian Health Ministers' Advisory Council funding.
St Andrew's Anglican Church Riverwood	5,000	One-off grant for lunch and leisure program for the socially isolated by long-term psychiatric disability.
St Clair Youth & Neighbourhood Team Incorporated	10,000	Men's Shed mental health program.
St George Men's Shed Incorporated	2,500	Men's Shed mental health program.
St Luke's Anglicare	764,390	Mental health housing and accommodation initiatives.
St Luke's Anglicare	198,687	Mental Health Recovery and Resource Services Program.
St Luke's Anglicare	10,000	Funding for 'River 2 Recovery' mental health project for young people.
St Vincent de Paul Society	125,429	Drug / alcohol treatment services.
State Library of NSW	323,066	Drug Info @ Your Library Services.
Survivors and Mates Support Network	5,000	Support for male survivors of childhood sexual abuse project.
Sydney Local Health District	111,568	2014-15 National Poisons Register.
The Buttery Limited	244,270	Drug / alcohol treatment services.
The George Institute	381,413	Fall Prevention among Older Aboriginal People Project.
The George Institute	239,728	Buckle Up' Aboriginal Injury Prevention & Safety Promotion project.
The George Institute	108,808	Evaluation of the NSW Connecting Care Program.
The George Institute	150,600	Development and evaluation of an Aboriginal smoking cessation mobile application.
The Hammond Care Group	499,827	NSW community-based palliative care services.
The Hammond Care Group	2,499,139	Palliative Care Home Support Services.
The Hammond Care Group	1,192,708	Mental Health Special Care Unit and Program for Older People.
The Hills Clinic Pty Limited	7,000	One-off grant towards 'The Hills Mental Health Committee' conference.

Organisation name	Amount ($)	Description
The Kennedy Foundation	10,000	Donation for the Redkite cancer charity.
The Prince of Wales Hospital Foundation	10,000	Donation towards 'Dreams to Live For' Program for adult patients with metastatic cancer.
The Sax Institute	32,942	Supplementary funding for editorial management and production of 'Public Health Research and Practice'.
The Sax Institute	1,800,000	Core infrastructure funding.
The Shepherd Centre	21,000	One-off funding towards operational expenses for new leasing arrangements.
The Wayside Chapel	11,000	'Weekly Psychiatrist' mental health triage and assessment project.
Transplant Australia	350,000	Contribution to support the Australian Transplant Games in 2016.
UinMind	500	One-off grant for the awareness of youth mental health issues project.
University of New South Wales	20,715	Evaluation of inner city youth at risk and assertive outreach services.
University of New South Wales	750,000	Surveillance, research and evaluation of HIV, STI and Viral Hepatitis in NSW.
University of New South Wales	75,000	Implementing Falls Prevention Research into Policy and Practice Project.
University of New South Wales	75,000	NSW Research & Workforce Development Program on Healthy Built Environments.
University of New South Wales	35,000	Development and evaluation of online psycho-educational intervention targeting individuals with a family history of depression.
University of New South Wales	200,000	NSW Child Development Study.
University of New South Wales	50,000	Research for Improving Access to Mental Health Services for People with Intellectual Disability.
University of New South Wales	360,000	Clinical Academic Research Program.
University of New South Wales	473,960	Aboriginal Injury Prevention and Safety Promotion Demonstration Program.
University of New South Wales	46,051	Development and pilot of online comorbidity tools to improve treatment engagement and effectiveness in mental health and substance abuse problems.
University of Newcastle	3,257,968	Rural Adversity Mental Health Program.
University of Newcastle	50,000	Sponsorship of the 2nd World Integrated Care Conference 23-25 November 2014.
University of Sydney	100,000	Study of environment on Aboriginal resilience and child health.
University of Sydney	750,000	NSW Research Program for Physical Activity, Nutrition and Obesity Prevention.
University of Sydney	141,898	NSW Schools Physical Activity & Nutrition Survey.
University of Sydney	400,000	Brain & Mind Research Institute funding of two Chairs of Research Programs – the Chair of Mental Health and Chair of Depression.
University of Sydney	178,518	Chair of Medical Physics Research.
University of Sydney	50,000	Variation of contract to deliver the Opioid Treatment Accreditation Course.
University of Sydney	40,000	Travel and training for the NSW Eating Disorder Coordinator.
University of Sydney	80,000	Development of a mobile application to support treatment for eating disorders.
University of Sydney	130,000	Validation and dissemination of an early diagnosis instrument for eating disorders.
University of Sydney	136,364	One-off funding for development of a secure online eating disorder assessment portal.
University of Sydney	136,364	One-off funding for development of a secure online eating disorder treatment programs.
University of Sydney	136,364	One-off funding for development of an information resource to support people with an eating disorder.
University of Sydney	100,000	One-off funding to ensure development and mapping of a district wide eating disorder early intervention network.
University of Sydney	100,000	Support for NSW Service Plan for People Eating Disorders.
University of Wollongong	489,509	Research funding for Project Air Strategy for Personality Disorders.
University of Wollongong	55,088	Scoping study for suicide prevention training for NSW health professionals.
Volunteering Wingecarribee Incorporated	1,000	One-off grant to engage retrenched and depressed employees with voluntary community projects.
Wagga Women's Health Centre	100,000	One-off donation to assist in the purchase of permanent accommodation.
Walgett Shire Council	3,155	Community sharps safe disposal project.
Watershed	130,172	Drug / alcohol treatment services.
Wayback Community Limited	800,540	Residential rehabilitation services for clients from Adult Drug Court.
We Help Ourselves – Residential Treatment of Opioid Dependence	50,635	Residential rehabilitation services for clients from Adult Drug Court.
We Help Ourselves Hunter Valley	215,115	Drug / alcohol treatment services.
We Help Ourselves Hunter Valley	10,725	Residential rehabilitation services for clients from Adult Drug Court
We Help Ourselves Sydney	276,104	Drug / alcohol treatment services.
We Help Ourselves Sydney	177,580	Residential rehabilitation services for clients from Adult Drug Court.
We Help Ourselves Sydney	12,500	Drug and Alcohol Research Grant Program.
Wesley Mission	4,000,000	Mental Health Support for Mothers with Young Children – Mums & Kids Matter.
Woollahra Municipal Council	20,000	Upgrade of lighting to enhance CCTV surveillance at Gap Park to prevent suicide attempts.
Workcover NSW	2,127,238	Healthy Worker Initiative Program.
YMCA of Sydney	13,361	One-off grant for Brightside mental health project.

NSW Ministry of Health operating consultants 2014-15

Consultancies equal to $50,000 or more

Consultant	Cost $	Title / description
Management Services		
Capital Insight P/L	103,824	Strategic Reform Assessment on Health Related Community Transport Transfers.
Cultural & Indigenous Research Centre Australia	57,800	Impact evaluation of the Culture Health Communities – Activity Challenge Pilot.
Deloitte Touche Tohmatsu	90,909	Review of Pharmacy Incentive Scheme.
Health Partners Consulting	81,818	Review service profile, identify the priorities for the future and develop Strategic Action Service Plan.
Health Partners Consulting	70,880	Strategic Review of Consumer Participation.
IECO Consulting P/L	131,876	Review of the Junior Medical Officer Recruitment Strategy.
MBM Consultants P/L	50,520	Efficiency review services at Central Coast, South Eastern Sydney and Northern NSW local health districts.
Nous Group P/L	55,000	Review of Population Health and Health Services Research Support Program.
Nous Group P/L	69,230	Strategic Review of Telehealth in NSW.
Single Cell Mobile	239,200	Develop an eLearning for the PROcure Contract lifecycle management system.
The Checkley Group P/L	58,800	HealthShare Resourcing Review Consultancy
Consultancies equal to $50,000 or more	**1,009,857**	

Consultancies less than $50,000

During the year 39 other consultancies were engaged in the following areas:

	Cost $
IT Services	9,259
Management services	428,009
Organisational review	137,611
Training	17,010
Consultancies less than $50,000	591,889
Total consultancies	**1,601,746**

Payment of accounts

The following tables provide payment performance information for the NSW Ministry of Health for 2014-15.

Quarter	AGED ANALYSIS AT THE END OF EACH QUARTER				
	Current	Less than	Access refused in full	Information not held	Information already available
	$'000	$'000	$'000	$'000	$'000
All suppliers[1]					
September	33,324	1,878	1,455	210	315
December	33,822	1,934	1,126	257	232
March	36,343	2,564	758	854	711
June	61,561	4,686	1,103	762	277
Small business suppliers[1]					
September	112	10	0	0	0
December	2	8	0	0	0
March	8	3	0	0	0
June	290	9	0	0	0

ACCOUNTS DUE OR PAID WITHIN EACH QUARTER				
	Sept	Dec	Mar	Jun
All suppliers[1]	$'000	$'000	$'000	$'000
Number of accounts due for payment	5231	3963	3691	4622
Number of accounts paid on time	4568	3297	2956	4025
Actual percentage of accounts paid on time (based on number of accounts)	87.3%	83.2%	80.1%	87.1%
Dollar amount of accounts due for payment	37,181	37,372	41,230	68,389
Dollar amount of accounts paid on time	33,324	33,822	36,343	61,561
Actual percentage of accounts paid on time (based on $)	89.6%	90.5%	88.1%	90.0%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0
Small business suppliers[2]				
Number of accounts due for payment to small businesses	15	2	4	13
Number of accounts due to small businesses paid on time	13	1	2	12
Actual percentage of small business accounts paid on time (based on number of accounts)	86.7%	50.0%	50.0%	92.3%
Dollar amount of accounts due for payment to small businesses	122	10	11	299
Dollar amount of accounts due to small businesses paid on time	112	2	8	290
Actual percentage of small business accounts paid on time (based on $)	91.6%	20.0%	72.7%	96.9%
Number of payments to small business for interest on overdue accounts	0	0	1	0
Interest paid to small businesses on overdue accounts	0	0	0	0

Notes: 1 The reporting of all suppliers excludes payments between NSW Health entities. 2 The reporting of small business suppliers is in accordance with the definitions and requirements for small business as prescribed in the NSW Treasury Circular 11/12 Payment of Accounts.

Commentary

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

The NSW Ministry of Health was not required to make any payment of interest on overdue accounts related to small business suppliers in the 2014-15 financial year.

NSW Health risk management and insurance activities

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

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (a self insurance arrangement of the NSW Government implemented on 1 July 1989) of which the NSW Ministry of Health (and its controlled entities) is a member agency. The Health portfolio is a significant proportion of the Treasury Managed Fund (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 contributions for workers compensation, motor vehicle, liability, property and miscellaneous lines of business.

The cost of TMF indemnity in 2014-15 for NSW Health is identified under Contributions. Benchmarks are the budget allocation.

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

The workers compensation deposit contribution is adjusted through a hindsight calculation process after three years and five years. Workers compensation 2008-2009 final five years and 2010-2011 interim three years were declared and adjusted as at 30 June 2013, with the Ministry receiving a surplus of $33.49 million for the 2008-09 fund year but responsible for a deficit payable of $16.97 million for the 2010-11 fund year, a net result of a $16.5 million surplus.

The motor vehicle hindsight adjustment as at 31 December 2011 resulted in a $596,375 surplus.

	Contributions ($000)	Benchmark ($000)	Variation ($000)
Workers compensation	151,822	159,564	7,742
Motor vehicle	8,444	9,335	891
Property	10,735	10,424	(311)
Liability	204,658	202,611	(2,047)
Miscellaneous	406	386	(20)
Total TMF	375,065	382,320	6,255
VMO	34,211	34,211	0
Total	410,276	416,531	6,255

Workers compensation

The following tables detail the number of claims and total claims cost, dissected into occupation groups and mechanism of injury group, for the three financial years 2012-13, 2013-14 and 2014-15 across NSW Health.

Table 1: Workers Compensation – frequency and total claims cost

Occupation Group	2014-15				2013-14				2012-13			
	Frequency		Claims cost		Frequency		Claims cost		Frequency		Claims cost	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Nurses	1741	38	19.8	36	1912	40	20.5	41	2085	39	20.8	39
Hotel services	854	19	7.5	14	946	20	8.1	16	998	19	8.9	17
Medical/medical support	641	14	9.9	18	642	13	7.1	14	753	14	6.6	12
General administration	693	15	6.1	11	731	15	8.1	16	763	14	7.5	14
Ambulance	452	10	9.3	17	361	7	4.4	9	496	9	5.4	10
Maintenance	146	3	2.1	4	147	3	1.2	2	192	4	2.7	5
Linen services	66	1	0.6	1	74	2	0.7	1	79	1	0.6	1
Not grouped	19	0	0.1	0	8	0	0.1	0	23	0	0.1	0
Total	**4612**	**100**	**55.4**	**100**	**4821**	**100**	**50.3**	**100**	**5389**	**100**	**52.6**	**100**

Mechanism of Injury Group	2014-15				2013-14				2012-13			
	Frequency		Claims cost		Frequency		Claims cost		Frequency		Claims cost	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Body stress	2183	47	24.8	45	2303	48	25.2	50.1	2470	46	25.0	48
Slips and falls	830	18	9.1	16	819	17	7.8	15.6	964	18	9.3	18
Mental stress	328	7	11.9	21	370	8	8.2	16.3	392	7	8.7	17
Hit by objects	600	13	3.6	7	229	5	0.9	1.9	741	14	5.0	10
Motor vehicle[1]	67	1	0.4	1	75	2	0.3	0.7	97	2	0.9	2
Other causes	604	13	5.6	10	1025	21	7.8	15.5	725	13	3.6	7
Total	**4612**	**100**	**55.4**	**100**	**4821**	**100**	**50.3**	**100**	**5389**	**100**	**52.6**	**10**

Source: SICorp DataWarehouse

Table 2: Claims frequency

	2014-15	2013-14	2012-13
No. of employees FTE	111,952	111,743	112,102
Salaries and wages $M	11,176	10,924	10,437
No. claims lodged per 100 FTE	4.12	4.31	4.81
Average claims cost	$12,022	$10,430	$9,752
Cost of claims per FTE	$495	$450	$469
Cost of claim as % S&W	0.50	0.46	0.50
Total number of claims	4612	4821	5389
Total claim costs $M	$55.4m	$50.3m	$52.6m

Source: SICorp DataWarehouse

Table 3: Average cost ($ per claim)

	2014-15	2013-14	2012-13
Nurses	$11,353	$10,740	$9,954
Hotel services	$8,827	$8,566	$8,937
Medical/medical support	$15,449	$11,133	$9,300
Body stress	$11,371	$10,928	$10,139
Slips and falls	$10,928	$9,564	$9,647
Mental stress	$36,186	$22,146	$22,299

Source: SICorp DataWarehouse
Notes: Average cost includes all benefits, weekly and medical costs, rehabilitation, settlement and legal costs.

Legal liability

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

As at 30 June 2015, there were 4524 claims reported for the period 1 July 2009 to 30 June 2015 with a net incurred cost of $963.0 million. This does not include claims *notified* or *notified finalised*. Of these claims, 126 were Large Claims (>$1m) with a net incurred cost of $547.3 million.

For the same period there were 4260 notifications received of which 51 per cent resulted in claims.

Property

As at 30 June 2015, a total of 362 claims were lodged in the fund year for a net incurred cost of $8.7 million, an increase of 111 claims or 44 per cent when compared with 251 total claims lodged as at 30 June 2014. The net incurred cost for claims increased by $4.1 million or 10.7 per cent when compared to 2013-14. Storm and tempest accounted for 17.1 per cent of claims in the fund year and 38.2 per cent of the incurred cost. Accidental damage accounted for 19 per cent of claims and 10.1 per cent of incurred cost.

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 VMO claims received for the period 1 July 2009 to 30 June 2015 was 1230 with a net incurred cost of $145 million. In the fund year ending 30 June 2015, there were 148 claims reported, a decrease of 87 claims or 27 per cent from the number reported during 2013-14. The net incurred cost also decreased by 6 per cent or $1.1 million from 2013-14. As at 30 June 2015, 53 per cent of notifications that resulted in a claim.

Motor vehicle

As at 30 June 2015, there was a declared motor vehicle fleet of 8860 vehicles. This is a 0.4 per cent decrease or 43 vehicles compared to 2013-14. There were 2113 claims reported for a net incurred cost of $5.6 million with an average incurred cost per claim of $2,667, a slight increase on 2013-14 where the net incurred cost was $5.4 million and average cost of claim was $2,685.

As at 30 June 2015, there was a declared ambulance vehicle fleet of 1588. There were 665 claims reported for a net incurred cost of $2.3 million and average incurred cost per claim of $3,570. Again, this is an increase in number of claims from 582 reported in 2013-14, net incurred cost of $1.9 million and average cost of claim of $3,254.

Insurable risk initiatives

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

- Implementation of early intervention strategies to facilitate an early and sustained return to work for injured employees.
- Education of front line managers and supervisors to increase awareness of an ageing workforce and the need to be proactive in supporting our employees' ongoing physical capacity for work.
- Development of Resilience in Self program for unit managers, promoting mental health awareness and the difference between risk management and performance management.
- Management of clinical liability claims to minimise exposure to adverse events and financial loss and minimise the incidence, severity and total cost of claims.
- Development and project pilot of a Motor Vehicle Risk Management program to increase safety awareness and promote a safety culture relating to motor vehicle usage.
- Provide education on VMO incidents through clinical governance in relation to VMO adverse incident reporting and claims management procedures and also ensuring the early notification of possible legal claims and the investigation, gathering and storage of records.

Asset management

The Asset and Facilities Management Performance Improvement Program has been established to improve how the assets and facilities of NSW Health are managed to ensure they are available in the right condition, at the right time and in the right location for optimal patient care.

New business processes are being introduced, along with a new IT system, which will give asset and facilities management and biomedical engineering staff the tools to manage maintenance, inspection scheduling, and testing of medical equipment and other assets and facilities in an economical and timely manner.

Responsibility for these assets and facilities is spread across multiple entities including NSW Ministry of Health, local health districts, Health Infrastructure and HealthShare NSW.

By standardising the systems and processes for assets and facilities management statewide, the Asset and Facilities Management Performance Improvement Program will provide more certainty for patients and clinicians that well performing assets and facilities will be available when and where they are needed.

During 2014-15, the selected ICT system, AFM Online, was released to specialist asset management staff in health services providing functionality for property and space management, environmental sustainability, operations and maintenance and medical equipment management. The system is an enabler for effective asset management and is also a foundation component of the overall NSW Health Asset Management Framework.

The NSW Health Asset Management Framework was also further developed and framework elements relating to asset management governance were implemented.

Major asset and facility management priorities for 2015-16 will be the implementation of the broader NSW Health asset and facilities management strategy and related business transformation initiatives. This includes the embedding of AFM Online at local health districts.

Land disposal

A total of 19 properties were sold during 2014-15 realising gross proceeds of $6.089 million. All sales were undertaken in accordance with Government policy. Access to documents relating to these sales can be obtained under the *Government Information (Public Access) Act*.

Summary of sales in 2014-15:

PROPERTY	Status as at 30 June 2015	PRICE
Auburn – 2 Cardigan Street	Contract Settled	320,000
Batlow – 1 Birch Street	Contract Settled	130,000
Coffs Harbour – 106 Raleigh Street	Contract Settled	315,000
Coffs Harbour – Living Skills Centre, 31 Victoria Street	Contract Settled	500,000
Dubbo – Ambulance Residence, 48 Springfield Way	Contract Settled	245,000
Goonellabah – Ambulance Residence, 25 Invercauld Road	Contract Settled	250,000
Goonellabah – Ambulance Residence, 29 Figtree Drive	Contract Settled	240,000
Goulburn – 79 Auburn Street	Contract Settled	402,000
Grafton – 132 Prince Street, Lots 1-2 DP 978010 and Lot 10 DP19369	Contract Settled	250,000
Grafton – 73 Kent Street, Lot 104 DP833574	Contract Settled	260,000
Grafton – Grafton Base Hospital, Boiler House, Part Lot 21 DP1024231	Contract Settled	185,000
Guildford – 158 Orchardleigh Road	Contract Settled	520,000
Gundagai – Part Gundagai District Hospital – O'Hagen Street	Contract Settled	100,000
Lismore – 154 Ballina Road	Contract Settled	345,000
Lismore – Former Living Skills Centre, 48 Uralba Street	Contract Settled	380,000
Mt Druitt – Part of Mt Druitt Hospital Site, 75 Railway Street	Contract Settled	573,000
Port Macquarie – Karawa Cottage, 34 Church Street	Contract Settled	331,000
Tweed Heads – 34 Cunningham Street	Contract Settled	356,000
Tweed Heads – 32 Sunshine Place	Contract Settled	387,000
TOTAL GROSS		**6,089,000**

Capital works

The Capital Works Program total expenditure for NSW Health in 2014-15 inclusive of capital expensing was $1.38 billion, with 72 capital works projects completed across NSW. The Program is jointly delivered by local health districts and other NSW Health organisations for projects valued at less than $10 million and by Health Infrastructure for those projects valued at $10 million or more.

Local health districts and other NSW Health organisations achieved capital expenditure of $479.8 million during 2014-15. A total of 62 projects were completed during the year with a combined total value of $123.3 million. In the same year Health Infrastructure expended $905.6 million on capital works. Ten major works were completed with a combined total value of $466.6 million. Further information relating to Health Infrastructure projects can be found at page 197.

PROJECT	TOTAL COST ($M)	COMPLETION DATE
Ambulance Service of New South Wales (ASNSW)		
Bega Ambulance Station	2.9	Oct-14
Ambulance Infrastructure Future New Works	0.5	Jun-15
Ambulance Medical Equipment Replacement Program	18.1	Jun-15
Total	**21.5**	
Central Coast Local Health District		
COAG ED Short Stay Unit Gosford Hospital	5.8	Aug-14
Wyong ED Upgrade, Urgent Care Centre Emergency Medical Unit	6.2	Oct-14
Total	**12**	
Far West Local Health District		
No capital works projects were completed during 2014/15		
Hunter New England Local Health District		
Muswellbrook Hospital Emergency Department	6.5	Jan-15
Tenterfield GP Clinics	0.4	May-15
John Hunter Hospital Car Parking	10.6	Jun-15
Scone Hospital Short Stay Surgical Unit	0.4	Jun-15
John Hunter Hospital Realignment Program (Clinical Consultant Rooms)	0.7	Jun-15
Total	**18.6**	
Illawarra Shoalhaven Local Health District		
Wollongong Hospital Cone Beam CT	0.8	Dec-14
Shellharbour Hospital Ambulatory Care	6.7	Apr-15
Shellharbour Hospital Endoscopic Unit	0.3	Jun-15
Wollongong Elective Surgical Services Client Change Requests	0.4	Jun-15
Wollongong Hospital Car Park	30.7	Jun-15
Total	**38.9**	
Mid North Coast Local Health District		
Lighting Upgrade Various Sites	0.6	Nov-14
Corporate Systems Stage 2 Rostering	0.3	Dec-14
Coffs Harbour Air Conditioning – Chillers	1.1	Dec-14
Nambucca HealthOne Aboriginal Health Component	0.5	Jun-15
Port Macquarie Hospital	104	Dec-14
Total	**106.5**	
Murrumbidgee Local Health District		
Rural Minor Works at Tocumwal, Deniliquin and Griffith Hospitals	1.8	Aug-14
Hillston Multipurpose Service	12.4	May-15
Asset Maintenance Plan	0.3	Jun-15

PROJECT	TOTAL COST ($M)	COMPLETION DATE
Lake Cargelligo IPHS Upgrade	0.5	Jun-15
Energy Efficiency Government Program – Power Upgrade Various sites	0.5	Jun-15
Total	**15.5**	
Nepean Blue Mountains Local Health District		
No capital works projects were completed during 2014/15		
Northern Sydney Local Health District		
Ryde Hospital Aged Care and Surgical Wards	5	Aug-14
RNSH Clinical Services Building (A component of the Royal North Shore Hospital Redevelopment	160	Oct-14
RNSH Anaesthetic Ultra Sound Machine	0.4	Dec-14
Hornsby Ku-ring-gai Hospital Stage 1 Redevelopment	121	Jun-15
Macquarie Hospital Lachlan Refurbishment	0.8	Jun-15
Total	**287.2**	
Northern NSW Local Health District		
Lismore Hospital Infrastructure Repairs	0.9	Sep-14
Yamba Community Health Centre	4.7	Sep-14
Murwillumbah Hospital ED Upgrade Stage 3	0.5	Sep-14
Lismore Hospital ED Upgrade	3	Dec-14
Casino Hospital ED Upgrade (Commonwealth Funds)	3	May-15
Total	**12.1**	
Southern NSW Local Health District		
Moruya Hospital COAG 20 Bed Sub-Acute Facility	15	Nov-14
Total	**15**	
South Eastern Sydney Local Health District		
Prince of Wales Chilled Water and Medical Suction	1.6	Jul-14
St George Hospital Emergency Department	43.7	Aug-14
Prince of Wales Intensive Care Unit	1.1	Aug-14
Sutherland Hospital Car Park	9.1	Sep-14
St George Hospital CT Replacements	2.6	Sep-14
Sydney/Sydney Eye Hospital Ablution Block	0.5	Nov-14
POW Flouroscopy Unit	0.7	Nov-14
St George Hospital Hybrid Vascular Laboratory	2.3	Dec-14
Sutherland Hospital HealthOne	1.6	Feb-15
Albion Centre Air-conditioning and Other Works	0.5	Jun-15
Royal Hospital for Women Hot Water System Replacement	0.3	Jun-15
POW Replace Endoscopes and Processors	0.5	Jun-15
Total	**64.5**	
South Western Sydney Local Health District		
Oran Park Integrated Primary Care Centre Fit-out	1.5	Mar-15
Replace Linear Accelerators – Macarthur Cancer Therapy Centre	7.8	Jun-15
Fairfield Hospital Generator	0.9	Jun-15
Total	**10.2**	
Sydney Local Health District		
Missenden Mental Health Unit at RPAH (Includes Brain and Mind Research Institute)	67	Nov-14
RPAH SPECT-CT Scanner Replacement	2.2	Jun-15
Concord RGH 3T MRI Replacement	3.1	Jun-15
Total	**72.3**	

PROJECT	TOTAL COST ($M)	COMPLETION DATE
Sydney Children's Hospital (SCH) Network		
CHW ED Short Stay Unit	0.9	Oct-14
CHW Medical Records Department Redevelopment	0.8	Jan-15
CHW IT Server Room Upgrade	0.3	Jan-15
CHW Mass Spectrometer Replacement	0.4	Feb-15
CHW Upgrade Generator Controller	1.5	May-15
Total	**3.9**	
Western NSW Local Health District		
Mobile Dental Clinic	1	Dec-14
Dubbo Health Service Fluoroscopy Unit	0.5	Feb-15
Blayney Multipurpose Service Ambulatory Care	0.5	Jun-15
Orange Health Service Cardiac Catheterisation Laboratory	0.8	Jun-15
Orange Health Service Cardiac Catherisation Laboratory IT System	0.8	Jun-15
Total	**3.6**	
Western Sydney Local Health District		
Westmead Hospital Linac/Bunker Upgrade (LA3)	4.6	Sep-14
Westmead Hospital Gamma Cameras	0.8	Oct-14
Westmead Hospital Clinical Dental Service	2	Jul-14
Doonside HealthOne	1.5	May-15
Westmead Hospital Index Washer Replacement/Installation	1	Jun-15
Auburn Hospital – Hydraulic Maintenance	1	Jun-15
Total	**10.9**	
NSW Health Pathology		
Pathogen Genomics Research Partnership – Purchase of "Next Generation" genome sequencing instrument.	0.5	Jun-15
Forensic Analytical Science Service CT Scanner – Newcastle	0.7	Jun-15
Total	**1.2**	

Financial report

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 2015, 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 2015, and of their financial performance and 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* (PF&A Act) and the Public Finance and Audit Regulation 2015.

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

Secretary's Responsibility for the Financial Statements

The Secretary is responsible for preparing financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Secretary determines is necessary to enable the preparation of financial statements that give a true and fair view and 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 an 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 management, as well as evaluating the overall presentation of the financial statements.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.
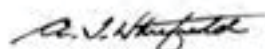
My opinion does *not* provide assurance:

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

Independence

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

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

A T Whitfield PSM
Acting Auditor-General

18 September 2015
SYDNEY

Ministry of Health
Certification of the Parent/Consolidated Financial Statements
for the year ended 30 June 2015

I state, pursuant to section 45F of the *Public Finance and Audit Act 1983*:

1) The financial statements of the Ministry of Health for the year ended 30 June 2015 have been prepared in accordance with:

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

   b) the requirements of the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulations 2015* and the Treasurer's Directions

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

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

3) I am not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate

Dr Mary Foley
Secretary, NSW Health
17 September 2015

John Roach PSM
Chief Financial Officer

Ministry of Health
Statement of Comprehensive Income for the year ended 30 June 2015

PARENT				CONSOLIDATION		
Actual	Actual		Notes	Actual	Budget	Actual
2015	2014			2015	2015	2014
$000	$000			$000	$000	$000
		Expenses excluding losses				
		Operating Expenses				
137,643	128,116	Employee Related	3	11,553,629	11,439,622	11,014,190
757,035	770,862	Other Operating Expenses	4	5,329,187	5,344,623	5,117,265
3,404	3,432	Depreciation and Amortisation	2(i), 5	647,244	674,296	609,388
15,169,992	14,456,182	Grants and Subsidies	6	1,202,441	1,153,976	1,171,571
-----	-----	Finance Costs	7	103,231	104,538	50,077
16,068,074	**15,358,592**	**Total Expenses excluding losses**		**18,835,732**	**18,717,055**	**17,962,491**
		Revenue				
9,842,627	9,677,107	Recurrent Appropriation	2(d)	9,842,627	10,028,334	9,677,107
1,050,515	965,139	Capital Appropriation	2(d)	1,050,515	1,029,015	965,139
61	39,120	Transfers to the Ministry of Health		-----	-----	-----
10,086	6,813	Acceptance by the Crown Entity of Employee Benefits	2(a)(ii),11	628,987	360,357	525,760
214,024	178,288	Sale of Goods and Services	8	2,419,780	2,418,833	2,287,212
11,280	12,145	Investment Revenue	9	62,665	74,522	67,962
4,897,748	4,517,122	Grants and Contributions	10	5,280,794	5,212,632	4,881,100
32,993	22,155	Other Revenue	12	169,292	126,449	114,989
16,059,334	**15,417,889**	**Total Revenue**		**19,454,660**	**19,250,142**	**18,519,269**
(8)	(2,306)	**Gain / (Loss) on Disposal**	13	(32,102)	(51,913)	(25,388)
-----	(226)	**Other Gains / (Losses)**	14	(58,286)	(10,283)	(73,855)
(8,748)	**56,765**	**Net Result**	35	**528,540**	**470,891**	**457,535**
		Other Comprehensive Income				
		Items that will not be reclassified to net result				
		Net Increase/(Decrease) in Property, Plant &				
-----	-----	Equipment Revaluation Surplus		591,001	-----	125,477
-----	**-----**	**Total Other Comprehensive Income**		**591,001**	**-----**	**125,477**
(8,748)	**56,765**	**TOTAL COMPREHENSIVE INCOME**		**1,119,541**	**470,891**	**583,012**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Financial Position as at 30 June 2015

PARENT				CONSOLIDATION		
Actual	Actual			Actual	Budget	Actual
			Notes			
2015	2014			2015	2015	2014
$000	$000			$000	$000	$000
		ASSETS				
		Current Assets				
148,954	249,771	Cash and Cash Equivalents	17	1,548,230	1,570,067	1,668,493
119,369	92,971	Receivables	18	561,515	642,917	526,766
32,540	28,798	Inventories	19	145,970	146,452	138,487
-----	-----	Financial Assets at Fair Value	20	47,787	29,161	39,401
6,339	12,873	Other Financial Assets	21	-----	-----	223
307,202	384,413			2,303,502	2,388,597	2,373,370
-----	-----	Non-Current Assets Held for Sale	25	12,865	15,898	15,653
307,202	**384,413**	**Total Current Assets**		**2,316,367**	**2,404,495**	**2,389,023**
		Non-Current Assets				
-----	-----	Receivables	18	11,791	8,622	8,668
-----	-----	Financial Assets at Fair Value	20	51,675	38,977	39,747
29,556	38,081	Other Financial Assets	21	-----	-----	-----
		Property, Plant and Equipment				
117,645	120,333	- Land and Buildings	22	12,386,607	11,585,242	11,250,178
1,736	2,238	- Plant and Equipment	22	914,556	1,146,126	848,590
-----	-----	- Infrastructure Systems	22	360,517	411,806	439,903
-----	-----	- Leasehold Improvements	22	28,463	-----	28,530
119,381	122,571	Total Property, Plant and Equipment		13,690,143	13,143,174	12,567,201
-----	-----	Intangible Assets	23	529,105	464,358	463,019
-----	-----	Other	24	45,177	42,950	41,626
148,937	**160,652**	**Total Non-Current Assets**		**14,327,891**	**13,698,081**	**13,120,261**
456,139	**545,065**	**Total Assets**		**16,644,258**	**16,102,576**	**15,509,284**
		LIABILITIES				
		Current Liabilities				
246,823	326,263	Payables	28	1,296,783	1,284,229	1,385,355
-----	-----	Borrowings	29	16,090	18,957	14,285
12,737	11,131	Provisions	30	1,766,101	1,709,273	1,666,268
2,525	2,606	Other	31	22,561	45,400	39,971
262,085	340,000	**Total Current Liabilities**		3,101,535	3,057,859	3,105,879
		Non-Current Liabilities				
-----	-----	Borrowings	29	1,070,411	1,062,852	1,063,051
331	167	Provisions	30	36,195	15,729	18,216
53,404	55,831	Other	31	90,789	100,292	96,351
53,735	**55,998**	**Total Non-Current Liabilities**		**1,197,395**	**1,178,873**	**1,177,618**
315,820	**395,998**	**Total Liabilities**		**4,298,930**	**4,236,732**	**4,283,497**
140,319	**149,067**	**Net Assets**		**12,345,328**	**11,865,844**	**11,225,787**
		EQUITY				
107,646	107,646	Reserves		3,741,050	3,328,687	3,159,213
32,673	41,421	Accumulated Funds		8,604,278	8,537,157	8,066,574
140,319	**149,067**	**Total Equity**		**12,345,328**	**11,865,844**	**11,225,787**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Changes in Equity for the year ended 30 June 2015

PARENT	Notes	Accumulated Funds	Asset Revaluation Surplus	Total
		$000	$000	$000
Balance at 1 July 2014		41,421	107,646	149,067
Net Result for the year		(8,748)	-----	(8,748)
Other Comprehensive Income				
Total Other Comprehensive Income		-----	-----	-----
Total Comprehensive Income for the year		(8,748)	-----	(8,748)
Transactions With Owners In Their Capacity As Owners				
Balance at 30 June 2015		**32,673**	**107,646**	**140,319**
Balance at 1 July 2013		(16,060)	108,413	92,353
Net Result for the year		56,765	-----	56,765
Other Comprehensive Income				
-Transfers on Disposal		767	(767)	-----
Total Other Comprehensive Income		767	(767)	-----
Total Comprehensive Income for the year		57,532	(767)	56,765
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	40	(51)	-----	(51)
Balance at 30 June 2014		**41,421**	**107,646**	**149,067**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Changes in Equity for the year ended 30 June 2015

CONSOLIDATION	Notes	Accumulated Funds	Asset Revaluation Surplus	Total
		$000	$000	$000
Balance at 1 July 2014		8,066,574	3,159,213	11,225,787
Restated Total Equity at 1 July 2014		**8,066,574**	**3,159,213**	**11,225,787**
Net Result for the year		528,540	-----	528,540
Other Comprehensive Income:				
Net Increase/(Decrease) in Property, Plant & Equipment		-----	591,001	591,001
Available for Sale Financial Assets:				
-Transfers on Disposal		9,164	(9,164)	-----
Total Other Comprehensive Income		9,164	581,837	591,001
Total Comprehensive Income for the year		537,704	581,837	1,119,541
Transactions With Owners In Their Capacity As Owners				
Balance at 30 June 2015		**8,604,278**	**3,741,050**	**12,345,328**
Balance at 1 July 2013		7,605,728	3,034,804	10,640,532
Restated Total Equity at 1 July 2013		**7,605,728**	**3,034,804**	**10,640,532**
Net Result for the year		457,535	-----	457,535
Other Comprehensive Income:				
Net Increase/(Decrease) in Property, Plant & Equipment		-----	125,477	125,477
Available for Sale Financial Assets:				
-Transfers on Disposal		1,068	(1,068)	-----
Total Other Comprehensive Income		1,068	124,409	125,477
Total Comprehensive Income for the year		458,603	124,409	583,012
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	40	2,243	-----	2,243
Balance at 30 June 2014		**8,066,574**	**3,159,213**	**11,225,787**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Cash Flows for the year ended 30 June 2015

PARENT				CONSOLIDATION		
Actual	Actual			Actual	Budget	Actual
2015	2014		Notes	2015	2015	2014
$000	$000			$000	$000	$000
		CASH FLOWS FROM OPERATING ACTIVITIES				
		Payments				
(125,053)	(121,646)	Employee Related		(11,000,285)	(10,977,660)	(10,542,137)
(15,169,992)	(14,456,183)	Grants and Subsidies		(1,202,441)	(1,153,976)	(1,171,572)
-----	-----	Finance Costs		(103,125)	(104,538)	(49,555)
(958,257)	(885,671)	Other		(6,231,250)	(6,134,283)	(6,113,461)
(16,253,302)	(15,463,500)	**Total Payments**		(18,537,101)	(18,370,457)	(17,876,725)
		Receipts				
9,842,627	9,677,107	Recurrent Appropriation		9,842,627	10,028,334	9,677,107
1,050,515	965,139	Capital Appropriation		1,050,515	1,029,015	965,139
61	39,120	Asset Sale Proceeds Transferred to the NSW Ministry of Health		-----	-----	-----
2,954	2,266	Reimbursements from the Crown Entity		191,584	-----	171,902
231,330	153,491	Sale of Goods and Services		2,464,259	2,366,351	2,468,264
11,280	12,145	Interest Received		55,888	74,522	60,418
4,904,585	4,534,125	Grants and Contributions		5,383,993	4,900,450	4,981,110
94,298	116,284	Other		707,141	1,260,796	853,525
16,137,650	15,499,677	**Total Receipts**		19,696,007	19,659,468	19,177,465
		NET CASH FLOWS FROM OPERATING				
(115,652)	36,177	**ACTIVITIES**	35	**1,158,906**	**1,289,011**	**1,300,740**
		CASH FLOWS FROM INVESTING ACTIVITIES				
16	145	Proceeds from Sale of Property, Plant and Equipment and Intangibles		14,983	28,000	17,817
-----	-----	Proceeds from Sale of Investments		90,803	-----	123,055
(239)	(1,572)	Purchases of Property, Plant and Equipment and Intangibles		(1,260,565)	(1,147,954)	(1,172,379)
-----	-----	Purchases of Investments		(111,117)	-----	(81,309)
15,058	(18,513)	Other		-----	-----	-----
14,835	**(19,940)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(1,265,896)**	**(1,119,954)**	**(1,112,816)**
		CASH FLOWS FROM FINANCING ACTIVITIES				
-----	-----	Proceeds from Borrowings and Advances		-----	-----	15,069
-----	-----	Repayment of Borrowings and Advances		(13,273)	(18,000)	(17,467)
-----	**-----**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(13,273)**	**(18,000)**	**(2,398)**
(100,817)	16,237	**NET INCREASE / (DECREASE) IN CASH**		(120,263)	151,057	185,526
249,771	233,534	Opening Cash and Cash Equivalents		1,668,493	1,419,010	1,482,967
148,954	**249,771**	**CLOSING CASH AND CASH EQUIVALENTS**	17	**1,548,230**	**1,570,067**	**1,668,493**

The accompanying notes form part of these financial statements.

Ministry of Health

Summary of Compliance with Financial Directives for the year ended 30 June 2015

	2015				2014			
NSW HEALTH	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	10,028,334	9,842,627	1,029,015	1,029,015	9,738,473	9,615,571	965,159	965,139
	10,028,334	**9,842,627**	**1,029,015**	**1,029,015**	**9,738,473**	**9,615,571**	**965,159**	**965,139**
Other Appropriations/Expenditure								
• S26 PF&AA Commonwealth Specific Purpose Payments	(10,848)	-----	3,500	3,500	61,536	61,536	-----	-----
• Additional Appropriations	-----	-----	-----	-----	(46,253)	-----	-----	-----
• Treasurer's Advance	250	-----	-----	-----	-----	-----	-----	-----
• Transfers to/from another agency (S32 of the Appropriation Act)	(21,915)	-----	18,000	18,000	(76,649)	-----	-----	-----
	(32,513)	**-----**	**21,500**	**21,500**	**(61,366)**	**61,536**	**-----**	**-----**
Total Appropriations/ Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	**9,995,821**	**9,842,627**	**1,050,515**	**1,050,515**	**9,677,107**	**9,677,107**	**965,159**	**965,139**
Amount drawn down against Appropriation		9,842,627		1,050,515		9,677,107		965,139
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 2015

MINISTRY EXPENSES AND INCOME	Service Group 1.1 * Primary And Community Based Services		Service Group 1.2 * Aboriginal Health Services		Service Group 1.3 * Outpatient Services		Service Group 2.1 * Emergency Services		Service Group 2.2 * Inpatient Hospital Services		Service Group 3.1 * Mental Health Services		Service Group 4.1 * Rehabilitation And Extended Care Services		Service Group 5.1 * Population Health Services		Service Group 6.1 * Teaching And Research		Not Attributable		Total	
	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014
	$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	546,429	521,047	48,306	47,132	1,388,428	1,331,452	1,680,096	1,604,517	5,137,669	4,861,143	1,165,048	1,115,551	979,253	939,738	237,620	231,844	370,780	361,766	----	----	11,553,629	11,014,190
Other Operating Expenses	184,012	177,767	17,403	17,053	896,649	873,274	672,149	649,845	2,548,772	2,427,255	306,750	289,514	333,028	319,576	229,183	224,578	141,241	138,403	----	----	5,329,187	5,117,265
Depreciation and Amortisation	23,662	22,278	1,706	1,607	104,466	98,356	83,458	78,576	300,672	283,086	55,365	52,127	51,111	48,122	9,956	9,374	16,848	15,862	----	----	647,244	609,388
Grants and Subsidies	106,915	104,693	21,883	21,428	174,294	170,671	48,620	47,609	378,727	370,854	102,105	99,983	168,224	164,727	74,155	72,614	127,518	118,992	----	----	1,202,441	1,171,571
Finance Costs	1,035	502	49	24	11,874	5,760	6,061	2,940	45,825	22,230	31,262	15,165	3,925	1,904	229	111	2,971	1,441	----	----	103,231	50,077
Total Expenses excluding losses	862,053	826,287	89,347	87,244	2,575,711	2,479,513	2,490,384	2,383,487	8,411,665	7,964,568	1,660,530	1,572,340	1,535,541	1,474,067	551,143	538,521	659,358	636,464	----	----	18,835,732	17,962,491
Revenue																						
Recurrent Allocations **																			9,842,627	9,677,107	9,842,627	9,677,107
Capital Allocations **																			1,050,515	965,139	1,050,515	965,139
Acceptance by the Crown Entity of Employee Benefits	32,146	26,870	2,570	2,148	71,160	59,482	90,771	75,874	277,712	232,134	63,484	53,065	57,049	47,687	11,596	9,693	22,499	18,807	----	----	628,987	525,760
Sale of Goods and Services	19,558	18,813	3,146	3,026	483,024	461,151	291,547	278,664	1,100,066	1,023,019	103,137	99,208	349,937	336,608	40,640	39,092	28,725	27,631	----	----	2,419,780	2,287,212
Investment Revenue	1,126	1,221	52	56	12,598	13,663	3,075	3,335	32,534	35,283	2,720	2,950	6,863	7,443	1,507	1,635	2,190	2,376	----	----	62,665	67,962
Grants and Contributions	163,876	159,828	10,475	9,381	731,642	648,908	446,336	399,015	2,471,395	2,303,348	811,498	802,255	231,065	162,767	109,010	99,448	305,497	296,150	----	----	5,280,794	4,881,100
Other Revenue	4,053	2,753	393	267	28,734	19,517	14,491	9,843	76,575	52,013	11,596	7,876	21,402	14,537	7,700	5,230	4,348	2,953	----	----	169,292	114,989
Total Revenue	220,759	209,485	16,636	14,878	1,327,158	1,202,721	846,220	766,731	3,958,282	3,645,797	992,435	965,354	666,316	569,042	170,453	155,098	363,259	347,917	10,893,142	10,642,246	19,454,660	18,519,269
Gain / (Loss) on Disposal	(376)	(297)	(28)	(22)	(1,890)	(1,495)	(1,533)	(1,213)	(17,511)	(13,848)	(4,800)	(3,796)	(3,137)	(2,481)	(375)	(297)	(2,452)	(1,939)	----	----	(32,102)	(25,388)
Other Gains / (Losses)	(453)	(574)	(28)	(35)	(2,767)	(3,505)	(41,123)	(52,108)	(7,965)	(10,094)	(1,821)	(2,307)	(2,535)	(3,213)	(163)	(206)	(1,431)	(1,813)	----	----	(58,286)	(73,855)
Net Result	(642,123)	(617,673)	(72,767)	(72,423)	(1,253,210)	(1,281,792)	(1,686,820)	(1,670,077)	(4,478,859)	(4,342,713)	(674,716)	(613,089)	(874,897)	(910,719)	(381,228)	(383,926)	(299,982)	(292,299)	10,893,142	10,642,246	528,540	457,535
Other Comprehensive Income																						
Increase/(Decrease) in Revaluation Surplus	28,259	6,000	3,773	801	72,389	15,369	67,468	14,324	268,054	56,911	56,135	11,918	81,142	17,228	8,191	1,739	5,590	1,187	----	0	591,001	125,477
Total Other Comprehensive Income	28,259	6,000	3,773	801	72,389	15,369	67,468	14,324	268,054	56,911	56,135	11,918	81,142	17,228	8,191	1,739	5,590	1,187	----	0	591,001	125,477
Total Comprehensive Income	(613,864)	(611,673)	(68,994)	(71,622)	(1,180,821)	(1,266,423)	(1,619,352)	(1,655,753)	(4,210,805)	(4,285,802)	(618,581)	(601,171)	(793,755)	(893,491)	(373,037)	(382,187)	(294,392)	(291,112)	10,893,142	10,642,246	1,119,541	583,012

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

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

Ministry of Health
Service Group Statements (Continued)
for the year ended 30 June 2015

MINISTRY ASSETS AND LIABILITIES	Service Group 1.1 * Primary And Community Based Services 2015 $000	2014 $000	Service Group 1.2 * Aboriginal Health Services 2015 $000	2014 $000	Service Group 1.3 * Outpatient Services 2015 $000	2014 $000	Service Group 2.1 * Emergency Services 2015 $000	2014 $000	Service Group 2.2 * Inpatient Hospital Services 2015 $000	2014 $000	Service Group 3.1 * Mental Health Services 2015 $000	2014 $000	Service Group 4.1 * Rehabilitation And Extended Care Services 2015 $000	2014 $000	Service Group 5.1 * Population Health Services 2015 $000	2014 $000	Service Group 6.1 * Teaching And Research 2015 $000	2014 $000	Not Attributable 2015 $000	2014 $000	Total 2015 $000	2014 $000
ASSETS																						
Current Assets																						
Cash and Cash Equivalents	54,586	58,826	12,740	13,730	184,464	198,793	141,511	152,503	667,126	718,946	79,695	85,886	70,460	75,933	62,549	67,407	275,099	296,469	----	----	1,548,230	1,668,493
Receivables	11,314	10,614	6,801	6,380	119,310	111,927	73,193	68,664	208,358	195,463	21,337	20,016	40,885	38,355	7,467	7,005	72,850	68,342	----	----	561,515	526,766
Inventories	4,032	3,826	1,303	1,236	23,251	22,059	11,435	10,849	46,084	43,721	4,371	4,147	5,185	4,919	33,633	31,909	16,676	15,821	----	----	145,970	138,487
Financial Assets at Fair Value	1,395	1,150	253	208	7,780	6,414	4,749	3,915	20,762	17,121	3,359	2,769	4,618	3,808	521	429	4,350	3,587	----	----	47,787	39,401
Other Financial Assets	----	118	----	----	----	1	----	1	----	102	----	----	----	1	----	----	----	----	----	----	----	223
Non-Current Assets Held for Sale	551	671	52	64	1,358	1,652	2,861	3,481	4,904	5,965	1,264	1,538	1,724	2,098	120	146	31	38	----	----	12,865	15,653
Total Current Assets	71,878	75,205	21,149	21,618	336,163	340,846	233,749	239,413	947,234	981,318	110,026	114,356	122,872	125,114	104,290	106,896	369,006	384,257	----	----	2,316,367	2,389,023
Non-Current Assets																						
Receivables	89	65	48	36	2,271	1,670	759	558	5,088	3,741	369	271	2,447	1,799	175	128	545	400	----	----	11,791	8,668
Financial Assets at Fair Value	884	680	7	6	8,245	6,342	3,044	2,341	22,110	17,006	1,496	1,151	1,055	812	1,939	1,491	12,895	9,918	----	----	51,675	39,747
Property, Plant and Equipment																						
- Land and Buildings	427,788	388,540	33,091	30,055	2,128,614	1,933,321	1,453,025	1,319,715	5,606,325	5,091,964	1,203,720	1,093,283	990,571	899,689	161,335	146,533	382,138	347,078	----	----	12,386,607	11,250,178
- Plant and Equipment	29,771	27,624	9,100	8,443	175,678	163,006	118,013	109,501	353,110	327,641	60,153	55,815	53,220	49,381	12,214	11,333	103,297	95,846	----	----	914,556	848,590
- Infrastructure Systems	12,183	14,865	1,176	1,435	65,203	79,561	34,191	41,719	166,216	202,818	34,932	42,624	31,233	38,111	4,736	5,779	10,647	12,991	----	----	360,517	439,903
- Leasehold Improvements	1,258	1,261	364	365	5,243	5,255	2,542	2,547	11,040	11,066	1,512	1,516	1,983	1,987	502	503	4,019	4,029	----	----	28,463	28,530
Intangible Assets	40,627	35,552	26,569	23,249	129,348	113,193	23,481	20,549	27,157	23,765	4,684	4,099	5,513	4,825	877	768	270,849	237,019	----	----	529,105	463,019
Other	3,469	3,196	2,269	2,091	11,044	10,176	2,005	1,847	2,318	2,137	400	368	471	434	75	69	23,126	21,308	----	----	45,177	41,626
Total Non-Current Assets	516,069	471,783	72,624	65,680	2,525,646	2,312,524	1,637,060	1,498,777	6,193,364	5,680,138	1,307,266	1,199,127	1,086,493	997,038	181,853	166,604	807,516	728,589	----	----	14,327,891	13,120,261
TOTAL ASSETS	587,947	546,988	93,773	87,298	2,861,809	2,653,370	1,870,809	1,738,190	7,140,598	6,661,456	1,417,292	1,313,483	1,209,365	1,122,152	286,143	273,500	1,176,522	1,112,846	----	----	16,644,258	15,509,284
LIABILITIES																						
Current Liabilities																						
Payables	51,292	54,796	13,307	14,216	246,205	263,021	159,731	170,641	494,860	528,659	71,396	76,272	67,477	72,086	58,173	62,147	134,342	143,517	----	----	1,296,783	1,385,355
Borrowings	1,686	1,496	93	84	2,240	1,988	1,466	1,302	6,157	5,466	2,925	2,597	1,023	908	245	217	255	227	----	----	16,090	14,285
Provisions	81,021	76,441	10,002	9,437	246,220	232,302	266,811	251,729	721,689	680,894	161,090	151,984	129,736	122,402	35,591	33,579	113,941	107,500	----	----	1,766,101	1,666,268
Other	1,050	1,860	148	262	3,052	5,408	2,200	3,897	9,847	17,446	2,334	4,135	2,198	3,895	526	932	1,206	2,136	----	----	22,561	39,971
Total Current Liabilities	135,049	134,593	23,550	23,999	497,717	502,719	430,208	427,569	1,232,553	1,232,465	237,745	234,988	200,434	199,291	94,535	96,875	249,744	253,380	----	----	3,101,535	3,105,879
Non-Current Liabilities																						
Borrowings	72,874	72,373	2,805	2,786	143,402	142,415	88,135	87,529	427,273	424,335	159,101	158,007	108,663	107,916	15,762	15,654	52,396	52,036	----	----	1,070,411	1,063,051
Provisions	1,586	798	508	255	4,382	2,205	9,540	4,801	9,314	4,688	2,046	1,030	1,653	832	1,905	959	5,261	2,648	----	----	36,195	18,216
Other	1,651	1,752	158	167	5,995	6,362	3,471	3,684	66,688	70,773	3,955	4,198	3,992	4,236	1,914	2,032	2,965	3,147	----	----	90,789	96,351
Total Non-Current Liabilities	76,111	74,923	3,471	3,208	153,779	150,982	101,146	96,014	503,275	499,796	165,102	163,235	114,308	112,984	19,581	18,645	60,622	57,831	----	----	1,197,395	1,177,618
TOTAL LIABILITIES	211,160	209,516	27,021	27,207	651,496	653,701	531,354	523,583	1,735,828	1,732,261	402,847	398,223	314,742	312,275	114,116	115,520	310,366	311,211	----	----	4,298,930	4,283,497
NET ASSETS	376,787	337,472	66,752	60,091	2,210,313	1,999,669	1,339,455	1,214,607	5,404,770	4,929,195	1,014,445	915,260	894,623	809,877	172,027	157,980	866,156	801,635	----	----	12,345,328	11,225,787

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

1. The Reporting Entity

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

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

In the process of preparing the consolidated financial statements consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated and, like transactions and other events are accounted for using uniform accounting policies.

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

These consolidated financial statements for the year ended 30 June 2015 have been authorised for issue by the Secretary, NSW Health on 17 September 2015.

2. Summary of Significant Accounting Policies

Basis of Preparation

The Ministry of Health's financial statements are general purpose financial statements which have been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983, Public Finance and Audit Regulation 2015, and the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer under Section 9(2)(n) of the Act.

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

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

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

Comparative Information

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

Statement of Compliance

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

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

a)   Employee Benefits and Other Provisions

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

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

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted). Actuarial advice obtained by Treasury has confirmed that the use of a nominal approach plus the annual leave on annual leave liability (using 15.3% to 21.2% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The entity has assessed the actuarial advice based on the entity's circumstances and has determined that the effect of discounting is immaterial to annual leave.

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

ii)   Long Service Leave and Superannuation

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

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

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

Long Service Leave is measured at present value in accordance with AASB 119, Employee Benefits. This is based on the application of certain factors (specified in NSW Treasury Circular 15/09) to employees with five or more years of service, using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

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

Any liability attached to Superannuation Guarantee Charge cover is reported in Note 28, 'Payables'.

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

  iii) **Consequential On-Costs**

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

  iv) **Other Provisions**

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

b) **Insurance**

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

c) **Finance Costs**

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

d) **Income Recognition**

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

Sale of Goods

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

Rendering of Services

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

Patient Fees

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. **Summary of Significant Accounting Policies**

High Cost Drugs

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

Motor Accident Authority Third Party

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

Department of Veterans' Affairs

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

Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB 139, Financial Instruments: Recognition and Measurement.

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

Debt Forgiveness

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

Use of Hospital Facilities

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

   * a monthly charge raised by the District based on a percentage of receipts generated

   * the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Ministry use in the advancement of the Ministry or individuals within it.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

Use of Outside Facilities

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

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

Grants and Contributions

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

Parliamentary Appropriations & Contributions

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

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

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

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

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

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

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

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

f)   Interstate Patient Flows

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

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

g) Acquisition of Assets

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

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

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

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted over the period of credit.

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

h) Capitalisation Thresholds

Individual items of Property, Plant & Equipment and Intangibles are capitalised where their cost is $10,000 or above.

i) Depreciation of Property, Plant and Equipment

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

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

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

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

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported. There were no changes to depreciation rates from the previous year.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

j)   Revaluation of Non-Current Assets

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

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

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

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

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

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

Non-specialised assets with short useful lives are measured at depreciated historical cost, as an approximation of fair value. The Ministry has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

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

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

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

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

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 Impairment of Assets is unlikely to arise.

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

l) Restoration Costs

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

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

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

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

n) Investment Properties

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

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

o) Intangible Assets

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

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

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

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

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

p)   **Maintenance**

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

q)   **Leased Assets**

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

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

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

r)   **Inventories**

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

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

s)   **Loans and Receivables**

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

t)   Investments

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

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

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

    The T Corp Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the Ministry's key management personnel.

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

    T Corp investments are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments.

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

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

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

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

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

u)   Impairment of financial assets

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

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

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

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

v)   De-recognition of financial assets and financial liabilities

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

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

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

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

w)   Payables

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

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

x) **Borrowings**

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

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

y) **Fair Value Hierarchy**

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

* Level 1 - quoted prices in active markets for identical assets / liabilities that the entity can access at the measurement date.

* Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.

* Level 3 – inputs that are not based on observable market data (unobservable inputs).

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

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

z) **Equity Transfers**

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

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

aa)   Equity and Reserves

   (i) Accumulated Funds

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

   (ii) Revaluation Surplus

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

ab)   Trust Funds

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

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

ac)   Budgeted Amounts

The consolidated budgeted amounts are drawn from the orginal budgets presented to Parliament in the State Budget Papers.

ad)   Emerging Asset

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

ae)   Service Group Statements Allocation Methodology

Income and expenses are allocated to service groups using prior year statistical data, then adjusted for any material change in service delivery or funding distribution, occurring in the 2014-15 year in determing the Income Statement fractions.

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

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

(i) Effective for the first time in 2014-15

The accounting policies applied in 2014-15 are consistent with those of the previous financial year except as a result of the following new or revised Australian Accounting Standards that have impacted in 2014-15 and have been applied for the first time as follows:

AASB 10 Consolidated Financial Statements, AASB 2011-7, and AASB 2013-8 Amendments to Australian Accounting Standards for the consolidation and joint arrangement standards, arise from the issuance of AASB 10, AASB 11, AASB 12, AASB 127, and AASB 128. For not for profit entities, the changes have application from 1 July 2014.

Following an assessment of the applicable new accounting standards mentioned above in relation to consolidation and joint arrangements, Ministry management is of the opinion that there will be no material implications for the financial statements.

AASB 1055 and AASB 2013-1, regarding Budgetary Reporting has application from 1 July 2014. Refer note 2(ac).

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless Treasury determines otherwise. The following new Australian Accounting Standards have not been applied and are not yet effective, this list is not exhaustive and excludes any standards which are not applicable to the Ministry. The possible impact of these Standards in the period of initial application includes:

AASB 9, Financial Instruments, has application from 1 January 2018. Standard is to establish principles for the financial reporting of financial assets and financial liabilities that will present relevant and useful information to users of financial statements for their assessment of the amounts, timing and uncertainty of an entity's future cash flows.

AASB 15 and AASB 2014-5, Revenue from Contracts with Customers has application from 1 January 2017. We believe this standard will impact on the timing recognition of certain revenues given the core principle of the new standard requires revenue to be recognised when the goods or services are transferred to the customer at the transaction price (as opposed to stage of completion of the transaction). The model features a contract-based five-step analysis of transactions to determine whether, how much and when revenue is recognised.

AASB 2010-7 regarding Financial Instruments has mandatory application from 1 January 2018 and comprises changes to improve and simplify the approach for classification and measurement of financial assets. The change is not expected to materially impact the financial statements.

AASB 2014-3, Amendments to Australian Accounting Standards – Accounting for Acquisitions of Interests in Joint Operations. This amending standard clarifies the treatment of expensing all acquisition-related costs, and recognition of share in a joint operation according to the contractual arrangements. This standard is applicable from 1 January 2016.

AASB 2014-4, Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation, has application from 1 January 2016. The change will take into account the expected future reductions in the selling price when accounting for useful life.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

2. Summary of Significant Accounting Policies

AASB 2014-7, Amendments to various Australian Accounting Standards as a result of the changes from AASB 9 (December 2014) and will have application from 1 Jan 2018. The new AASB 9 includes revised guidance on the classification and measurement of financial assets and supersedes AASB 9 (December 2009) and AASB 9 (December 2010).

AASB 2014-8, Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) – Application of AASB 9 (December 2009) and AASB 9 (December 2010) [AASB 9 (2009 & 2010)] has application from 1 Jan 2015. This update limits the application of the existing versions of AASB 9 (December 2009) and AASB 9 (December 2010).

AASB 2014-9, Amendments to Australian Accounting Standards – It gives entities the choice of using the Equity Method for their subsidiaries in their separate financial statements [AASB 1, 127 & 128]. It has application from 1 January 2016.

AASB 2014-10, Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture [AASB 10 & AASB 128]. This has application from 1 January 2016.

AASB 2015-01, Amendments to Australian Accounting Standards – Annual Improvements to Australian Accounting Standards 2012–2014 Cycle [AASB 1, AASB 2, AASB 3, AASB 5, AASB 7, AASB 11, AASB 110, AASB 119, AASB 121, AASB 133, AASB 134, AASB 137 & AASB 140]. This has application from 1 January 2016.

AASB 2015-02, Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049] require entities to disclose significant accounting policies and other explanatory information in a more detailed manner rather than a summary as previously done. This application takes place from 1 January 2016.

AASB2015-03, Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality from 1 July 2015. It is expected that the withdrawal of AASB 1031 will not change practice regarding the application of materiality in financial reporting. In particular, amendments would not change the level of disclosure presently specified by other accounting standards.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 **$000**	**2014** **$000**		**2015** **$000**	**2014** **$000**
		3. Employee Related		
111,118	105,663	Salaries and Wages (including annual leave)	9,874,041	9,459,662
2,743	3,072	Superannuation - Defined Benefit Plans	127,022	134,437
6,471	6,406	Superannuation - Defined Contribution Plans	824,128	768,604
7,992	5,029	Long Service Leave	535,613	423,018
3,300	1,660	Redundancies	21,698	27,226
237	879	Workers' Compensation Insurance	162,165	194,290
5,782	5,407	Payroll Tax and Fringe Benefits Tax	8,962	6,953
137,643	**128,116**		**11,553,629**	**11,014,190**
		The following additional information is provided:		
-----	-----	Employee Related Expenses Capitalised - Land and Buildings	8,225	8,143
-----	-----	Employee Related Expenses Capitalised - Plant and Equipment	162	120
-----	-----	Employee Related Expenses Capitalised - Intangibles	10,926	11,053
		4. Other Operating Expenses		
5,125	5,611	Advertising	20,693	21,865
488	519	Auditor's Remuneration	4,249	4,276
18,331	17,405	Blood and Blood Products	120,992	117,013
1,602	1,624	Consultants	17,995	19,581
389	468	Domestic Supplies and Services	103,639	101,947
75,410	68,617	Drug Supplies	650,482	625,580
-----	-----	Food Supplies	94,572	89,281
664	695	Fuel, Light and Power	127,881	147,504
-----	-----	Hospital Ambulance Transport Costs	22,300	22,758
13,040	7,766	Information Management Expenses	241,413	221,668
1,577	2,022	IT Contract Services	91,806	68,561
236,965	228,287	Insurance	261,353	252,138
300,623	355,884	Interstate Patient Outflows	300,623	355,884
8,663	7,688	Maintenance (See (b) below)	466,482	407,484
1,144	4,883	Medical and Surgical Supplies	778,388	731,220
102	100	Motor Vehicle Expenses	41,662	44,190
1,914	1,949	Postal and Telephone Costs	46,214	49,897
2,266	2,072	Printing and Stationery	48,224	47,656
3,574	497	Rates and Charges	29,129	23,561
7,880	7,390	Rental	77,830	73,571
-----	4	Special Service Departments	284,704	299,391
9,180	8,803	Staff Related Costs	116,141	111,619
1,404	1,556	Travel Related Costs	86,118	82,520
-----	-----	Visiting Medical Officers	704,858	675,552
66,694	47,022	Other Expenses (See (a) below)	591,439	522,548
757,035	**770,862**		**5,329,187**	**5,117,265**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT				CONSOLIDATION	
2015 **$000**	**2014** **$000**	**4. Other Operating Expenses**		**2015** **$000**	**2014** **$000**
		(a) Other Expenses Includes			
-----	-----	Aircraft Expenses (Ambulance Fixed Wing and Rotor Transport)		85,365	78,817
-----	589	Contract for Patient Services		118,352	99,076
2,462	2,391	Courier and Freight		17,668	17,648
-----	-----	Isolated Patient Travel and Accommodation Assistance Scheme		18,273	15,949
813	1,107	Legal Services		16,546	15,841
55	87	Membership/Professional Fees		10,538	7,803
21	-----	Motor Vehicle Operating Lease Expense - Minimum Lease Payments		54,330	52,233
-----	-----	Public Private Partnership - Operating Facility Payments		88,377	79,236
-----	3	Other Operating Lease Expense - Minimum Lease Payments		21,175	22,530
-----	-----	Quality Assurance/Accreditation		5,412	4,306
423	371	Security Services		12,980	10,963
62,920	42,474	Other		142,423	118,146
66,694	**47,022**			**591,439**	**522,548**
		(b) Reconciliation of Total Maintenance			
2,088	3,070	Maintenance Contracts		151,378	145,576
2,712	1,397	New/Replacement Equipment under $10,000		204,765	166,338
3,863	2,941	Repairs Maintenance/Non Contract		109,870	94,855
-----	280	Other		469	715
8,663	7,688	Maintenance Expense - Contracted Labour and Other (Non-Employee Related in Note 4)		466,482	407,484
-----	-----	Employee Related Expense included in Notes 3		58,389	58,019
8,663	**7,688**	Total Maintenance Expenses		**524,871**	**465,503**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 **$000**	**2014** **$000**		**2015** **$000**	**2014** **$000**
		5. Depreciation and Amortisation		
2,688	2,731	Depreciation - Buildings	405,011	376,574
716	701	Depreciation - Plant and Equipment	180,092	176,788
-----	-----	Depreciation - Infrastructure Systems	20,809	22,110
-----	-----	Depreciation - Leasehold Improvements	4,069	3,480
-----	-----	Amortisation - Intangible Assets	37,263	30,436
3,404	**3,432**		**647,244**	**609,388**
		6. Grants and Subsidies		
14,431,275	13,764,892	Payments to Controlled Health Entities	-----	-----
343,614	327,457	Payments to Other Affiliated Health Organisations	614,341	609,458
		Grants -		
-----	-----	Community Packages	33,688	27,508
58,448	47,445	Grants to Research Organisations	99,116	78,008
65,316	66,897	Non-Government Organisations	149,780	148,043
7,238	5,623	NSW Government Agency	7,298	7,198
95,119	79,585	Albury Wodonga Health	95,119	79,585
52,472	49,451	Mental Health Housing Accommodation and Support Initiative	52,472	49,451
116,510	114,832	Other Grants	150,627	172,320
15,169,992	**14,456,182**		**1,202,441**	**1,171,571**
		7. Finance Costs		
-----	-----	Finance Lease Interest Charges	102,841	48,754
-----	-----	Interest on Loans	106	554
-----	-----	Other Interest Charges	284	769
-----	**-----**		**103,231**	**50,077**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 **$000**	**2014** **$000**		**2015** **$000**	**2014** **$000**
		8. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
-----	-----	Sale of Prosthesis	62,427	54,545
-----	-----	Pharmacy Sales	7,201	7,809
620	3,296	Other	11,524	11,062
		(b) Rendering of Services comprise the following:-		
		Patient Fees		
-----	-----	- Inpatient Fees	718,532	658,216
-----	-----	- Nursing Home Fees	16,644	16,189
-----	-----	- Non Inpatient Fees	25,492	14,444
92,112	94,117	Department of Veterans' Affairs	345,844	353,736
-----	-----	Staff-Meals and Accommodation	3,455	3,554
-----	-----	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	314,171	300,172
-----	-----	- Annual Charge	98,667	83,681
-----	-----	Cafeteria/Kiosk	12,066	12,403
-----	-----	Car Parking	34,720	27,599
-----	-----	Child Care Fees	13,524	12,593
-----	-----	Clinical Services (excluding Clinical Drug Trials)	45,607	53,902
7	111	Commercial Activities	21,077	20,190
-----	-----	Fees for Medical Records	2,115	2,103
-----	-----	High Cost Drugs	237,108	230,155
-----	-----	Linen Service Revenues	6,842	8,482
-----	-----	Meals on Wheels	986	1,228
-----	-----	Motor Accident Authority Third Party	146,256	140,993
-----	-----	Program of Appliances for Disabled People Patient Co-payments	524	426
103,782	62,313	Patient Inflows from Interstate	103,782	62,313
-----	-----	Patient Transport Fees	63,258	85,565
-----	-----	Private Use of Motor Vehicles	2,771	2,722
-----	-----	Salary Packaging Fee	8,408	9,067
-----	-----	Services Provided to Non NSW Health Organisations	23,908	20,495
-----	-----	Use of Ambulance Facilities	4,789	5,622
17,503	18,451	Other	88,082	87,946
214,024	**178,288**		**2,419,780**	**2,287,212**
		9. Investment Revenue		
		Interest		
		- T Corp Hour Glass Investment Facilities Designated at Fair Value		
-----	-----	through Profit or Loss	5,189	4,437
11,280	12,145	- Bank	50,700	55,981
-----	-----	Royalties	359	688
-----	-----	Other	6,417	6,856
11,280	**12,145**		**62,665**	**67,962**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT				CONSOLIDATION	
2015	**2014**			**2015**	**2014**
$000	**$000**			**$000**	**$000**

10. Grants and Contributions

PARENT 2015	PARENT 2014		CONSOL 2015	CONSOL 2014
-----	-----	Clinical Drug Trials	26,484	22,981
4,861,029	4,438,986	Commonwealth National Health Reform Funding	4,861,029	4,438,986
29,566	12,219	Commonwealth Government Grants	166,785	169,309
-----	-----	Industry Contributions/Donations	79,406	82,138
1,354	39,189	NSW Government Grants	31,979	66,916
5,799	5,630	Grants from NSW Health entities	-----	-----
-----	-----	Research Grants	24,080	22,954
-----	-----	University Commission Grants	-----	91
-----	21,098	Other Grants	91,031	77,725
4,897,748	**4,517,122**		**5,280,794**	**4,881,100**

11. Acceptance by the Crown Entity of employee benefits

The following liabilities and expenses have been assumed by the Crown Entity:

PARENT 2015	PARENT 2014		CONSOL 2015	CONSOL 2014
2,743	3,072	Superannuation-defined benefit	127,022	134,437
7,193	3,603	Long Service Leave	501,815	391,185
150	138	Payroll Tax	150	138
10,086	**6,813**		**628,987**	**525,760**

12. Other Revenue

Other Revenue comprises the following:-

PARENT 2015	PARENT 2014		CONSOL 2015	CONSOL 2014
-----	-----	Ambulance Death and Disability Employee Contributions	5,126	5,457
2	3	Commissions	2,855	3,288
1	-----	Conference and Training Fees	11,611	9,473
1,842	3,246	Discounts	3,289	4,830
-----	-----	Insurance Refunds	2,455	1,536
954	2,291	Lease and Rental Income	32,926	29,457
-----	-----	Property not Previously Recognised	7,531	9,966
-----	-----	Sale of Merchandise, Old Wares and Books	604	744
-----	-----	Sponsorship Income	1,319	1,389
325	627	Treasury Managed Fund Hindsight Adjustment	33,246	3,178
29,869	15,988	Other	68,330	45,671
32,993	**22,155**		**169,292**	**114,989**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT				CONSOLIDATION	
2015 $000	2014 $000			2015 $000	2014 $000
		13. Gain / (Loss) on Disposal			
329	4,168	Property, Plant and Equipment		220,403	220,939
306	1,717	Less: Accumulated Depreciation		182,890	183,099
23	**2,451**	**Written Down Value**		**37,513**	**37,840**
15	145	Less: Proceeds from Disposal		12,086	13,927
		Gain/(Loss) on Disposal of			
(8)	**(2,306)**	**Property, Plant and Equipment**		**(25,427)**	**(23,913)**
-----	-----	Intangible Assets		58	189
-----	-----	Less: Proceeds from Disposal		-----	-----
		Gain/(Loss) on Disposal of Intangible			
-----	**-----**	**Assets**		**(58)**	**(189)**
-----	-----	Assets Held for Sale		9,514	4,999
-----	-----	Less: Proceeds from Disposal		2,897	3,713
		Gain/(Loss) on Disposal of Assets			
-----	**-----**	**Held for Sale**		**(6,617)**	**(1,286)**
(8)	**(2,306)**	**Total Gain/(Loss) on Disposal**		**(32,102)**	**(25,388)**
		14. Other Gains / (Losses)			
-----	(226)	Impairment of Receivables		(58,286)	(73,855)
-----	**(226)**			**(58,286)**	**(73,855)**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

CONSOLIDATION

15. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at reporting date	33,081	141,357	58,865	233,303
Contributions recognised in previous years which were not expended in the current reporting period	165,565	518,736	98,513	782,814
Total amount of unexpended contributions as at reporting date	198,646	660,093	157,377	1,016,116

The parent entity has nil items that are captured under this disclosure.

Comment on restricted assets appears in Note 27

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

16. Service Groups of the Ministry

Service Group 1.1 - Primary and Community Based Services

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

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

Service Group 1.2 - Aboriginal Health Services

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

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

Service Group 1.3 - Outpatient Services

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

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

Service Group 2.1 - Emergency Services

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

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

Service Group 2.2 - Inpatient Hospital Services

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

16. Service Groups of the Ministry

Service Group 3.1 - Mental Health Services

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

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

Service Group 4.1 - Rehabilitation and Extended Care Services

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

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

Service Group 5.1 - Population Health Services

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

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

Service Group 6.1 - Teaching and Research

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 **$000**	**2014** **$000**		**2015** **$000**	**2014** **$000**
		17. Cash and Cash Equivalents		
148,954	249,771	Cash at Bank and On Hand	927,326	885,645
-----	-----	Short Term Deposits	620,904	782,848
148,954	**249,771**		**1,548,230**	**1,668,493**
		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:		
148,954	249,771	Cash and Cash Equivalents (per Statement of Financial Position)	1,548,230	1,668,493
148,954	**249,771**	Closing Cash and Cash Equivalents (per Statement of Cash Flows)	**1,548,230**	**1,668,493**

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 $000	2014 $000		2015 $000	2014 $000
		18. Receivables		
		Current		
9,011	18,489	Sale of Goods and Services	317,399	357,154
27,959	41,256	Intra Health Receivables	-----	-----
7,039	7,898	Goods and Services Tax	87,635	89,750
72,492	24,197	Other Debtors	171,094	129,981
116,501	91,840	**Sub Total**	576,128	576,885
-----	-----	Less Allowance for Impairment	(80,841)	(114,845)
116,501	91,840	**Sub Total**	495,287	462,040
2,868	1,131	Prepayments	66,228	64,726
119,369	**92,971**		**561,515**	**526,766**
		(a) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
-----	-----	Balance at Commencement of Reporting Period	(110,130)	(47,265)
-----	-----	Amounts written off during the year	84,047	10,869
		(Increase)/decrease in Allowance Recognised in		
-----	-----	Profit or Loss	(46,654)	(73,734)
-----	-----	Balance at 30 June	(72,737)	(110,130)
		(b) Movement in the Allowance for Impairment		
		Other Debtors		
-----	-----	Balance at Commencement of Reporting Period	(4,715)	(17,597)
-----	226	Amounts written off during the year	7,604	12,864
		(Increase)/decrease in Allowance Recognised in		
-----	(226)	Profit or Loss	(10,993)	18
-----	-----	Balance at 30 June	(8,104)	(4,715)
-----	**-----**		**(80,841)**	**(114,845)**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 $000	2014 $000		2015 $000	2014 $000
		18. Receivables		
		Non-Current		
-----	-----	Sale of Goods and Services	898	706
-----	-----	Other Debtors	1,998	1,679
-----	-----	**Sub Total**	2,896	2,385
-----	-----	Less Allowance for Impairment	(1,188)	(549)
-----	-----	**Sub Total**	1,708	1,836
-----	-----	Prepayments	10,083	6,832
-----	-----		**11,791**	**8,668**
		(a) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
-----	-----	Balance at Commencement of Reporting Period	(431)	(460)
-----	-----	Amounts written off during the year	-----	29
		(Increase)/decrease in Allowance Recognised in		
-----	-----	Profit or Loss	(140)	-----
-----	-----	Balance at 30 June	(571)	(431)
		(b) Movement in the Allowance for Impairment		
		Other Debtors		
-----	-----	Balance at Commencement of Reporting Period	(118)	(626)
-----	-----	Amounts written off during the year	-----	626
		(Increase)/decrease in Allowance Recognised in		
-----	-----	Profit or Loss	(499)	(118)
-----	-----	Balance at 30 June	(617)	(118)
-----	-----		**(1,188)**	**(549)**
		The current and non-current sale of goods and services		
-----	-----	Patient Fees - Compensable	23,937	17,865
-----	-----	Patient Fees - Ineligible	45,817	40,151
-----	-----	Patient Fees - Inpatient & Other	105,942	100,804
-----	-----		**175,696**	**158,820**

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT				CONSOLIDATION	
2015 $000	2014 $000			2015 $000	2014 $000
		19. Inventories			
28,545	24,925	Drugs		69,503	63,063
3,995	3,873	Medical and Surgical Supplies		68,025	68,073
-----	-----	Food and Hotel Supplies		132	134
-----	-----	Other		8,310	7,217
32,540	**28,798**			**145,970**	**138,487**
		20. Financial Assets at Fair Value			
		Current			
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities		39,698	39,401
-----	-----	Other		8,089	-----
-----	**-----**			**47,787**	**39,401**
		Non Current			
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities		51,675	39,747
-----	**-----**			**51,675**	**39,747**

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

PARENT				CONSOLIDATION	
		21. Other Financial Assets			
		Current			
-----	223	Other Loans and Deposits		-----	223
6,339	12,650	Advances Receivable - Intra Health		-----	-----
6,339	**12,873**			**-----**	**223**
		Non-Current			
29,556	38,081	Advances Receivable - Intra Health		-----	-----
29,556	**38,081**			**-----**	**-----**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 $000	2014 $000		2015 $000	2014 $000
		22. Property, Plant and Equipment		
		Land and Buildings - Fair Value		
203,856	203,856	Gross Carrying Amount	20,293,492	18,635,621
86,211	83,523	Less: Accumulated Depreciation and Impairment	7,906,885	7,385,443
117,645	**120,333**	Net Carrying Amount	**12,386,607**	**11,250,178**
		Plant and Equipment - Fair Value		
6,778	6,715	Gross Carrying Amount	2,094,646	2,005,715
5,042	4,477	Less: Accumulated Depreciation and Impairment	1,180,090	1,157,125
1,736	**2,238**	Net Carrying Amount	**914,556**	**848,590**
		Infrastructure Systems - Fair Value		
-----	-----	Gross Carrying Amount	778,769	869,003
-----	-----	Less: Accumulated Depreciation and Impairment	418,252	429,100
-----	**-----**	Net Carrying Amount	**360,517**	**439,903**
		Leasehold Improvements - Fair Value		
12,224	12,380	Gross Carrying Amount	56,958	55,398
12,224	12,380	Less: Accumulated Depreciation and Impairment	28,495	26,868
-----	**-----**	Net Carrying Amount	**28,463**	**28,530**
		Total Property, Plant and Equipment		
119,381	**122,571**	**At Net Carrying Amount**	**13,690,143**	**12,567,201**

* For non-specialised assets with short useful lives,
recognition at depreciated historical cost is regarded
as an acceptable approximation of fair value, in
accordance with Treasury Policy Paper 14-01.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT

22. Property, Plant and Equipment - Reconciliation

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

	Land $000	Buildings $000	Plant and Equipment $000	Infrastructure Systems $000	Leasehold Improvements $000	Total $000
2015						
Net Carrying Amount at Start of Year	56,217	64,116	2,238	-----	-----	**122,571**
Additions	-----	-----	237	-----	-----	**237**
Disposals	-----	-----	(23)	-----	-----	**(23)**
Administrative Restructures - Transfers In/(Out)	-----	-----	-----	-----	-----	**-----**
Depreciation Expense	-----	(2,688)	(716)	-----	-----	**(3,404)**
Net Carrying Amount at End of Year	**56,217**	**61,428**	**1,736**	**-----**	**-----**	**119,381**

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

(i)   Land and Buildings were valued in the 2012/13 financial year by Land Property Information (LPI)
       in accordance with note 2(j).
       Land Property Information (LPI) is not an employee of the Ministry.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

CONSOLIDATION

22. Property, Plant and Equipment - Reconciliation

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

	Land $000	Buildings $000	Plant and Equipment $000	Infrastructure Systems $000	Leasehold Improvements $000	Total $000
2015						
Net Carrying Amount at Start of Year	1,767,714	9,482,464	848,590	439,903	28,530	**12,567,201**
Additions	7,058	935,692	243,472	534	4,127	**1,190,883**
Reclassifications to Intangibles	-----	-----	(4,722)	-----	-----	**(4,722)**
Recognition of Assets Held for Sale	(4,052)	(2,674)	-----	-----	-----	**(6,726)**
Disposals	(3,777)	(13,256)	(19,806)	-----	(674)	**(37,513)**
Administrative Restructures - Transfers In/(Out)	-----	-----	-----	-----	-----	**-----**
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	278,585	331,738	156	(19,846)	368	**591,001**
Depreciation Expense	-----	(405,011)	(180,092)	(20,809)	(4,069)	**(609,981)**
Reclassifications	1,551	10,575	26,958	(39,265)	181	**-----**
Net Carrying Amount at End of Year	**2,047,079**	**10,339,528**	**914,556**	**360,517**	**28,463**	**13,690,143**

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

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

(ii) In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets have had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment has been performed on a gross basis in accordance with note 2 (j).

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT				CONSOLIDATION	
2015 $000	2014 $000			2015 $000	2014 $000
		23. Intangible Assets			
		Intangibles			
200	200	Cost (Gross Carrying Amount)		728,283	653,058
200	200	Less: Accumulated Amortisation and Impairment		199,178	190,039
-----	-----	**Net Carrying Amount**		**529,105**	**463,019**
-----	-----	**Total Intangible Assets at Net Carrying Amount**		**529,105**	**463,019**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

23. Intangibles - Reconciliation

CONSOLIDATION

	Intangibles $000	Total $000
2015		
Net Carrying Amount at Start of Year	463,019	**463,019**
Additions (From Internal Development or Acquired Separately)	98,685	**98,685**
Reclassifications from Plant & Equipment	4,722	**4,722**
Disposals	(58)	**(58)**
Amortisation (Recognised in Depreciation and Amortisation)	(37,263)	**(37,263)**
Net Carrying Amount at End of Year	**529,105**	**529,105**

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015	**2014**		**2015**	**2014**
$000	**$000**		**$000**	**$000**
		24. Other Assets		
		Non-Current		
-----	-----	Emerging Rights to Assets (refer Note 2(ad))	45,177	41,626
-----	**-----**		**45,177**	**41,626**
		25. Non-Current Assets (or Disposal Groups) Held for Sale		
		Assets Held for Sale		
-----	-----	Land and Buildings	12,859	15,620
-----	-----	Infrastructure Systems	6	33
-----	**-----**		**12,865**	**15,653**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT & CONSOLIDATION

26. Fair Value Measurement of Non-Financial Assets

(a) Fair Value Hierarchy

Property, Plant and Equipment (Note 22)*

2015	Level 1 $000	Level 2 $000	Level 3 $000	Total $000
PARENT				
Land and Buildings	-----	55,871	61,774	117,645
	-----	**55,871**	**61,774**	**117,645**

There were no transfers between level 1 and 2 during the year ended 30 June 2015.

2014	Level 1 $000	Level 2 $000	Level 3 $000	Total $000
PARENT				
Land and Buildings	-----	55,871	64,462	120,333
	-----	**55,871**	**64,462**	**120,333**

There were no transfers between level 1 and 2 during the year ended 30 June 2014.

2015	Level 1 $000	Level 2 $000	Level 3 $000	Total $000
CONSOLIDATION				
Land and Buildings	-----	2,532,303	8,823,146	11,355,449
Infrastructure Systems	-----	-----	360,517	360,517
Non-Current Assets (or Disposal Groups) Held for Sale (Note 25)	-----	12,865	-----	12,865
	-----	**2,545,168**	**9,183,662**	**11,728,831**

There were no transfers between level 1 and 2 during the year ended 30 June 2015.

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

There were no transfers between level 1 and 2 during the year ended 30 June 2014.

* Work in Progress and newly completed buildings are carried at cost, therefore excluded from figures above and as a result will not agree to Note 22.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT & CONSOLIDATION

26. Fair Value Measurement of Non-Financial Assets

(b) Valuation Techniques, Inputs and Processes

For land, buildings and infrastructure systems the Ministry and its controlled health entities obtain external valuations by independent valuers every three years. The valuer used by each health entity is an independent person and is not an employee of the respective entities.

At the end of each reporting period a fair value assessment is made on any movements since the last revaluation and a determination as to whether any adjustments need to be made. These adjustments are made by way of application of indices, refer note 22 reconcilation.

In accordance with AASB 13 Fair Value Measurement, no assets have been found to have a higher and better use than their current use. Highest and best use takes account of use that is physically possible, legally permissible and financially feasible.

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

For land, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre.

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

The majority of the restricted land has been classified as Level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.

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

Non-Current Assets Held for Sale is a non-recurring item that is measured at the lesser of its carrying amount or fair value less cost to sell. These assets are categorised in Level 2 except when an asset was a Level 3 asset prior to transfer to Non-Current Assets Held for Sale, and continues to be a recognised as a Level 3 asset where the carrying amount is less than the fair value (less cost) to sell.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT & CONSOLIDATION

26. Fair Value Measurement of Non-Financial Assets

(b) Valuation Techniques, Inputs and Processes

Level 3 disclosures:

The fair value of buildings computed by suitably qualified independent valuers using a methodology known as the depreciated replacement cost valuation technique. The following table highlights the key unobservable (Level 3) inputs assessed during the valuation process, the relationship to the estimated fair value and the sensitivity to changes in unobservable inputs.

Assets	Valuation Technique	Significant Unobservable Inputs	Relationship between unobservable inputs and fair value measurement
Land under specialised building(s)	Market approach: this valuation method involves comparing the subject property to comparable sale prices in similar location on a rate per square metre basis, adjusted for restrictions specific for the property (e.g. mandated use and/or zoning)	▪ Rate per square metre ▪ Discount rate ▪ Provision for remediation	The fair value will increase/(decrease) if the estimated: ▪ Rate per square metre increases/(decreases) ▪ Discount rate decreases/(increases) ▪ Provision for remediation decreases/(increases)
Specialised Buildings	Depreciated replacement cost approach: this valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of buildings on a rate per square metre basis; depreciated to reflect the building's remaining useful life.	▪ Useful life assessment ▪ Replacement cost per square metre	The fair value will increase/(decrease) if the estimated: ▪ Useful life assessment increases/(decreases) ▪ Replacement cost per square metre increases/(decreases)
Non-Specialised Buildings	Depreciated replacement cost approach: this valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of buildings on a rate per square metre basis; depreciated to reflect the building's remaining useful life.	▪ Useful life assessment ▪ Replacement cost per square metre	The fair value will increase/(decrease) if the estimated: ▪ Useful life assessment increases/(decreases) ▪ Replacement cost per square metre increases/(decreases)
Infrastructure systems	Depreciated replacement cost approach: this valuation method involves establishing the current replacement cost of the modern equivalent infrastructure asset on a rate per square metre basis; depreciated to reflect the assets remaining useful life.	▪ Useful life assessment ▪ Replacement cost per square metre	The fair value will increase/(decrease) if the estimated: ▪ Useful life assessment increases/(decreases) ▪ Replacement cost per square metre increases/(decreases)

There are no other direct or significant relationships between the unobservable inputs which materially impact fair value.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

26. Fair Value Measurement of Non-Financial Assets

(c) Reconciliation of Recurring Level 3 Fair Value Measurements

PARENT	Land and Buildings $000	Infrastructure Systems $000	Level 3 Recurring Total $000
2015			
Fair value as at 1 July 2014	64,462	-----	64,462
Additions	-----	-----	-----
Disposals	-----	-----	-----
Depreciation	(2,688)	-----	(2,688)
Fair value as at 30 June 2015	**61,774**	**-----**	**61,774**
2014			
Fair value as at 1 July 2013	68,855	-----	68,855
Additions	568	-----	568
Disposals	(2,283)	-----	(2,283)
Depreciation	(2,678)	-----	(2,678)
Fair value as at 30 June 2014	**64,462**	**-----**	**64,462**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

26. Fair Value Measurement of Non-Financial Assets

(c) Reconciliation of Recurring Level 3 Fair Value Measurements

CONSOLIDATION **2015**	Land and Buildings $000	Infrastructure Systems $000	Level 3 Recurring Total $000
Fair value as at 1 July 2014	9,126,287	439,903	9,566,190
Additions	146,024	534	146,558
Revaluation increments/ decrements recognised in other comprehensive income – included in line item 'Net increase / (decrease) in property, plant and equipment asset revaluation surplus'	412,394	(19,846)	392,548
Transfers from Level 2	301,818	-----	301,818
Transfers to Level 2	(174,681)	-----	(174,681)
Disposals	(11,067)	-----	(11,067)
Depreciation	(378,914)	(20,809)	(399,723)
Prior Year Carry Over Adjustments	(611,022)	-----	(611,022)
Reclassification	12,308	(39,265)	(26,958)
Fair value as at 30 June 2015	**8,823,146**	**360,517**	**9,183,663**
2014			
Fair value as at 1 July 2013	9,207,935	449,502	9,657,437
Additions	148,254	498	148,752
Revaluation increments/ decrements recognised in other comprehensive income – included in line item 'Net increase / (decrease) in property, plant and equipment asset revaluation surplus'	94,571	11,719	106,290
Transfers from Level 2	11,431	-----	11,431
Disposals	(4,718)	(26)	(4,744)
Depreciation	(328,256)	(22,110)	(350,366)
Reclassification	(2,930)	320	(2,610)
Fair value as at 30 June 2014	**9,126,287**	**439,903**	**9,566,190**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 **$000**	**2014** **$000**		**2015** **$000**	**2014** **$000**
		27. Restricted Assets		
		The Ministry's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		
		Category		
-----	-----	Specific Purposes	386,951	408,056
-----	-----	Perpetually Invested Funds	10,004	10,153
-----	-----	Research Grants	174,918	168,183
-----	-----	Private Practice Funds	373,517	335,155
-----	-----	Other	70,726	84,047
-----	-----		**1,016,116**	**1,005,594**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 **$000**	**2014** **$000**		**2015** **$000**	**2014** **$000**
		28. Payables		
		Current		
1,932	1,585	Accrued Salaries, Wages and On-Costs	293,897	259,056
59,425	56,094	Taxation and Payroll Deductions	83,162	120,012
107,725	145,275	Trade Operating Creditors	553,034	621,629
-----	-----	Interest	25	40
		Other Creditors		
-----	-----	- Capital Works	68,014	113,818
66,648	113,708	- Intra Health Liability	-----	-----
11,093	9,601	- Other	298,651	270,800
246,823	**326,263**		**1,296,783**	**1,385,355**

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

		29. Borrowings		
		Current		
-----	-----	Other Loans and Deposits	1,535	1,444
-----	-----	Finance Leases	2,431	2,191
		Service Concession Arrangements		
-----	-----	- Long Bay Forensic Hospital	1,464	1,324
-----	-----	- Calvary Mater Newcastle Hospital	10,660	9,326
-----	**-----**		**16,090**	**14,285**
		Non-Current		
-----	-----	Other Loans and Deposits	4,946	5,587
-----	-----	Finance Leases	213	2,644
		Service Concession Arrangements		
-----	-----	- Long Bay Forensic Hospital	76,986	78,451
-----	-----	- Calvary Mater Newcastle Hospital	104,513	115,173
-----	-----	- Orange Hospital and Associated Health Services	162,091	162,091
-----	-----	- Royal North Shore Hospital Redevelopment	721,662	699,105
-----	**-----**		**1,070,411**	**1,063,051**

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015	**2014**		**2015**	**2014**
$000	**$000**		**$000**	**$000**
		30. Provisions		
		Current		
5,822	5,634	Annual Leave - Short Term Benefit	1,014,046	925,690
3,105	2,322	Annual Leave - Long Term Benefit	498,027	534,187
-----	-----	Death and Disability (Ambulance Officers)	7,777	6,633
-----	-----	Sick Leave	341	411
3,810	3,175	Long Service Leave Consequential On-Costs	223,782	198,971
-----	-----	Other	22,128	376
12,737	**11,131**	**Total Current Provisions**	**1,766,101**	**1,666,268**
		Non-Current		
-----	-----	Death and Disability (Ambulance Officers)	11,986	3,956
331	167	Long Service Leave Consequential On-Costs	19,459	10,472
-----	-----	Other	4,750	3,788
331	**167**	**Total Non-Current Provisions**	**36,195**	**18,216**
		Aggregate Employee Benefits and Related On-Costs		
12,737	11,131	Provisions - Current	1,743,973	1,665,892
331	167	Provisions - Non-Current	31,445	14,428
61,357	57,679	Accrued Salaries, Wages and On-Costs (Note 28)	377,059	379,068
74,425	**68,977**		**2,152,477**	**2,059,388**
		31. Other Liabilities		
		Current		
2,525	2,606	Income in Advance	22,148	39,507
-----	-----	Other	413	464
2,525	**2,606**		**22,561**	**39,971**
		Non-Current		
53,404	55,831	Income in Advance	89,692	94,592
-----	-----	Other	1,097	1,759
53,404	**55,831**		**90,789**	**96,351**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT				CONSOLIDATION	
2015 $000	2014 $000	**32. Commitments for Expenditure**		2015 $000	2014 $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		552,704	721,586
-----	-----	Later than one year and not later than five years		323,883	190,978
-----	-----	Later than five years		-----	233
-----	-----	**Total Capital Expenditure Commitments (Including GST)**		876,587	912,797
		(b) **Operating Lease Commitments**			
		Future non-cancellable operating lease rentals not provided for and payable:			
7,489	7,195	Not later than one year		174,981	164,258
24,441	32,757	Later than one year and not later than five years		308,090	322,818
-----	-----	Later than five years		84,658	155,985
31,930	39,952	**Total Operating Lease Commitments (Including GST)**		567,729	643,061
		(c) **Input Tax recoverable related to Commitments for expenditure**			
		The total of 'Commitments for Expenditure' above, i.e. $1,444 million as at 30 June 2015 includes input tax credits of $131.3 million that are expected to be recoverable from the Australian Taxation Office (2014 $154.4M).			
		(d) **Finance Lease Commitments**			
		Minimum lease payment commitments in relation to finance leases are payable as follows:			
-----	-----	Not later than one year		124,818	121,018
-----	-----	Later than one year and not later than five years		490,679	490,462
-----	-----	Later than five years		2,281,762	2,354,787
-----	-----	**Minimum Lease Payments**		2,897,259	2,966,267
-----	-----	Less: Future Finance Charges		1,817,239	1,895,962
-----	-----	**Present Value of Minimum Lease Payments**		1,080,020	1,070,305
		The present value of finance lease commitments is as follows:			
-----	-----	Not later than one year		14,555	12,841
-----	-----	Later than one year and not later than five years		48,851	56,013
-----	-----	Later than five years		1,016,614	1,001,451
-----	-----	**Present Value of Minimum Lease Payments**		1,080,020	1,070,305
		Classified as:			
-----	-----	(a) Current (Note 29)		14,555	12,841
-----	-----	(b) Non-Current (Note 29)		1,065,465	1,057,464
-----	-----			1,080,020	1,070,305

On 11 December 2014, Healthscope signed a contract through Health Administration Corporation (HAC) and with the Northern Sydney Local Health District to design, build, operate and maintain the new Northern Beaches Hospital. In 2018, the hospital will open to provide care to both public and private patients.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

CONSOLIDATION

33. Trust Funds

The Ministry holds trust fund monies of $73.8 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts.

These monies are excluded from the financial statements as the Ministry cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account.

	Patient Trust		Refundable Deposits		Private Practice Trust Funds		Total	
	2015 $000	2014 $000	2015 $000	2014 $000	2015 $000	2014 $000	2015 $000	2014 $000
Balance at the beginning of the financial year	5,078	5,298	9,478	11,709	50,737	73,430	65,293	90,437
Receipts	9,555	6,742	11,943	43,914	637,379	535,592	658,877	586,248
Expenditure	(9,156)	(6,962)	(11,554)	(46,145)	(629,640)	(558,285)	(650,350)	(611,392)
Balance at the end of the financial year	5,477	5,078	9,867	9,478	58,476	50,737	73,820	65,293

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT AND CONSOLIDATION

34. Contingent Liabilities and Assets

a) **Workers Compensation Hindsight Adjustment**

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2009/10 fund year and an interim adjustment for the 2011/12 fund year were not calculated until 2014/15.

As a result, the 2010/11 final and 2012/13 adjustments pertaining to hospitals and community services now forming part of the Ministry will be paid in 2015/16. It is not possible for the Ministry to reliably quantify the benefit to be received or amount payable.

b) **Public Private Partnerships**

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

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

iii) Orange Hospital and Associated Health Services Public, Private Partnership
The liability to pay Pinnacle Healthcare is based on a financing arrangement involving a CPI indexed annuity bond, the capital financing payment will be adjusted in accordance with a CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

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

c) **Sydney Local Health District Damages Claim**

A claim was made against the former Central Sydney Area Health Service (now SLHD) by the lessee of a property owned by the District on the Royal Prince Alfred Hospital (RPAH) campus, on which the lessee had agreed to construct a car park and private hospital to be operated by the lessee. The lessee sought damages principally because it claimed its failure to commence construction of the hospital and to complete the car park was caused by the former Area Health Service. That claim failed, however the lessee successfully sought to be restored to possession and is claiming substantial damages for having been kept out of possession. SLHD also has a substantial cross-claim for damages. The matters are before the court. The contingent liability is not able to be reliably quantified at this time.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

PARENT			CONSOLIDATION	
2015 **$000**	**2014** **$000**		**2015** **$000**	**2014** **$000**
		35. Reconciliation of Cash Flows from Operating Activities to Net Result		
(115,652)	36,177	Net Cash Flows from Operating Activities	1,158,906	1,300,740
(3,404)	(3,432)	Depreciation and Amortisation	(647,244)	(609,388)
-----	(226)	Allowance for Impairment	(58,286)	(73,855)
2,508	2,249	(Increase)/ Decrease Income in Advance	22,259	3,737
(1,769)	(1,772)	(Increase)/ Decrease in Provisions	(117,814)	(87,030)
33,805	32,062	Increase / (Decrease) in Prepayments and Other Assets	105,962	367,901
75,773	(5,986)	(Increase)/ Decrease in Payables from Operating Activities	87,050	(432,074)
(9)	(2,307)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	(32,102)	(25,388)
-----	-----	Assets Donated or Brought to Account	9,809	12,892
(8,748)	**56,765**	**Net Result**	**528,540**	**457,535**
		36. Non-Cash Financing and Investing Activities		
-----	-----	Assets Donated or Brought to Account	9,809	12,892
-----	-----	Property, Plant and Equipment Acquired by Finance Lease	22,557	29,263
-----	**-----**		**32,366**	**42,155**

37. 2014/15 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services
provided to the Ministry. AASB 1004.62 and FRC requires
disclosure of goods and services received free of charge, or for
nominal consideration. Services provided include:

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

38. Unclaimed Moneys

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

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

39. Budget Review - Consolidation

The 2014-15 budget represents the initial budget as allocated by Government at the time of the 2014-15 State Budget, as presented to Parliament on 17 June 2014.

	$M
NET RESULT	

The actual Net Result was $57.6M greater than the Statement of Comprehensive Income budget result for the 2014-15 year.

A reconciliation of the movements between actual and budgeted net result follows:

	$M
Once off transfer of recurrent budget to the capital program to purchase Information Communication Technology equipment.	18
Abeyance of the settlement on the transfer of Callan Park, due to non continuation of whole of government discussion, resulted in NSW Health having to retain the asset within its Statement of Financial Position and the expected loss on disposal of $51.9 million did not arise.	52
Other (including variation for Long Service Leave actuarial movement in the provision of $231 million, which is offset by a corresponding $231 million adjustment to Crown receipts)	(12)
Variation from budgeted Net Result	**58**

ASSETS AND LIABILITIES

Net assets exceed budget by $479M. The contributing factors are:

	$M
An increase in property, plant and equipment primarily as a result of higher than expected asset revaluation increments due to changes in land and building values across NSW.	546
Lower than budgeted accounts receivable position due to continuing improvements in debt collection and associated procedures.	(81)
Other	14
Increase above Budgeted Net Assets	**479**

STATEMENT OF CASH FLOWS

	$M
The actual Net Cash Flows from Operating Activities varied from the budget by $130M. This is primarily due to an improved creditor position than budgeted ($46M), higher than expected GST payments plus other miscellaneous variations.	(130)
The actual Net Cash Flows from Investing Activities exceeded budget by $146M. This is primarily attributable to Treasury approved increases to the capital program in-year ($67M), a lower than budgeted capital creditor position ($46M) and an overspend on Minor Works & Equipment purchases funded from LHD local sources ($34M).	146

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

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

Parent

There were no equity transfers effected in the 2014/15 financial year.

Equity transfers effected in the 2013/14 year were:
A value of $51K Plant & Equipment was transferred to Health System Support Group.

Assets and Liabilities transferred are as follows:	2015 $000	2014 $000
Assets		
Plant & Equipment	-----	(51)
Increase/(Decrease) in Net Assets From Equity Transfers	-----	**(51)**

Consolidation

There were no equity transfers effected in the 2014/15 financial year.

Equity transfers effected in the 2013/14 year were:
An increase in net assets of $2.24M relates to the transfer of plant and equipment from NSW Police to NSW Pathology for forensic equipment related to a transfer of functions.

Assets and Liabilities transferred are as follows:	2015 $000	2014 $000
Assets		
Plant & Equipment	-----	2,243
Increase/(Decrease) in Net Assets From Equity Transfers	-----	**2,243**

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

41. Financial Instruments

The Ministry's principal financial instruments are outlined below. These financial instruments arise directly from the Ministry's operations or are required to finance its operations. The Ministry does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Ministry's main risks arising from financial instruments are outlined below, together with the Ministry's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Secretary of the Ministry of Health has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Ministry, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Risk Management & Audit Committee and the internal auditors on a continuous basis.

(a) Financial Instrument Categories

PARENT

Financial Assets Class:	Category	Carrying Amount 2015 $000	Carrying Amount 2014 $000
Cash and Cash Equivalents (note 17)	N/A	148,954	249,771
Receivables (note 18)	Loans and receivables (at amortised cost)	109,462	83,942
Other Financial Assets (note 21)	Loans and receivables (at amortised cost)	35,895	50,954
Total Financial Assets		294,311	384,667
Financial Liabilities			
Payables (note 28)	Financial liabilities measured at amortised cost	187,398	270,169
Total Financial Liabilities		187,398	270,169

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

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

41. Financial Instruments

CONSOLIDATION Class: **Financial Assets**	Category	Carrying Amount 2015 $000	Carrying Amount 2014 $000
Cash and Cash Equivalents (note 17)	N/A	1,548,230	1,668,493
Receivables (note 18)*	Loans and receivables (at amortised cost)	409,360	374,126
Financial Assets at Fair Value (note 20)	At fair value through profit or loss (designated as such upon initial recognition)	99,462	79,148
Other Financial Assets (note 21)	Loans and receivables (at amortised cost)	-----	223
Total Financial Assets		2,057,052	2,121,990
Financial Liabilities			
Borrowings (note 29)	Financial liabilities	1,086,501	1,077,336
Payables (note 28)**	measured at	1,213,621	1,265,342
Other (note 31)	amortised cost	1,510	2,223
Total Financial Liabilities		2,301,632	2,344,901

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

(b) Credit Risk
Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the Ministry. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Ministry, including cash, receivables and authority deposits. No collateral is held by the Ministry. The Ministry has not granted any financial guarantees.

Credit risk associated with the Ministry's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

Cash
Cash comprises cash on hand and bank balances deposited within the NSW Treasury banking system. Interest is earned on daily bank balances between rates of approximately 2.25% and 3.63% in 2014/15 compared to 1.3% and 5.2% in the previous year. The TCorp Hour-Glass cash facility is discussed in paragraph (d) below.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

41. Financial Instruments

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at reporting date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Ministry of Health Accounting Manual for Public Health Organisations and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the Ministry will not be able to collect all amounts due. This evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Ministry and controlled entities are not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2015: $303.765 million; 2014: $291.746 million) and not more than 3 months past due (2015: $66.075 million; 2014: $48.687 million) are not considered impaired and together these represent 75% of the total trade debtors. In addition Patient Fees Compensables are frequently not settled within 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the Ministry's debtors are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments.

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

PARENT

2015	Total [1,2]	Past due but not impaired [1,2]	Considered impaired [1,2]
	$000	$000	$000
<3 months overdue	1,721	1,721	-----
3 months - 6 months overdue	6	6	-----
> 6 months overdue	13	13	-----
2014			
<3 months overdue	262	262	-----
3 months - 6 months overdue	708	708	-----
> 6 months overdue	21	21	-----

CONSOLIDATION

2015	Total [1,2]	Past due but not impaired [1,2]	Considered impaired [1,2]
	$000	$000	$000
<3 months overdue	73,355	66,075	7,280
3 months - 6 months overdue	31,299	20,644	10,655
> 6 months overdue	82,970	18,876	64,094
2014			
<3 months overdue	54,664	48,687	5,977
3 months - 6 months overdue	34,291	17,549	16,742
> 6 months overdue	108,818	16,144	92,674

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 agree to the receivables total recognised in the statement of financial position.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

41. Financial Instruments

Authority Deposits

The Ministry has placed funds on deposit with TCorp, which has been rated 'AAA' by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed 'at call' or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits can vary. The deposits at balance date were earning an average interest rate of between 2.2 - 5.81% (2014: 2.10 - 4.34%), while over the year the weighted average interest rate was between 1.20 - 3.84% (2014: 1.30 - 4.95%). None of these assets are past due or impaired.

(c) Liquidity Risk

Liquidity risk is the risk that the Ministry will be unable to meet its payment obligations when they fall due. The Ministry continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Ministry has negotiated no loan outside of arrangements with the Crown Entity. During the current and prior years, there were no defaults of loans payable. No assets have been pledged as collateral.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the Ministry of Health in accordance with NSW Treasury Circular 11/12. For small business suppliers, where terms are not specified, payment is made not later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be effected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

The table below 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
for the year ended 30 June 2015

41. Financial Instruments

Maturity Analysis and interest rate exposure of financial liabilities

PARENT		**Interest Rate Exposure**				**Maturity Dates**		
	Weighted Average Effective Int. Rate	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr
2015		$000	$000	$000	$000	$000	$000	$000
Payables:								
- Accrued Salaries Wages, On-Costs and Payroll Deductions		1,932	-----	-----	1,932	1,932	-----	-----
- Creditors		185,466	-----	-----	185,466	185,466	-----	-----
		187,398	-----	-----	187,398	187,398	-----	-----
2014								
Payables:								
- Accrued Salaries Wages, On-Costs and Payroll Deductions		1,585	-----	-----	1,585	1,585	-----	-----
- Creditors		268,584	-----	-----	268,584	268,584	-----	-----
		270,169	-----	-----	270,169	270,169	-----	-----

CONSOLIDATION		**Interest Rate Exposure**				**Maturity Dates**		
	Weighted Average Effective Int. Rate	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr
2015		$000	$000	$000	$000	$000	$000	$000
Payables:								
- Accrued Salaries Wages, On-Costs and Payroll Deductions		293,897	-----	-----	293,897	293,897	-----	-----
- Creditors		919,724	-----	-----	919,724	919,724	-----	-----
Borrowings:								
- Loans and Deposits	4.63%	6,481	6,481	-----	-----	1,535	4,946	-----
- Finance Leases	6.72%	2,644	2,644	-----	-----	2,431	213	-----
- Service Concession Arrangements	9.55%	2,894,615	2,894,615	-----	-----	122,387	490,466	2,281,762
		4,117,361	2,903,740	-----	1,213,621	1,339,974	495,625	2,281,762
2014								
Payables:								
- Accrued Salaries Wages, On-Costs and Payroll Deductions		259,056	-----	-----	259,056	259,056	-----	-----
- Creditors		1,006,286	-----	-----	1,006,286	1,006,286	-----	-----
Borrowings:								
- Loans and Deposits	4.63%	7,031	7,031	-----	-----	1,444	5,587	-----
- Finance Leases	6.72%	4,835	4,835	-----	-----	2,191	2,644	-----
- Service Concession Arrangements	9.55%	2,961,432	2,961,432	-----	-----	118,827	487,818	2,354,787
- Other	0.00%	2,223	2,223	-----	-----	464	1,759	-----
		4,240,863	2,975,521	-----	1,265,342	1,388,268	497,808	2,354,787

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 agree to the Statement of Financial Position.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

41. Financial Instruments

d) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The Ministry's exposures to market risk are primarily through interest rate risk on the Ministry's borrowings and other price risks associated with the movement in the unit price of the Hour-Glass Investment facilities. The Ministry has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Ministry operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the Statement of Financial Position date. The analysis is performed on the same basis for 2014. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the Ministry's interest bearing liabilities.

However, Health Entities are not permitted to borrow external to the Ministry of Health (energy loans which are negotiated through NSW Treasury excepted).

Both NSW Treasury and Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. The Ministry does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. Therefore, for these financial instruments, a change of interest rates would not affect profit or loss or equity.

A reasonably possible change of +/-1% is used consistent with current trends in interest rates. (based on official RBA interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The Ministry's exposure to interest rate risk is set out below.

PARENT	Carrying Amount $'000	-1% Net Result	Equity	+1% Net Result	Equity
2015					
Financial Assets					
Cash and Cash Equivalents	148,954	(1,490)	(1,490)	1,490	1,490
Receivables	109,462	-----	-----	-----	-----
Other Financial Assets	35,895	(359)	(359)	359	359
Financial Liabilities					
Payables	187,398	-----	-----	-----	-----
2014					
Financial Assets					
Cash and Cash Equivalents	249,771	(2,498)	(2,498)	2,498	2,498
Receivables	83,942	-----	-----	-----	-----
Other Financial Assets	50,954	(510)	(510)	510	510
Financial Liabilities					
Payables	270,169	-----	-----	-----	-----

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

41. Financial Instruments

CONSOLIDATED	Carrying Amount $'000	-1%		+1%	
		Net Result	Equity	Net Result	Equity
2015					
Financial Assets					
Cash and Cash Equivalents	1,548,230	(15,482)	(15,482)	15,482	15,482
Receivables	409,360	-----	-----	-----	-----
Financial Assets at Fair Value	99,462	(995)	(995)	995	995
Financial Liabilities					
Payables	1,213,621	-----	-----	-----	-----
Borrowings	1,086,501	10,865	10,865	(10,865)	(10,865)
Other	1,510	15	15	(15)	(15)
2014					
Financial Assets					
Cash and Cash Equivalents	1,668,493	(16,685)	(16,685)	16,685	16,685
Receivables	374,126	-----	-----	-----	-----
Financial Assets at Fair Value	79,148	(791)	(791)	791	791
Other Financial Assets	223	(2)	(2)	2	2
Financial Liabilities					
Payables	1,265,342	-----	-----	-----	-----
Borrowings	1,077,336	10,773	10,773	(10,773)	(10,773)
Other	2,223	22	22	(22)	(22)

Other price risk - TCorp Hour-Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour-Glass Investment Facilities, which are held for strategic rather than trading purposes. The Ministry has no direct equity investments. The Ministry holds units in the following Hour-Glass investment trusts:

Facility	Investment Sectors	Investment Horizon	2015	2014
			$'000	$'000
Cash facility	Cash and money market instruments	Up to 1.5 years	247	15,076
Strategic cash facility	Cash and money market instruments	1.5 years to 3 years	9,032	2,248
Medium term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	3 years to 7 years	22,719	15,243
Long-term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	7 years and over	59,375	46,581

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily. NSW TCorp is trustee for each of the above facilities and is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash and Strategic Cash Facilities and also manages the Australian Bond portfolio. A significant portion of the administration of the facilities is outsourced to an external custodian.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2015

41. Financial Instruments

Investment in the Hour-Glass facilities limits the Ministry's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the Investment facilities, using historically based volatility information collected over a ten year period, quoted at two standard deviations (ie 95% probability). The TCorp Hour-Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour-Glass Statement).

	Impact on profit/loss		
	Change in unit price	2015 $'000	2014 $'000
Hour-Glass Investment - Cash facility	+/- 1%	2	151
Hour-Glass Investment - Strategic cash facility	+/- 1 to 5%	181	22
Hour-Glass Investment - Medium-term growth facility	+/- 6 to 24%	1,363	900
Hour-Glass Investment - Long-term growth facility	+/- 15 to 22%	8,906	5,962

(e) Fair Value Measurement

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

The amortised cost of financial instruments recognised in the Statement of Financial Position approximates the fair value, because of the short term nature of many of the financial instruments.

Fair Value recognised in the Statement of Financial Position

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

	Level 1 $'000	Level 2 $'000	Level 3 $'000	2015 Total $'000
TCorp Hour-Glass Invt.Facility	-----	91,373	-----	**91,373**

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

(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 year ended 30 June 2015.

As discussed, the value of the Hour-Glass Investments is based on the Ministry's share of the value of the underlying assets of the facility, based on the market value. All of the Hour-Glass facilities are valued using 'redemption' pricing.

42. Events after the Reporting Period

No other matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS

NSW Health organisations

NSW Ministry of Health

73 Miller Street
Locked Mail Bag 961
North Sydney NSW 2059

Telephone: 9391-9000
Facsimile: 9391-9101
Website: www.health.nsw.gov.au
Business hours: 9.00am-5.00pm, Monday to Friday
Secretary: Dr Mary Foley

Key achievements for 2014-15

The NSW Ministry of Health continued working towards achieving the goals set out in the State priorities and the NSW State Health Plan including:

> Contributed to obesity prevention and treatment through the Healthy Children Initiative with Live Life Well @ School reaching 84 per cent of all primary schools in NSW; Munch and Move reaching over 90 per cent of all centre-based early childhood services; and Go4Fun® reaching over 6000 children and their families.

> Launched the Make Healthy Normal campaign to increase awareness of overweight and obesity rates and motivate people to reassess their lifestyle choices and help reduce the burden of chronic disease.

> Continued to implement the Get Healthy at Work program with over 1000 businesses registered and a potential reach of 165,000 workers.

> Rolled out the Population Health Information Management System to influence the health of over 450,000 young children in NSW.

> Rolled out the Antenatal Pertussis Vaccination Program to pregnant women in their third trimester, to protect babies from whooping cough before they are old enough to be fully vaccinated.

> Smoke-free commercial outdoor dining laws were passed by Parliament in late 2012 and came into effect on 6 July 2015. There are high levels of compliance with the new legislation with 98 per cent compliance during the first three months following the introduction of the laws.

> Continued to support the Quit for New Life program to deliver smoking cessation care to mothers of Aboriginal babies during their pregnancy.

> Delivered a range of drug-related harm reduction strategies and services including the Your Room website, the Alcohol and Drug Information Service, Family Drug Support, the Save a Mate overdose prevention and awareness project, and targeted prevention delivered by Community Drug Action Teams.

> Supported the NSW Government's commitment to a $115 million over three years reform package for mental health care service delivery. People with a mental illness will be better supported to live in the community and experience a better quality of life.

> Continued to work with the Department of Family and Community Services to implement the National Disability Insurance Scheme.

> Further developed the purchasing and performance framework for health services using Activity Based Funding and roll out of the Activity Based Management portal to health districts and networks.

> Achieved the State National Elective Surgery Targets.

> Worked in partnership with the Office of Social Impact Investment to develop a request for proposals focused on managing chronic health conditions, and managing mental health hospitalisations to be launched in late 2015 or early 2016.

> Ensured preparedness across the NSW health system for the response to the West African Ebola outbreak.

> Implemented the *Oral Health 2020: Strategic Framework for Oral Health Services,* which includes people with disability among its priority audiences.

> Provided funding to 17 local health districts and specialty health networks to implement their own discrete integrated care projects through the Planning and Innovation Fund.

> Supported three 'demonstrator sites' in the early stages of implementation of their integrated care approaches, in partnership with primary and other health and social agencies.

> Continued to implement the *Advance Planning for QualityCare at End of Life Action Plan 2013-18* by releasing resuscitation plan forms and a related policy to support health professionals identify patients for whom a plan maybe appropriate.

> Released the End of Life Decisions, the Law and Clinical Practice: Information for NSW health practitioners website.

> Provided funding through the Non-Government Organisation Grants Program to over 300 organisations.

> The NSW Government has committed up to $9 million to clinical trials to further explore the use of cannabis and/or cannabis products in providing relief for patients suffering from a range of debilitating or terminal illnesses. An expert panel chaired by the NSW Chief Health Officer will continue to advise the NSW Government throughout the trial period.

> Launched a four year (2014/15 – 2017/18), $24 million investment to establish the Sydney Genomics Collaborative.

> Held the second NSW Nursing and Midwifery Excellence Awards in September 2014

> Convened the 2014 NSW Health Innovation Symposium that featured leading-edge health initiatives that harnessed new ideas, new technologies and new approaches to the delivery of patient care.

> Held the 16th Annual NSW Health Awards showcasing the excellent work done by teams, individuals, volunteers and groups throughout the NSW public health system.

> Launched the Stepping Up website to promote Aboriginal employment opportunities and support tools.

> Launched the Map My Health Career website for medical students and junior medical officers to help them plan and make decisions about their medical career.

> Delivered the first Medical Device Commercialisation Training Program for early to mid-career researchers.

> Convened the Minister for Health's local health district and specialty health network Fourth Annual Board Member's Conference in June 2015.

Dr Mary Foley, Secretary

Statutory health organisations

Agency for Clinical Innovation

Level 4, Sage Building
67 Albert Avenue
PO Box 699
Chatswood NSW 2057

Telephone: 9464-4666
Facsimile: 9464-4728
Website: www.aci.health.nsw.gov.au
Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Dr Nigel Lyons

Year in review

The Agency for Clinical Innovation works with clinicians, consumers and managers to design and promote better health care for NSW.

With its clinician-led networks and expertise in service redesign and evaluation, implementation support and knowledge sharing, the Agency is building new capability in redesign and sustained improvement across every sector of the NSW public health system.

Over the past year, the Agency has developed new models of care to address unwarranted clinical variation and worked collaboratively to evaluate the impact of its initiatives across NSW. Its teams have strengthened partnerships with primary health, and identified and tested innovative new ways to care for people with pre-existing or long term illness and who are at high risk of hospitalisation.

Health care innovations, developed locally and with demonstrated benefits for patients, have been provided with specialist support and training to accelerate the take up across NSW. The Agency has also provided a platform on its website for health care staff to share local innovations systemwide.

The Agency has led new research on the drivers for local change and improvement and is using what it has learned to refine its approach to health care innovation.

In contribution to the *NSW Integrated Care Strategy*, the Agency has increased understanding of patient-reported measures and guided development of systems to improve individual patient care and inform local improvement.

Expanding its remit to include mental health and drug and alcohol services, the Agency has added new networks to foster clinical engagement and drive improvements to patient care.

The Agency is working to transform innovation in health care delivery and to build new partnerships to promote better health care across NSW. Areas of focus for the future include identifying outcome measures that matter to patients and encouraging collection and reporting on these measures.

Dr Nigel Lyons, Chief Executive

> **7 standards of care for hip fractures introduced in 37 hospitals in NSW**

Key achievements for 2014-15

> The Agency for Clinical Innovation Minimum Standards for the Management of Hip Fracture in the Older Person has been implemented in 37 hospitals across NSW, identifying the key components of best-practice surgery and management to improve outcomes for patients with hip fractures in NSW.

> The *Tracheostomy Clinical Practice Guideline* was developed to support clinicians to improve the experience of care provided to patients needing a tracheostomy, and to reduce adverse events. The Agency has worked with local health districts and specialty health networks to support implementation and local improvement efforts. Locations where patients are cared for by a multidisciplinary team are up 53 per cent, clinician education programs are up 35 per cent and enhanced infection prevention measures are up 50 per cent.

> The Agency has developed High Risk Foot Standards to promote a multidisciplinary approach to the management of people at high risk of foot disease. As at June 2015, phase one of the High Risk Foot Service self-assessments was completed with 18 sites in eight local health districts and St Vincent's Health Network participating.

> The Stroke Clinical Audit Process is being implemented across 30 facilities in NSW to identify gaps in services that contribute to unwarranted clinical variation and improve functional outcomes for ischaemic and haemorrhagic stroke patients.

> In March 2015, over 220 health care professionals and consumers participated in the Rural Innovations Changing Healthcare Forum, a virtual conference requiring no travel. Hosted by the Agency, the Forum showcased innovative rural working models of care and demonstrated new ways to collaborate and improve health care across NSW.

> Launched in October 2014, the Innovation Exchange website provides a collaborative place to promote local innovation and improvement projects from health care organisations across NSW and beyond. More than 140 initiatives are currently showcased.

> The Agency is evaluating the pain management model of care implemented as a result of the *NSW Pain Management Plan*. Evaluation will draw on data from the electronic Persistent Pain Outcomes Collaboration (ePPOC) managed by the University of Wollongong. The ePPOC collects data from participating services at multiple points in each patient's journey and will help build an evidence base to inform the delivery of chronic pain interventions across NSW. ePPOC data collection has now been established in 21 sites in NSW.

> The Musculoskeletal Primary Health Initiative supports delivery of two of the Agency's models of care (Osteoarthritis Chronic Care Program and Osteoporotic Refracture Prevention Program), in primary health settings that have shown positive results when assessed to determine if the models of care can be effectively delivered through general practices.

> The Agency, in partnership with NSW Ambulance and local health districts, has successfully implemented the *State Cardiac Reperfusion Strategy* across NSW to give patients with suspected heart attacks, who may benefit from early reperfusion, definitive care in the shortest possible time.

> The Knockout Health Challenge invited NSW Aboriginal communities to lose weight and combat obesity through a team weight loss challenge. There was an average weight loss of 2.3kg for the 406 participants who provided final data for the George Rose Challenge 2014, the first of several challenges conducted in 2014.

Bureau of Health Information

67 Albert Avenue
Chatswood NSW 2057

Telephone:	9464-4444
Facsimile:	9464-4445
Website:	www.bhi.nsw.gov.au
Business Hours:	9.00 am-5.00pm, Monday to Friday
Chief Executive:	Dr Jean-Frederic Levesque

Year in review

The Bureau of Health Information continued in its role of providing independent reports to NSW Government, the community and health care professionals on the performance of the NSW public health system. Our reporting focuses on accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.

During the year, staff from the Bureau published a new strategic plan for 2015-2019 which outlines further expansion of the breadth and depth of topics it will report on to continue the strong tradition of robust and carefully presented performance information.

The Bureau published 12 reports during the year and developed a new series for reporting summarised results from the NSW Patient Survey Program. The Bureau also expanded the amount of data available on its online data portal, Healthcare Observer, and included new features that allow users to compare data about the NSW health care system.

The Bureau continued to manage the NSW Patient Survey Program on behalf of the NSW Ministry of Health to support the integration of patient feedback into health system improvements. Surveys were sent to people in NSW who had recently been admitted to a public hospital, presented to an emergency department or visited an outpatient clinic. Children and young patients were also sent surveys so the Bureau could report on their experience of care. Three new surveys on maternity care, cancer outpatient clinics, and for patients in small and rural hospital's were also developed and sent to thousands of patients in NSW.

During the year, the Bureau contributed to the wider health reporting sector by accepting invitations to speak at prestigious international and national events. Many guests also joined us to discuss performance reporting in the wider context and how we can support health improvement in NSW.

Dr Jean-Frederic Levesque

> **Increased data available on online portal, Healthcare Observer, to include patient experience in emergency departments**

Key achievements for 2014-15

> Created a new Snapshot Report series to summarise key results from the NSW Patient Survey Program.

> Published two volumes of *Patient Perspectives* reports providing in-depth analyses of results from NSW patient surveys. The reports focused on exploring aspects of integration for emergency department patients and for adult patients admitted to hospital.

> Managed the NSW Patient Survey which asks different groups of people in NSW about their health care experiences. In 2014-15, the Bureau conducted surveys of adult admitted patients, children and young patients, outpatients and emergency department patients. The Bureau also developed and commenced new surveys of maternity care patients, adult admitted patients in small and rural hospitals, and patients attending cancer outpatient clinics.

> Increased the data available on the Bureau of Health Information online data portal, Healthcare Observer, to include patients' experience of care in emergency departments. New features were added to enable users to make comparisons between local health districts and peer groups.

> Developed a new measure that focussed on unplanned returns to acute care in NSW public hospitals for seven common clinical conditions and procedures.

> An *Insights Series* report examined the rate of return to acute care in NSW, including individual profiles for 78 public hospitals.

> Worked collaboratively with the Cancer Institute NSW to publish a new report from the *Insights Series* looking at emergency department use by people with cancer.

> Revised the structure of *Hospital Quarterly* reports to increase readability and provided new value-added analyses. Published four reports in this series including making detailed information by hospital, local health district and peer group available on the Bureau's online data portal, Healthcare Observer.

> Introduced a new style of presentation across all Bureau information products to improve the readability of reports and to make information more accessible on the Bureau of Health Information website.

> Hosted a new Challenging Ideas seminar featuring Justice Peter Garling, author of the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, and Dr Nick Goodwin, CEO of International Foundation for Integrated Care (United Kingdom).

> Built on the Bureau's reputation as a contributor to health performance reporting as a sector by hosting international guests from the Organisation for Economic Co-operation and Development and National Health system throughout the year. This contribution extends to the Bureau being invited to support the revision of Canada's support organisations for health reporting and to visiting with other state agencies in Australia to discuss health performance reporting.

Cancer Institute NSW

Level 9, 8 Central Avenue
Australian Technology Park, Eveleigh
PO Box 41
Alexandria NSW 1435

Telephone: 8374-5600
Facsimile: 8374-3600
Website: www.cancerinstitute.org.au
Business Hours: 8.30am-5:00pm, Monday to Friday
Chief Executive: Professor David Currow

Year in review

Cancer remains the single biggest cause of premature death in our community, which makes cancer control an important priority for NSW. The Cancer Institute NSW was established in 2003 to lessen the impact of cancer on individuals and the NSW health system. Driven by the objectives of the *NSW Cancer Plan 2011-15*, the Institute continually works to:

- reduce the incidence of cancer

- increase the survival rate of people with cancer

- improve the quality of life for people living with cancer

- provide a source of expertise on cancer control for the government, health service providers, medical researchers and the community.

The Cancer Institute NSW continues to support, facilitate and collaborate with all involved in the cancer control sector to turn new breakthroughs into meaningful knowledge that can inform effective health system change. Continuing the Institute's Reporting on Better Cancer Outcomes Program, for example, has allowed us to bring key data together to inform and benchmark quality cancer system performance, reduce variation in care across NSW and improve cancer outcomes at a local level. The Institute has also developed Australia's first statewide Clinical Cancer Registry to deliver data on the quality of cancer care in NSW.

There has been ground breaking work in the area of optimising surgical effort, with identification of hospitals that perform six or more pancreatectomies and six or more oesophagectomies annually (the minimum volume threshold for NSW hospitals). This will encourage patients to be treated in higher-volume hospitals by the most experienced and specialised teams of health professionals, and ultimately improve outcomes for patients with these cancers.

During 2014, the Institute demonstrated significant achievements against the *NSW Skin Cancer Prevention Strategy*, to decrease the impacts of skin cancers.

Smoking rates also continue to decline, and breast, cervical and bowel screening rates have increased, particularly in Aboriginal and culturally and linguistically diverse communities.

Professor David Currow, Chief Cancer Officer and CEO

Key achievements for 2014-15

> Procured a fleet of 13 new BreastScreen NSW mobile vans to improve client experience, provide state-of-the-art technology and to support marketing and recruitment efforts.

> Implemented an engagement strategy targeting women from Arabic and Chinese-speaking communities and Aboriginal women aimed at increasing awareness of breast and cervical cancer and increasing screening participation rates.

> Commenced the Primary Care Engagement Strategy and implementation plan for BreastScreen NSW, NSW Bowel Screening and NSW Cervical Screening programs to engage with primary health care professionals regarding the importance of their role in promoting cancer screening to their patients.

> Implemented 12 anti-smoking campaigns between July 2014 and June 2015, including a focus on culturally and linguistically diverse communities and Aboriginal people. These resulted in smoking rates continuing to decline, a 30 per cent increase in visits to iCanQuit.com.au and an increase in the number of calls from Aboriginal people to the NSW Quitline.

> Seven Translational Cancer Research Centres are now operational in NSW supported by the Institute. These centres have brought together over 780 members across over 70 institutions.

> A 'portfolio' of clinical trials has been developed to identify high quality, well-designed, industry-independent clinical trials. In 2015, 294 interventional trials were open to recruitment including 100 public interest trials.

> The Cancer Institute NSW led surgical services optimisation for surgery with curative intent for pancreatic and oesophageal cancers and publicly reported the annual average of NSW hospitals performing six or more of these procedures (as the identified minimum threshold for best outcomes).

> The fifth annual cycle of the Reporting for Better Cancer Outcomes Program in 2014-15 included 27 system performance indicators that were provided to local health districts and Medicare Locals in NSW through a published report and a cycle of meetings with chief executives.

> Through extensive consultation in 2014-15, the Cancer Institute NSW established two integrated care indicators for inclusion in the 2015-16 local health district performance agreement deliverables.

> The first year of Patient Reported Outcome Measures pilot has been successfully completed in two local health districts.

13 new BreastScreen NSW mobile units delivered to improve access for women

Clinical Excellence Commission

Level 17, 2-24 Rawson Place
Locked Bag 8
Haymarket NSW 1240

Telephone:	9269-5500
Facsimile:	9269-5599
Website:	www.cec.health.nsw.gov.au
Business Hours:	8.30am-5.00pm, Monday to Friday
Chief Executive:	Dr Nigel Lyons (Acting)

Year in review

The Clinical Excellence Commission as one of the six pillars in the NSW health system is responsible for leading and facilitating quality and safety improvements in health care, in collaboration with clinicians, managers and consumers.

Significant developments for the Commission during 2014-15 included celebrating its tenth anniversary in August, supporting a system-wide response to Ebola in November, relocating to Haymarket in December, participating in Capacity Assessment Project site visits with the NSW Ministry of Health during March and April and farewelling founding CEO, Professor Cliff Hughes, in April 2015.

Amid this changing environment, the Commission continued to meet its primary responsibility of identifying and responding to quality and safety risks and improvement opportunities through data analysis and reporting, and supporting clinical improvement initiatives. In addition to providing updated reports through the clinical incident management portal and eChartbook, the Commission released six policy-related documents and seven reports designed to improve clinical practice. It also responded to new priority areas, including Venous Thromboembolism, diagnostic error, integration of human factors training into patient safety activities and Catheter-Associated Urinary Tract Infection.

Clinical Excellence Commission electronic data reporting and support systems developed and strengthened during this time included a system-wide Quality Reporting System to support reporting against the National Safety and Quality Health Service Standards, and a web-based Death Review Reporting System. The Commission also played an active role in the development and roll out of electronic Between the Flags observation charts and Clinical Review and Rapid Response forms, and development of a sepsis alert in the electronic Medical Record.

The Commission commenced development of a new three-year strategic plan, to ensure the organisation continues to add value to the NSW health system, while building on its solid foundations. This process involved consultation with a diverse range of stakeholders and is expected to be finalised in August.

Dr Nigel Lyons, Acting Chief Executive

91 hospitals assessed against National Safety and Quality Health Service Standards, with all successfully accredited

Key achievements for 2014-15

> In collaboration with eHealth NSW, electronic Between the Flags observation charts and electronic Clinical Review and Rapid Response forms were developed and embedded in the electronic Medical Record Phase 2. These have helped improve documentation processes, and provide feedback to clinicians on the use of the local Rapid Response Systems and will help drive improvement.

> In collaboration with eHealth NSW, an electronic Sepsis Alert was successfully piloted before system-wide roll out in March to support sepsis risk screening. This was complemented by a sepsis HETI Online Inpatient eLearning module, which over 6800 staff have now completed.

> Responding to the potential infection risks of Viral Haemorrhagic Fever (Ebola) to NSW Health staff, the Commission, in collaboration with the NSW Ministry of Health, produced and distributed education resources around the safe use of personal protective equipment.

> A five-by-five Antimicrobial Audit was piloted in 15 sites between May 2014 and April 2015. Following positive evaluation, the package was launched system-wide by the Commission on 4 September 2015.

> The TOP 5 Program for hospitalised patients with dementia was evaluated in 21 sites and shown to be effective in improving patient safety, personalised care and staff satisfaction. The report and journal article highlighting outcomes of the program were released in April 2015.

> The inaugural Patient Experience Symposium was held in April 2015, co-hosted by the Clinical Excellence Commission, Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, NSW Kids and Families and the NSW Ministry of Health. Over 400 clinicians, consumers and managers participated in sessions highlighting new initiatives and developments occurring in Australia and internationally.

> During 2014-15, there were 156 participants who successfully completed the Clinical Excellence Commission Clinical Leadership Program, each undertaking a clinical improvement project. Almost 2000 clinicians will have completed the Program by the end of 2015.

> Existing Commission databases were updated and new databases developed for death review (84 per cent of NSW Health facilities currently using), National Safety and Quality Healthcare Standards for accreditation reporting and Blood Watch. Over 23,000 cases have now been reported in the Sepsis database.

> Six policy-related documents were finalised and released including barcode scanning in hospital pharmacies, patient identification bands, open disclosure, clinical procedure safety, prevention of Venous Thromboembolism and principles for managing disturbed and/or aggressive behaviour.

> In collaboration with the NSW Ministry of Health, the Clinical Excellence Commission developed and reviewed quality and safety measures.

Health Education and Training Institute

Building 12, Old Gladesville Hospital,
Shea Close off Victoria Road
Locked Bag 5022
Gladesville NSW 1675

Tel:	9844 6551
Fax:	9844 6544
Website:	www.heti.nsw.gov.au
Business hours:	8:30am-5:00pm, Monday to Friday
Chief Executive:	Adjunct Professor Annette Solman

Year in review

In 2014-15, the Health Education and Training Institute continued to work in partnership with local health districts, specialty health networks, other statutory health organisations and the NSW Ministry of Health to ensure workforce capabilities in delivering excellence in patient-centred care.

The NSW Health learning management system, HETI Online, recorded 1,533,617 course completions across the state in 2014-15. HETI Online has made a significant impact in ensuring that standardised high quality training is available anytime, anywhere to all NSW Health staff. During the year, the Institute responded to local health district and specialty health network identified training priorities by producing 82 training modules that covered a range of clinical and non-clinical topics.

The Institute's NSW Health Leadership Program won an award for 'significant contribution to innovation in Australia' at the 6th Annual Lawrence Hargrave Awards. This program is now being implemented in 13 hospitals across NSW.

During the year, close work was undertaken with the NSW Institute of Psychiatry to support the work required to transition to the Health Education and Training Institute.

In November 2014, the Institute hosted the Australian and New Zealand Medical Education and Training Forum. The event attracted over 480 participants from across Australia and New Zealand and featured 171 guest speakers and presenters.

The Health Education and Training Institute supported quality clinical supervision across NSW Health with the launch of the Clinical Supervision Training Space and master classes. Rural health staff were supported through programs such as the Sister Alison Bush Mobile Simulation Centre, the Rural Generalist Training Program and the annual Rural Health and Research Congress.

In 2014-15, the Institute oversaw the allocation of a record 980 medical intern training positions which represents an increase of 21 places compared to 2014.

The NSW Health Registered Training Organisation, which is a partnership between the Health Education and Training Institute and the local health districts and specialty health networks, commenced strategic planning to explore new opportunities and delivery models to promote its services across NSW Health.

Professor Annette Solman, Chief Executive

251 learning resources now available on HETI Online

Key achievements for 2014-15

> Produced 82 training modules in 2014-15, in response to partners' identified needs. The modules cover a range of clinical and non-clinical topics, including Pain Assessment, Teamwork, Advanced Life Support Theory and Business Planning for Wards and Departments.

> Supported the promotion of mandatory training across NSW Health through the Mandatory Training Reform Program. Now accessible on HETI Online, mandatory training continues to promote the delivery of safe and high quality patient care.

> The People Management Skills Program continued to support NSW Health managers and employees develop their people management capabilities and improve workplace culture. During the 2014-15 financial year, over 1400 employees accessed people management training via this program.

> The Institute's financial management programs deliver training to improve financial management skills across NSW Health. During 2014-15, this training was delivered to 695 NSW Health staff.

> Continued to support quality clinical supervision across NSW Health with the launch of the Clinical Supervision Training Space. This space has attracted 6964 visitors and 20,722 page views. The Clinical Supervision Training Series and master classes also delivered face-to-face training to 878 health professionals in 2014-15.

> The Rural Generalist (Medical) Training Program continued to support rural general practice training in NSW. In 2014-15, the Program expanded from 15 to 30 supported training places for advanced training skills in obstetrics and anaesthetics for rural hospitals.

> The Institute is also developing the Rural Generalist Nurse Program to meet the needs of rural local health districts. This program will be launched in late 2015.

> The Sister Alison Bush Mobile Simulation Centre continued to provide a partnership rotation with five rural local health districts, NSW Ambulance and the Justice Health and Forensic Mental Health Network to deliver tailored and appropriate simulation education close to the workplace in rural and remote NSW in 2014-15.

> Conducted the 2014 Medical Portfolio Programs Review that addressed four key areas: equipping doctors for patient centred-care; producing the right kind of specialists; providing the right learning environment; and equipping and supporting the faculty. Implementation of the Review's recommendations is now underway with an initial focus on equipping doctors for patient centred-care.

HEALTH ORGANISATIONS

NSW Kids and Families*

Level 3, 73 Miller Street
Locked Mail Bag 961
North Sydney NSW 2059

Telephone: 9391-9000
Facsimile: 9424-5888
Website: www.kidsfamilies.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Joanna Holt

Year in review

NSW Kids and Families provides leadership to the NSW Health system and partners with its stakeholders to champion the health interests of mothers and babies, children, young people, and families, whether they are at home, in the community or in hospital.

NSW Kids and Families also works to reduce the health impact of sexual, domestic and family violence, child abuse and neglect.

Over the last 12 months, NSW Kids and Families has delivered against key priorities in its operational plan, including developing a new website and a 10-year strategic health plan for children, young people and families. In December 2014, NSW Kids and Families released *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014–24*. This is the first time NSW Health has had a system-wide approach to the health and wellbeing of children and young people from birth to maturity.

A NSW Kids and Families Council with senior representation from across local health districts, pillars and the NSW Ministry of Health was established in October 2014. The Council will guide the implementation of the strategic health plan across NSW Health. By 30 June 2015, approximately half of NSW local health districts and pillars had developed a local implementation plan for *Healthy, Safe and Well*.

The NSW Kids and Families website was launched on 31 July 2014 and has enabled the agency to disseminate policies and guidelines, resources and reports.

Two key frameworks to address service capability of NSW Health in the areas of maternal and neonatal services and paediatric health care services were progressed in the second half of 2014-15. By 30 June 2015, consultation with local health districts was well underway for both frameworks, which were identified as key deliverables in *Healthy, Safe and Well*.

During 2014-15, NSW Kids and Families coordinated the evaluation of the nine *Keep Them Safe* programs for NSW Health, and will release these on the NSW Kids and Families and the *Keep Them Safe* websites in late 2015. One of these programs, Sustaining NSW Families, has had great success in helping women identified as being at risk of postnatal depression or other vulnerabilities following the birth of a baby. In March 2015, the NSW Government committed $22.8 million to expand the program to three new sites in Canterbury, Auburn/Parramatta and Campbelltown areas.

Joanna Holt, Chief Executive

> **71 per cent of children under 24 months enrolled in the In Sustaining NSW Families Program are developing within normal limits**

Key achievements for 2014-15

> NSW Kids and Families led the National Child and Youth Strategic Framework for Health project. This included online consultations in July 2014 and was followed by face-to-face Australian Health Minister Advisory Council consultations in October 2014 through its Community Care and Population Health Principal Committee.

> NSW Kids and Families set new targets for locally provided metropolitan paediatric surgery and supported the Children's Healthcare Network undertake nine locally initiated projects to improve health outcomes for children.

> NSW Kids and Families completed seven of the nine evaluations and participated in the government review of the *Keep Them Safe* action plan and commenced implementation of the recommendations within the evaluation reports.

> Under the NSW Government's Domestic and Family Violence Reforms, the referral pathways for *It Stops Here: Standing Together to End Domestic and Family Violence* initiative established the service at Orange and Waverley in September 2014. Funding was provided for a statewide roll out of local rural and urban integrated models of care.

> Released the *Youth Health Competency Framework* to build capacity of the health workforce to respond to young peoples' health needs.

> Conducted Tech Savvy and 'Appy workshops and webinars to support health workers increase technology use with young people.

> Work was commissioned on the NSW Kids and Families data warehouse to support data analytics for improved service performance by NSW Health, including analysing data needs in relation to all child and family health services.

> Released new policies, guidelines, reports and apps as well as consumer resources to support clinical care across the state for paediatric health care, maternal and newborn and child protection and violence prevention.

> NSW Kids and Families led multi-agency action to establish the Bourke Maranguka Community Hub, an inter-agency initiative launched on 29 May 2015.

> Since the release of the *Surgery for Children in Metropolitan Sydney: Strategic Framework* in June 2014, by NSW Kids and Families, metropolitan local health districts have responded to new funding by increasing surgical operations performed for children residing in their district.

*From 1 November 2015, the statutory corporation NSW Kids and Families was dissolved, with functions transferred to a new Office of Kids and Families within the Ministry of Health. The new Office will bring together other portfolio areas arising from the transfer of Women NSW to the Ministry of Health, as well as supporting the whole of government approach to vulnerable populations and social problems.

Specialty health networks

Justice Health & Forensic Mental Health Network

1300 Anzac Parade
PO Box 150 Matraville NSW 2036

Telephone: 9700-3000
Facsimile: 9700-3744
Website: www.justicehealth.nsw.gov.au
Business Hours: 8.00am-5.00pm, Monday to Friday
Chief Executive: Julie Babineau

Year in review

In 2014-15, the Justice Health & Forensic Mental Health Network encountered unprecedented growth in the adult custodial population of more than 11 per cent. This has wider implications for health service delivery in relation to the proportion of Aboriginal and aged and frail patients in custody, as well as the increasingly complex and chronic health needs of this vulnerable cohort.

During the year, the Network worked closely with Corrective Services NSW to plan for one of the most significant policy changes in recent NSW custodial history; the move to a completely smoke-free environment, which came into effect on 10 August 2015.

These challenges have provided opportunities to develop new innovative models of care to enhance patient outcomes and collaboration via internal and external partnerships. In particular, the Network undertook its inaugural Innovation Challenge in 2014-15, which aimed to identify and support local innovation projects. In further development of the Forensic Hospital's therapeutic programs, the hospital commenced its first on-site TAFE course, Certificate II Horticulture, in 2015.

The Network has also made significant progress in establishing its Integrated Care Service that aims to monitor and coordinate seamless care for patients with chronic illness from admission reception, through their time in custody and post release into community care. Establishment of the Service was supported by the NSW Ministry of Health Integrated Care Innovation Fund.

Progressing halfway into the term of its *Strategic Plan 2013-17*, the Network made significant advancements in 2014-15 that also contribute to the *NSW State Health Plan*. In particular, the Network implemented its *Research Strategy 2014-17* to drive continual improvements in the health status of the vulnerable patient population, and marked the one year anniversary of the Justice Health electronic Health System. This is the first phase of the Network's electronic medical record project to support clinical best practice and seamless care for patients.

The Network also commenced data collection for the Network Patient Health Survey. This will underpin some of the most comprehensive and prevalent research in prisoner health data nationally and internationally. The survey will also include data on young people in custody and forensic patients.

The continued high quality care provided to our patients is a credit to all staff and I convey my appreciation to all for their hard work and dedication.

Julie Babineau, Chief Executive

Key achievements for 2014-15

> Continued performance against the NSW Government target to increase the number of people with mental illness diverted from custody into appropriate care in the community. In 2014-15, the Network diverted 2605 adults and adolescents with mental illness, representing an almost 8 per cent increase from last financial year.

> In 2014-15, there were 1537 adult and adolescent patients who accessed the Aboriginal Chronic Care Program, representing a 20 per cent increase from last financial year. This program provides systematic screening, health education, health promotion and early intervention strategies for this vulnerable population.

> The Network's Community Integration Team maintained continuity of care for young people with mental health and/or drug and alcohol concerns leaving custody. There were 560 young people managed by the team in 2014-15, over 52 per cent of whom were Aboriginal, representing a 23 per cent increase compared to last year.

> The Network contributed to the National Close the Gap challenge through targeted chronic disease screenings, health promotion, and culturally appropriate health care to Aboriginal and Torres Strait Islander patients. The 2014-15 campaign involved screening 992 patients at 32 custodial sites across NSW. This represents a significant increase from the 330 patients screened last financial year.

> Long Bay Hospital achieved 96 per cent hand hygiene compliance in 2014-15, representing a notable increase from 89 per cent observed last financial year.

> The Network partnered with Corrective Services NSW in planning for the establishment of the Smoke-free Prisons policy that came into effect in August 2015. This included revising the Network's *Clinical Guidelines for Nicotine Dependence and Smoking Cessation* and working in collaboration with Cancer Institute NSW to develop staff and patient resources to support implementation of this policy. Approximately 76 per cent of the adult custodial population in NSW are current smokers.

> The Network partnered with the University of New South Wales in the SToP-C Research Project. This project is evaluating the impact of a rapid scale-up of Direct Acting Antiviral treatment for the Hepatitis C virus on the incidence and prevalence of Hepatitis C infection in the prison setting. The project aims to develop a translational framework for the establishment of treatment as prevention programs across the prison sector in NSW and nationally.

2605 adults and adolescents with mental illness diverted from custody into community based treatment, an 8 per cent increase

Key achievements for 2014-15

> The Network continued to engage and collaborate with the Aboriginal Community Controlled Health Sector to improve the availability, accessibility and quality of holistic, comprehensive, culturally safe and appropriate health care. In 2014-15, the Network established a formal partnership through a Memorandum of Understanding with Marri Ma Medical Aboriginal Corporation to support release planning for Aboriginal patients from the Broken Hill Correctional Centre.

> The Network worked closely with the Activity Based Funding Taskforce and the Mental Health and Drug and Alcohol Office to ensure its collection activity was robust and accurate and to support its participation in the Independent Hospital Pricing Authority sponsored Mental Health Costing Study. This study is designed to develop a contemporary activity based purchasing and funding model for NSW mental health services.

> The Network undertook its biennial Staff Pulse Survey in 2014-15, which included key *YourSay* engagement questions to enable meaningful comparisons between the Network and the wider health system. Headline results include a 75 per cent response rate, a 7 per cent increase in staff engagement, and 61 per cent of staff who think the Network is 'truly great'. In the *YourSay* component of the Staff Pulse Survey, the Network achieved an engagement index of 74, an increase from 68 in the 2013 survey.

The Sydney Children's Hospitals Network

Corner Hawkesbury Road and Hainsworth Street
Locked Bag 4001
Westmead NSW 2145

Telephone:	9845-0000
Facsimile:	9845-3489
Website:	www.schn.health.nsw.gov.au
Business hours:	8.30am-5.00pm, Monday to Friday
Chief Executive:	Dr Michael Brydon, Acting Chief Executive

Year in review

The Sydney Children's Hospitals Network has experienced a year of growth and success measured across our four pillars: clinical care, advocacy, research and education.

The key achievements highlighted represent work undertaken to improve the health and wellbeing of children and families through Sydney's two children's hospitals and associated entities.

The Network has achieved significant progress with capital works and planning for future needs at each site. The Bright Alliance Building at Randwick will open in early 2017 adjacent to Sydney Children's Hospital and will provide three stories of much needed space for Sydney Children's Hospital services and research.

Funding was announced for a clinical trials centre as part of the Kids Research Institute within The Children's Hospital at Westmead. Planning is well advanced with construction expected to start later this financial year.

The development of the Westmead Hospital and Westmead precinct is well advanced with our Network Board involved in planning focused on shared resources, research, education and transport options.

Our research programs continue to go from strength to strength with a number of recent collaborations allowing for sustained growth. Researchers within the Network have shared in over $2 million of Genomics Collaborative Grants and are working with the University of Sydney, the Kolling Institute of Medical Research and the Garvan Institute of Medical Research to explore better treatments for a range of health conditions.

We continued to expand our quality and improvement agenda, with almost 300 quality improvement activities undertaken within the year including a significant portion based on consumer feedback.

Special mention of the Network board members, executive and staff for consistently upholding the values of the organisation and working cohesively towards the Network's goal – Children First and Foremost. Thanks also to our community supporters and donors who work in partnership to deliver quality care and provide support services for families now and into the future.

Dr Michael Brydon, Acting Chief Executive

> **697 Hospital in the Home separations against a target of 350**

Key achievements for 2014-15

> Adapted the Hospital in the Home model of care to provide home-based care for a two-year-old boy awaiting a heart transplant, avoiding a 129-day inpatient journey, most likely in the Paediatric Intensive Care Unit.

> Pioneered a new, less-invasive surgery technique for children with pure oesophageal atresia, known as the Foker Technique.

> Launched the Paediatric Palliative Care Program to consolidate resources for families and promote community-based care options.

> Introduced Kids Guided Personalised Services to provide personalised, coordinated and integrated guidance for children and their families through the current maze of health services. This is a model of care where every child with a complex and rare condition has a 'circle of coordination' created specifically for their needs.

> Performed a record number of liver transplants in one month, as well as reached the milestone of 300 liver transplants. Surgeons also successfully performed a liver transplant on Australia's youngest liver transplant recipient, an eight week old baby.

> Established the KiDS Sydney Group. This is a Research Advisory Group made up of children and young people aged 12 to 17 years. It is hoped that by encouraging researchers at the Kids Research Institute to work with young people, research study design and conduct can be improved.

> In a world first, doctors and researchers commenced the CoRD Study to delay or prevent the onset of juvenile diabetes by infusing patients with their own umbilical cord blood. The cord blood is expected to 'reboot' the immune system to prevent diabetes which occurs when the body attacks and kills its own insulin producing cells.

> Opened the Kids Simulation Australia Centre at Sydney Children's Hospital, Randwick. Together with the simulation training facilities at Westmead, this new Centre will ensure that The Sydney Children's Hospitals Network continues to be at the forefront of paediatric simulation training.

> Established the Centre for Children's Bone and Musculoskeletal Health, including a 3D Orthopaedics Laboratory for engineering and prototyping bone implants for children using 3D printing technology. This innovative treatment approach will lead to improved functional outcomes, reduce the number of surgical revisions and minimise hospital and recovery times for children with orthopaedic conditions.

> The Network completed the first cohort of the Health Leadership Program, a hospital-based program designed to build individual, team and system-wide leadership capacity and to foster transformational change. A second cohort has commenced.

St Vincent's Health Network

St Vincent's Health Network Sydney
390 Victoria Street
Darlinghurst NSW 2010

Telephone:	8382-1111
Facsimile:	9332-4142
Website:	www.stvincents.com.au
Business Hours:	9.00am-5.00pm, Monday to Friday
Chief Executive:	Associate Professor Anthony Schembri

Year in review

During 2014-15 we celebrated the 175th anniversary since the Sisters of Charity arrived in Australia and this coincided with significant achievements across the St Vincent's Campus.

The legacy of the Sisters of Charity continues to be reflected in the quality of care delivered to all patients on the St Vincent's Campus. St Vincent's continues to receive acknowledgement from patients, demonstrating that the quality of our patient care remains excellent.

In an affirmation of our commitment to patient-centred care, St Vincent's Hospital was named in the top 10 of the national 2013 HCF Patient Survey. Each year HCF surveys the hospital experiences of more than 11,000 of its members from across Australia. St Vincent's Hospital was the only public hospital listed in the top ten for patient experience.

In addition to celebrating the 175 year milestone of the Sister's arrival, the past 12 months also saw some major campus milestones reached. This included the 30 year anniversary of our Heart Lung Transplant Unit, Rankin Court Alcohol and Drug Service, as well as the St Vincent's HIV/AIDS Unit. These are all statewide services that have transformed the Australian health care landscape and all made possible through our research and teaching endeavours and partnerships.

It was April 1984 when Victor Chang launched the St Vincent's National Heart Transplant Program and performed life-saving surgery on Fiona Coote.

Now in its 30th year, the St Vincent's Transplant Team announced, internationally, that the first distant procurement of hearts donated after circulatory death has been carried out. These hearts were subsequently resuscitated and then successfully transplanted into patients with end-stage heart failure.

Transplant units until now have relied solely on donor hearts from brain-dead patients whose hearts are still beating. The use of donated after circulatory death hearts, where the heart is no longer beating, represents a paradigm shift in organ donation and will potentially herald a major increase in the pool of available hearts for transplantation.

Also in 1984, St Vincent's opened the country's first dedicated HIV ward and again, this milestone coincided with some important research in which St Vincent's researchers found a new direction in HIV research and new hope for HIV positive people with leukaemia and lymphoma.

Two HIV positive St Vincent's patients appear to have cleared the virus, registering undetectable levels after bone marrow transplants. These are the first such cases reported internationally.

This research continues the extraordinary story that in 30 years, has seen St Vincent's transform from a hospital responding to a newly discovered and deadly epidemic, to a health service at the forefront of the international pursuit of effectively treating HIV.

St Vincent's has long found itself at the epicentre of the community's problems with alcohol abuse and illicit drug use over the decades. Since the opening of Rankin Court in 1984, by the then Deputy Premier Ron Mullock, the St Vincent's Alcohol and Drug Service has played an important part in minimising the harms to our community stemming from various drug problems.

Rankin Court was Australia's first coordinated methadone clinic and its establishment soon gave rise to important harm minimisation models including the needle exchange program which started in 1986 in the midst of Sydney's HIV crisis, as well as the championing of the safe injecting room soon afterwards. Today, the unit is playing an important role in responding to the surge in methamphetamine use in the community.

This year we celebrated the 50th anniversary of the St Vincent's Pain Service and the establishment of the first multidisciplinary pain service in Australia that influenced other hospitals to do the same and fast-track the development of palliative care as a specialty.

While the endeavours highlighted here are diverse, they share a unique commonality in that they all contribute to the NSW Health State Plan and highlight that on a daily basis we are responding to community need in both an innovative and effective way.

Associate Professor Anthony Schembri, Chief Executive

Performed world's first circulatory death donor heart transplant

Key achievements for 2014-15

> Professor Sandy Middleton, St Vincents Hospital and the Quality of Acute Stroke Care Implementation Project was a finalist in the NSW Health Awards in October 2014 and received the 2014 NSW Premier's Public Sector Award for Improving Performance and Accountability.

> St Vincent's established a new statewide partnership with the National Rugby League (NRL) to tackle Indigenous smoking. The partnership was launched on the Gold Coast at the NRL All Stars Match in February 2015, with a promotional video shown on the large screen during the game to an audience of over 23,000 people.

> The Network continued to improve its financial performance in 2014-15 with a breakeven financial result for the year. Savings and efficiencies were achieved in areas such as payroll, fleet savings, higher private patient revenue and procurement savings. Stronger financial governance across budget setting, delegations and approvals, along with revenue and efficiency improvement through Project Thrive has provided the ability to deliver a positive result.

> St Vincent's is the only public hospital in Australia to have ranked in the top 10 for patient recommendation for care with a ranking of 9.2 out of 10 in the HCF patient survey of hospital experiences.

> St Joseph's Hospital Auburn underwent the Australian Council of Healthcare Standards periodic review on 18 June 2014. Three Australian Council of Healthcare Standards surveyors held 24 meetings with over 40 staff over two days. The review found that all five previous recommendations were closed and there were no high priority recommendations identified. All core actions were satisfactorily met.

> In 2014, St Vincent's acknowledged 50 years of the St Vincent's Pain Service, Australia's first pain management service. Special guests at the function included The Hon Jillian Skinner MP and former Prime Minister, The Hon Bob Hawke.

> During the year, St Vincent's recognised the opening of Australia's first HIV/AIDS ward at St Vincent's Hospital Sydney. While the first patient with AIDS was diagnosed at St Vincent's in October 1983, the first six official AIDS beds were commissioned in September 1984. The 30th anniversary of the opening of the ward represented a significant milestone in Australian medial history and the event provided an opportunity to reflect on the lives lost and celebrate the compassionate response of the clinicians and carers.

> Professor Vicki Flood and Dr Evelyn Smith have developed an active and engaged Allied Health Research Unit through collaboration across the hospital and university facilities. They have worked collaboratively with the Allied Health Program and established a database of Allied Health research, developed an Allied Health Research Strategic Plan, re-convened the Allied Health Research Working Party, facilitated St Vincent's Clinic Multidisciplinary grant submissions, conducted Allied Health Research workshops and supported and mentored allied health staff to build research capacity.

> The St Vincent's Health Network Sydney progressed implementation of an organisational restructure in 2014-15 to improve clinician engagement. This involved extensive consultation with all relevant stakeholders. The new structure creates four clinical streams and an integrated cancer stream working across all clinical services to better integrate the delivery of patient care. These clinical streams are surgery, medicine, heart lung and integrated care. The Integrated Care Clinical Stream has been constructed as a vertical and horizontal stream that is responsible for ensuring best practice across the patient continuum from primary through to hospital, ambulatory and back to primary.

Health Administration Corporation

NSW Ambulance

Balmain Road
Locked Bag 105
Rozelle NSW 2039

Telephone:	9320-7777
Website:	www.ambulance.nsw.gov.au
Business Hours:	9.00am-5.00pm, Monday to Friday
Chief Executive:	Commissioner Ray Creen

Year in review

The 2014-15 year was one of change and innovation with our new concept of operations, *Today is the Day we Make Tomorrow Different Strategic Plan 2015-17*, continuing to progress. This patient-centred, staff-focused approach to deliver the right care to the right patient in the right way at the right time centres on four domains of patient care: emergency, urgent and unscheduled, community support and health support. This approach was recognised with a NSW Health Award for Integrated Health Care in 2014.

Our name change to NSW Ambulance and newly designed logo reflected this shift within our organisation to become a modern and responsive mobile emergency health provider. We improved our organisational structure by better aligning and grouping like functions, improving communication and clarifying reporting lines to be better equipped to respond to future challenges. We renewed the NSW Ambulance Advisory Council and the new members have been appointed.

We reformed the aeromedical operations through the introduction of a doctor and paramedic crewing model for all primary retrievals and completed a new helicopter tender. We improved our referral pathways by forming partnerships with after-hours home doctor medical deputising services. This is a significant operational step that will see NSW Ambulance further improve delivery of the right care in and out of the hospital setting.

A phased roll out began of electric stretchers to our fleet and the purchase of new multi-purpose vehicles, to meet the needs of our patients and increase the safety of our paramedics. The transfer of all urban non-emergency patient transport bookings was fully implemented and work commenced on the first of five new 'super stations' approved for Sydney.

Under the banner of destination NONE – Not One; Not Ever, we developed and introduced new systems and many new strategies to improve workplace safety to protect our most valuable resource, our staff. Staff also identified eight signature behaviours to improve the way we work. These behaviours will underpin the NSW Health CORE values: collaboration, openness, respect and empowerment.

Commissioner Ray Creen, Chief Executive

33 out of 34 reforms in the NSW Ambulance Reform Plan completed

Key achievements for 2014-15

> The *Today is the Day We Make Tomorrow Different Strategic Plan 2015-17* further integrates NSW Ambulance with the communities we serve and focuses on aligning NSW Ambulance with the *NSW State Health Plan*. The Strategic Plan documents our direction to make tomorrow different by using innovation to build a patient-centred, staff-focused mobile emergency health service; incorporating a model of integrated care redirecting low-acuity patients to appropriate alternative care; and using evidence to inform policy, practice, decision making and quality improvement.

> Implementation of the *Reform Plan for NSW Ambulance* concluded, with 33 out of 34 reforms completed. One reform is now progressing in accordance with the wider reform program for non-emergency patient transport.

> NSW Ambulance aligned its CORE values with those of NSW Health. Staff workshops were conducted that resulted in the identification and commitment to eight signature behaviours for cultural change. These important cultural and behavioural concepts have begun to be implemented and embedded into our programs, processes, policies and every day interactions, both internally and externally.

> NSW Ambulance began managing the changes required to implement and realise the benefits of the new 'super stations' infrastructure it is planning for the future delivery of patient care. The Paramedic Response Network will transform NSW Ambulance Sydney operations: changes that are designed by paramedics for paramedics. It will include designing a make ready operational model to maximise patient-facing time for our paramedics and will implement dynamic deployment software to assist in the most appropriate allocation of NSW Ambulance resources. NSW Ambulance has established user groups, project teams and a governance structure to deliver this multi-location, multi-million dollar project.

> The Turnaround Time project commenced in December 2014 as a partnership between NSW Ambulance and the NSW Health Whole of Health Program. The aim of the Program was to develop a better understanding of the patient flow process between ambulance and hospital care and identifying, designing and implementing system-wide solutions to reduce delays during turnaround time.

> NSW Ambulance continues to evolve from its traditional focus on acute care and transport to one of an ever increasing mobile health care service providing out-of-hospital care. Clinically supported integrated care initiatives have been established based on a centrally coordinated and locally delivered philosophy, through local operational management teams and health relationship managers.

> The Medical Deputising Service initiative builds on existing alternative referral pathways for patients with low-acuity conditions. NSW Ambulance entered into an agreement with two medical deputising services. The program for the greater Sydney metropolitan area commenced in February 2015. Early analysis is encouraging and utilisation will be built upon during 2015-16 to reduce case cycle times and increase ambulance capacity.

> Two new contracts were awarded (Northern NSW and Southern NSW) for the provision of 24/7 Helicopter Retrieval Services on 16 December 2014. These contracts have an initial term of 10 years, with an option for a further period of up to five years, and will commence on a staged basis between January and June 2017.

> There were 61 Operational Risk Profiles introduced into the aeromedical retrieval network to provide a benchmark for existing practices to be measured. The Operational Risk Profiles will provide staff with the assurance that our aeromedical retrieval system meets industry best practice standards and is a robust system that ensures changes to mission profiles, processes or equipment also meet the same standards.

> The Frequent Users Management Program adopts a patient-centred approach linking frequent Triple Zero (000) callers with appropriate services. NSW Ambulance monitored 35 patients who were responsible for 395 users occurring in the first quarter. The Program delivered a reduction in frequent users in the second quarter by 49 per cent, resulting in the delivery of the right care for the patient and ability to avoid unnecessary costs.

Health Infrastructure

Level 6, 77 Pacific Highway
PO Box 1060
North Sydney NSW 2059

Telephone:	9978-5400
Facsimile:	8904-1377
Website:	www.hinfra.health.nsw.gov.au
Business Hours:	9am-5pm, Monday to Friday
Chief Executive:	Sam Sangster

Year in review

In 2014-15, Health Infrastructure continued its strong track record in delivering quality health care for communities across NSW.

Health Infrastructure currently manages a $4.5 billion portfolio of capital works projects, with expenditure in excess of $900 million for projects in 2014-15. The Health Infrastructure portfolio of capital works is larger than any other state health infrastructure organisation. This is testament to our demonstrated capacity to plan and deliver world-class facilities.

In 2014-15, Health Infrastructure completed more than 12 projects throughout the state, including the Royal North Shore Clinical Services Building and Hornsby Redevelopment Stage 1, Hillston Multipurpose Service and the St George Emergency Department.

Health Infrastructure is not only about buildings, it is also about people.

As well as delivering modern health care facilities across NSW, Health Infrastructure has fostered a collaborative and high performing workplace, cultivated at all levels within the organisation. We are committed to investing in our staff through learning and development opportunities, including mentoring and leadership programs and supported by a strategic resource planning focus, to ensure we have the right people for the job.

We also place great significance in our commitment to engage across the health system, to ensure that our relationships with industry successfully bring our projects to fruition and meet the needs of the local communities.

We understand the importance of our inter-agency relationships and ensure engagement with our partners and government organisations is integrated into our planning and delivery process. We continue to work closely with the local health districts and key stakeholders to ensure the outcomes are not delivered in isolation, but rather through the collaborative interchange of expertise and skill.

The Health Infrastructure Board continues to provide excellent governance and guidance under the stewardship of our Chairman, Mr Bob Leece.

Sam Sangster, Chief Executive

> **More than 80 upgrades to hospitals, multipurpose services, ambulance stations and carparks are in planning or being delivered**

Key achievements for 2014-15

> Established a *Benefits Realisation Framework* for health capital investment to improve health outcomes, by assisting local health districts to identify areas of clinical variation that require change management and a plan to achieve positive outcomes.

> Continued to work with clinicians, local health districts, NSW Health organisations and pillars to plan and implement new models of care and manage change through a mature and established *Change Management and Communications Framework*.

> Continued to implement an approach to project governance that promotes engagement with key stakeholders, communities and consumers to achieve the best options and outcomes through integrated services and care delivery.

> The Westmead hospitals, Westmead research facilities and Westmead-based university facilities are among the largest research, education and training providers in Australia. The Westmead precinct is uniquely placed as a global centre of excellence in research-integrated health care and clinical education and the strong precinct partnerships are critical to the future success of Westmead.

> The Health Infrastructure portfolio includes building and upgrading more than 60 hospitals and health services over the next four years. Projects being delivered by Health Infrastructure form part of the NSW Government commitment and include Westmead Redevelopment, Dubbo Stages 3 and 4, Tweed Hospital, Manning Hospital, Wagga Wagga Hospital, Broken Hill and Macksville Hospital.

> Continued to work with NSW Health to better strengthen the identification, prioritisation and scope stages of capital projects.

> Built on the learnings from the Northern Beaches Hospital project to identify further opportunities to partner with operators and deliver infrastructure.

> Worked with NSW Health organisations and local health districts to identify opportunities to explore non-capital solutions such as Byron Surgical services.

HealthShare NSW

Tower A Level 17, The Zenith
821 Pacific Highway
PO Box 1770
Chatswood NSW 2057

Tel:	8907 1700
Fax:	9411 6868
Website:	www.healthshare.nsw.gov.au
Business hours:	8.30am-5.00pm, Monday to Friday
Chief Executive:	Daniel Hunter

Year in review

This was a year of change and development for HealthShare NSW with new leadership at the Chief Executive and Board level, the establishment of eHealth NSW as a separate entity and the integration of the Greater Metropolitan Booking Hub for Non-Emergency Patient Transport (NEPT) into the organisation.

HealthShare NSW worked to implement its new strategic plan, which Executives communicated in person at over 30 locations to 3200 staff, in mid-2014.

The organisation is focusing strongly on its people to help build a constructive, high performing culture by rolling out a leadership charter, conducting Learning Skills Inventory assessments for all senior managers, improving recruitment practices with capability testing and new performance development reporting processes.

Customers continue to be at the heart of HealthShare NSW. The organisation conducted its second enterprise-wide Customer Value Proposition Survey, measuring customer satisfaction, engagement and advocacy and gathering data to prioritise improvement actions based on customer need. 80 workshops were run across all business lines to share the customer feedback, generate ownership with staff and develop specific actions to improve customer experience.

HealthShare NSW works to deliver value for money to the health care community. The organisation delivered $40 million in cost savings through strategic procurement initiatives. Further, Onelink was contracted in early 2015 to deliver warehousing and distribution services and HealthShare NSW is managing the transition, contract, purchasing and customer service aspects of this procurement function.

HealthShare NSW food services has driven significant improvements to support better patient nutritional outcomes including the introduction of new nutritionally compliant menus at 97 hospitals, establishment of a pre-packaged meal vendor panel, successful trial of a new service delivery model, upgrade to the Food Services Information Technology databases and improved accessibility of hospital food packaging which won the Minister's Award for Innovation at the 2014 NSW Health Awards.

Since the creation of the Greater Metropolitan Booking Hub for Non-Emergency Patient Transport in May 2014, the Hub is exceeding its primary key performance indicator with the proportion of work undertaken by emergency vehicles dropping by 69 per cent.

Daniel Hunter, Chief Executive

10.8 per cent decrease in work carried out by NSW Ambulance emergency fleet since June 2014

Key achievements for 2014-15

> HealthShare NSW introduced improved, nutritionally-compliant menus at 97 hospitals. These menus will be introduced to the remaining Sydney hospitals during 2015.

> HealthShare NSW worked closely with industry experts, major food companies and groups such as Arthritis Australia and Georgia Tech Research Institute to develop specifications to improve accessibility of hospital food packaging, which are now being used by more than two thirds of suppliers to NSW Health and other entities. This improvement project won the Minister's Award for Innovation at the 2014 NSW Health Awards.

> The Greater Metropolitan Booking Hub for NEPT has coordinated transport for over 182,000 patients and made and received 248,000 telephone calls. The Hub is exceeding its primary key performance indicator, with the proportion of NEPT work undertaken by emergency vehicles dropping by 69 per cent from 15.7 per cent in June 2014 to 4.9 per cent in June 2015.

> Linen service delivered 100 per cent of orders accurately and further improved business efficiency with energy efficient washers, dryers and lighting, safety-optimised trucks, customer dashboards to help hospitals manage their linen supplies more wisely and the roll out of innovative textile products for operating theatres.

> Strategic procurement services delivered $48 million savings against a target of $36 million and created 690 contracts in the Information and Communications Technology category, with a combined value of $273 million.

> HealthShare NSW implemented a new approach to warehousing and distribution by contracting with Onelink to create a single, high technology-enabled warehouse in western Sydney. This commenced with the transition of existing warehouses to streamline delivery of medical supplies. HealthShare NSW will retain responsibility for inventory management, customer service and contract management.

> The State Management Reporting Service provided improved reporting capability by delivering the new Service Capital Reporting and Service Workforce Reporting systems in early 2015.

> HealthShare NSW achieved its target of 2.6 per cent Aboriginal employment through focused effort and its partnership with Yarn'n Aboriginal Employment Services.

> HealthShare NSW created a dedicated Continuous Improvement Unit to identify, quantify and assist implementation of improvement opportunities across business lines to deliver greater value for customers.

> In its role as expert advisor, EnableNSW conducted extensive education sessions for almost 300 allied health professionals, including rural and remote staff, to help clinicians make equipment selections that help older patients and people with disability leave hospital and live safely at home.

NSW Health Pathology

Level 5, 45 Watt Street
Newcastle NSW 2300

Telephone:	4920-4000
Facsimile:	4920-4040
Website:	www.pathology.health.nsw.gov.au
Business Hours:	9:00am-5:00 pm, Monday to Friday
Chief Executive:	Ms Tracey McCosker

Year in review

NSW Health Pathology provides expert pathology and forensic science services for our health and justice systems.

We bring together five clinical and scientific networks, operate more than 60 laboratories, manage 200 pathology collection services in our public hospitals and community health facilities, employ over 4000 staff, and conduct more than 61 million tests per year.

Pathology touches people at every stage of life. Even before a baby is born, antenatal screening helps to provide insights into its development and wellbeing.

Pathology continues to play a role throughout childhood, adulthood and old age. It helps diagnose and treat infections, viruses, allergies, chronic diseases, cancer and countless other medical conditions. Pathology also provides the answers that families need when faced with the unexpected and unexplained loss of a loved one.

Our Forensic and Analytical Science Service provides independent, objective analysis to the state's criminal and coronial justice systems. It also provides environmental health testing to public health units in NSW and delivers services to the Roads and Maritime Service, local government bodies and other organisations.

NSW Health Pathology is committed to creating better health and justice systems by being true partners in patient care, providing the expertise to support the most serious medical conditions, using world-leading forensic analysis to help solve crimes and protect the health and safety of our community. We deliver an extensive breadth and depth of services, build the knowledge and capacity of others and are focused on delivering smarter services for better outcomes.

Ms Tracey McCosker, Chief Executive

400 point of care pathology devices implemented at 175 hospitals since 2013

Key achievements for 2014-15

> Reduced costs to the health system by:
> – holding or reducing public pathology prices from 2011-12 levels, implementing a rebate scheme to bill additional local health district activity at marginal costs
> – changing billing practices to Medicare and various health funds to speed processing;
> – reducing debts and workers compensation premiums.

> Expanded access to time-critical pathology tests by deploying nearly 400 point of care devices to 175 regional and rural emergency departments. These hand-held devices provide onsite analysis for tests that emergency department teams rely on so clinicians can deliver the right care more quickly. This statewide program has been accredited by the National Association of Testing Authorities.

> Developed a new procurement approach that includes collaborative tendering to reduce the cost of consumables, a statewide procurement committee, stronger engagement with vendors and training to help staff make better decisions and generate efficiencies going forward.

> Opened a new pathology laboratory at Campbelltown Hospital; extended operating hours at Lismore, Tweed, Coffs Harbour, Kempsey and Grafton laboratories at the request of local clinicians; and opened or enhanced collection services in Charlestown, Singleton and several Sydney locations.

> Invested in state-of-the-art microbiology equipment at Westmead and Liverpool, and introduced CT scanners to support post-mortem examinations at the Department of Forensic Medicine in Newcastle and Sydney. The CT technology can provide faster results for some cases, minimise distress for grieving families and allows NSW Health Pathology to meet obligations under the *Coroners Act 2009* to perform the least invasive examination possible.

> Eliminated the backlog of illicit drug analysis in collaboration with NSW Police using new triaging processes, new hand-held drug identification devices in the field and implementing high throughput processing in the laboratory.

> Worked with our clinical streams to: introduce a single adult and an age-related paediatric reference interval for commonly ordered chemical pathology tests; roll out a changeover of reporting units for commonly ordered therapeutic drugs to reduce the chance of misinterpretation of concentrations where results and corresponding therapeutic targets are in different units; and introduce structured reporting templates for anatomical pathology results related to cancer cases to enhance the thoroughness of reports to clinical teams.

> Completed the *NSW Health Pathology Strategic Workforce Plan 2015 – 2017*. The Plan outlines initiatives that will help develop people, culture and capabilities in line with the strategic plan.

> Advanced our statewide biobanking and genomics initiatives by appointing dedicated project managers to coordinate the expertise across our networks, progress key partnerships and develop strategic plans to drive future directions.

eHealth

Tower A Level 15
The Zenith
821 Pacific Highway
PO Box 1770
Chatswood NSW 2057

Telephone: 9880-3200
Facsimile: 9880-3299
Website: www.ehealth.nsw.gov.au
Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Dr Zoran Bolevich (Acting)

Year in review

Following the release of *A Blueprint for eHealth in NSW*, *eHealth NSW* was established on 1 July 2014 as a dedicated organisation within NSW Health to guide statewide information and communications technology planning, strategy, program implementation and operations.

The eHealth Executive Council, chaired by the Secretary, NSW Health provides statewide strategic direction and oversight to eHealth NSW. Clinical, Corporate and Infrastructure Portfolio Governance Committees are in place and include representation from all stakeholders as active partners in the planning and delivery of eHealth initiatives.

The New Clinical Engagement Forum connects with NSW Health clinicians to ensure clinicians' needs and views are incorporated into eHealth decision making. The Chief Clinical Information Officer role has been established and recruited in order to provide clinical leadership in key aspects of eHealth strategy and service delivery.

The Rural eHealth Program is in place to improve the delivery of eHealth programs to the six rural and remote local health districts, who are working as a collective governance group that consider and implement solutions.

eHealth NSW continues to deliver a broad portfolio of clinical programs, including extending the Electronic Medical Record program across NSW; implementing an Electronic Medication Management system across 28 priority sites; building an integrated Clinical Information System to support intensive care and high dependency units; and developing solutions to integrate clinical and electronic records via the Community Health and Outpatient Care Program.

To enable the development of integrated care models the HealtheNet system is now available to all local health districts. This system provides an integrated view of hospital clinical information and enables the sending of electronic discharge summaries to a patient's general practitioner. It also links with the national Personally Controlled Electronic Health Record to provide patients with the ability to access and view their personal health information.

eHealth corporate systems and infrastructure provide the foundations to run the statewide health system effectively and efficiently. This year's achievements include commencing the roll out of the new demand-based rostering system, HealthRoster; delivering the statewide Learning Management System, HETI Online; finalising Asset and Facilities Management (AFM) Online; and transitioning Corporate IT systems, including StaffLink, VMoney and AFM Online into the new whole-of-government data centres.

The Health Wide Area Network Program is progressively connecting all health agencies to a shared, highly secure and reliable wide area network across the state.

Building on the considerable achievements and progress made to date, a new eHealth strategy and roadmap for NSW Health's eHealth investments over the next ten-year horizon is currently being developed.

Dr Zoran Bolevich, A/Chief Executive

> **HealtheNet is now connected to all local health districts**

Key achievements for 2014-15

> The eHealth Executive Council has established governance committees for all portfolio areas comprising clinicians and other key stakeholders.

> In consultation with clinicians, local health districts and pillars, the *NSW eHealth Strategic Plan 2015-2025* is being developed to provide a roadmap for eHealth investments over the next ten year horizon.

> The new whole-of-government data centres at Silverwater and Unanderra are now in use, providing a more reliable, secure and robust environment for the hosting of key clinical and corporate IT applications such as StaffLink for NSW Health.

> To combat the emerging health issue of antimicrobial resistance, electronic tools to monitor and promote the appropriate use of antimicrobials have been implemented in most large NSW hospitals. This facilitated an increase in the proactive identification of patients requiring specialist infectious disease team review, enabling a reduction in the inappropriate use of broad spectrum antimicrobials.

> The statewide implementation of a rostering solution commenced in March 2015, with over 7000 people on board by June 2015. This solution will ensure the NSW Health workforce has the right people, in the right place, at the right time.

> HealtheNet, a key statewide enabler of integrated care in NSW, is now connected across the state, providing clinicians with access to integrated clinical information to give a holistic view of patients' care across hospital and community settings.

> Statewide learning management system, HETI Online was delivered in partnership with the Health Education and Training Institute. All NSW Health staff now have access to a broad suite of courses and other educational material.

> The Statewide Infrastructure Service initiative continued to progress with 60,000 users now on board using a statewide solution that supports improved mobility for staff between agencies, improves access to local and central systems and rapid user administration by removing duplicate systems across NSW Health.

> The Statewide Service Desk continues to provide information communications technology support services across NSW Health. Each year, the Service receives over 500,000 calls and handles over 800,000 requests for support and information, with 60 per cent resolved at the first point of contact.

Local health districts
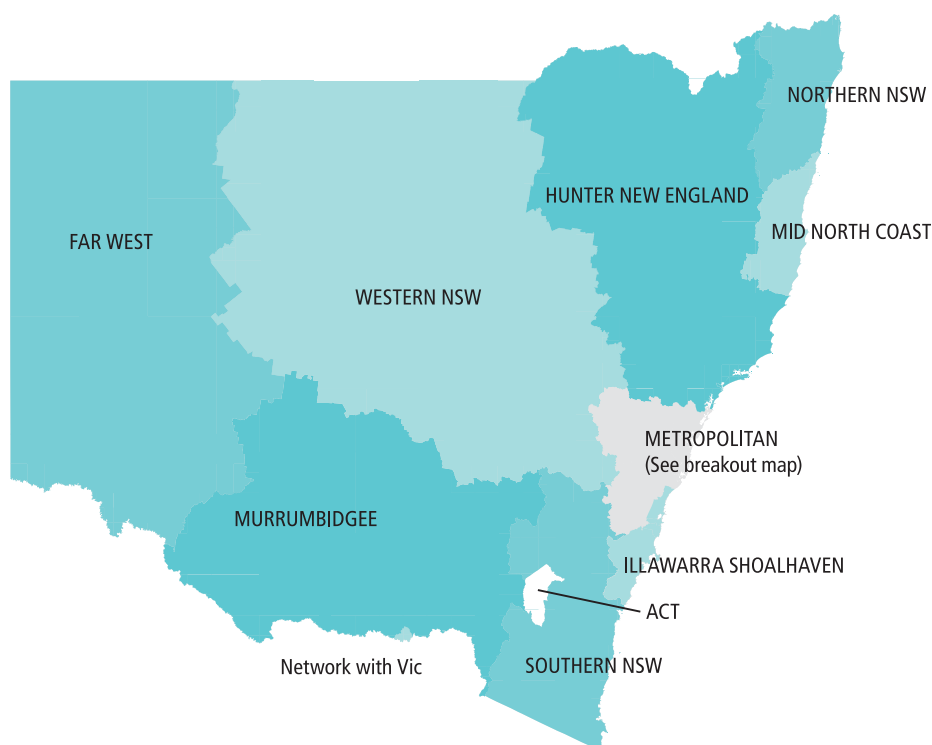
NORTHERN NSW

HUNTER NEW ENGLAND

MID NORTH COAST

FAR WEST

WESTERN NSW

METROPOLITAN
(See breakout map)

MURRUMBIDGEE

ILLAWARRA SHOALHAVEN

ACT

Network with Vic

SOUTHERN NSW

Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

There are two specialty health networks (The Sydney Children's Hospitals Network and Justice Health & Forensic Mental Health Network) and one specialty network (St Vincent's Health Network).

Metropolitan NSW local health districts

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney
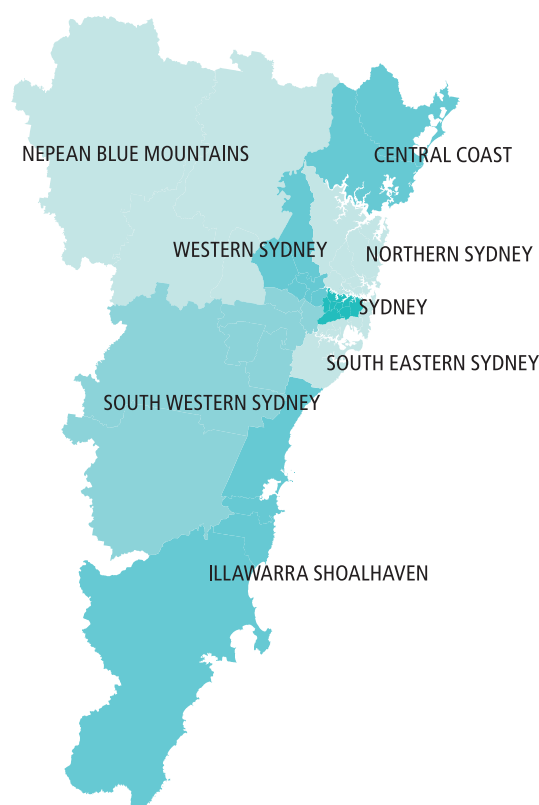
Rural and regional NSW local health districts

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

NEPEAN BLUE MOUNTAINS

CENTRAL COAST

WESTERN SYDNEY

NORTHERN SYDNEY

SYDNEY

SOUTH EASTERN SYDNEY

SOUTH WESTERN SYDNEY

ILLAWARRA SHOALHAVEN

Central Coast Local Health District

Holden Street
PO Box 361
Gosford NSW 2250

Telephone: 4320-2111
Facsimile: 4320-2477
Website: www.cclhd.health.nsw.gov.au
Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Matthew Hanrahan

Year in review

The past year was one of growth for the District, our patients, our staff and our services. Responding to the growing demand for health services, short stay units at Gosford and Wyong hospitals and an urgent care centre at Wyong Hospital were established to assist in providing more timely care to people attending our emergency departments.

At the Long Jetty Healthcare Centre, work commenced on the new $3.5 million dialysis unit that will provide much needed additional capacity for renal services in the region.

Following the announcement of $368 million for the redevelopment of Gosford Hospital, early work commenced including the relocation of over 300 staff to make way for the new building. Planning also continued for the major redevelopment of Wyong Hospital.

We continued to work with our partners to integrate care for our community. Our Comlink team worked with our complex and chronic clients and non-government service providers to deliver hospital avoidance care, reducing the need for admission or readmission to hospital.

To improve the support we provide to vulnerable young people, the District commenced a trial of the Patchwork electronic tool in partnership with the Department of Family and Community Services. With the young person's permission, this tool connects the multiple agencies interacting with them to improve coordination of care in the community.

Our clinicians continued to harness new technology and review models of care to deliver the best outcomes for patients. We partnered with our colleagues in NSW Ambulance and the Agency for Clinical Innovation on implementing the statewide *Cardiac Reperfusion Strategy*. In the first 12 months of operation, this led to 35 people receiving lifesaving cardiac therapy prior to arriving at hospital.

The implementation of stereotactic ablative body radiotherapy treatment is another example of innovation. This enables the elderly, frail or those unable to travel for long courses of daily radiotherapy to receive a shorter, intensive treatment course for lung cancer.

Caring for the Coast Strategy is continually reviewing what we do, how we can do it better and leveraging advances in technology. This year, Gosford Hospital celebrated 70 years of caring for the coast and we reflected on health care in those early days, how far we have come and the possibilities for the future of health care as we strive for a healthy and vibrant community.

Matthew Hanrahan, Chief Executive

Key achievements for 2014-15

> Completed the new $6.2 million Urgent Care Centre and Short Stay Unit at Wyong Hospital and the $5.8 million Short Stay Unit at Gosford Hospital.

> The partnership between the District, NSW Ambulance and the Agency for Clinical Innovation enabled Central Coast paramedics, in consultation with hospital specialists, to deliver pre-hospital thrombolysis to heart attack victims, to help preserve heart function and potentially save lives through the statewide *Cardiac Reperfusion Strategy*. In the first year, 35 people on the Central Coast received lifesaving cardiac therapy in the field following a heart attack.

> Rolled out the Community Health Outpatient Care project to enhance the ability of community-based clinicians to update client/patient information in real-time to improve continuity of care through sharing information across care settings.

> Robust managerial strategies targeting workplace safety continued to yield positive results with an 11 per cent reduction in workers compensation claims.

> In collaboration with local general practitioners, the District developed a proof of concept pilot for the management of the vulnerable and aged in the community.

> The District continued working with community partners to reduce smoking rates and the sale of alcohol to young adults. There was a 1.1 per cent reduction in adults who reported to be current smokers and a 44 per cent reduction in the percentage of outlets that sold alcohol to young people, without checking ID.

> For the first time local public patients with lung cancer were able to receive reduced treatment times as part of a new treatment known as SABR lung. The stereotactic ablative body radiotherapy treatment enabled the elderly, frail or those unable to travel for long courses of daily radiotherapy to receive the intensive, high precision treatment closer to home.

> Vaccinated over 60 per cent of staff against influenza as part of the District's annual 'Exercise Respect' campaign to protect themselves, their colleagues and our patients.

Demographic summary

Central Coast Local Health District is located directly north of Sydney and provides health care services across a geographic area of approximately 1853 square kilometres. Nearly 340,000 residents live within the District.

Aboriginal and Torres Strait Islander people make up nearly 3 per cent of the population (9020 people), compared to 2.9 per cent for all NSW.

Representation of culturally and linguistically diverse communities is low compared with NSW as a whole, with 5.3 per cent of residents born in non-English speaking countries and 0.4 per cent reporting poor proficiency in English (compared with 18.6 per cent and 3.4 per cent, respectively for NSW). Those born in predominantly non-English speaking countries are most frequently from the Philippines, Germany, China, Italy and India.

In 2014-15, Central Coast Local Health District represented 4.4 per cent of the NSW population but accounted for nearly 6 per cent of the state's residents aged 70 years and older. The proportion of children in the District is almost identical to NSW but the share of residents aged 20 to 44 years is lower, reflecting greater educational and employment opportunities outside of the District.

Over the next decade, the District's population is expected to grow by around 10 per cent, or more than 33,000 residents, to 370,000. The population aged 65 years and over is expected to grow by more than 30 per cent over this time and will contribute to two thirds of the overall increase in residents. Within the District, Wyong local government area is expected to grow at twice the rate of Gosford.

The main health issues facing the District are health and social concerns related to ageing, chronic health conditions and keeping pace with growing service requirements, particularly within Wyong local government area which is growing rapidly and has lower levels of socioeconomic status and higher health care needs than the rest of the District. Two significant priorities will be the implementation of the District's *Integrated Care Strategy* and redevelopment of both Gosford and Wyong hospitals.

Local government areas

Gosford, Wyong Shire

Public hospitals

Gosford, Wyong, Woy Woy, Long Jetty Healthcare Centre

Community health centres

Erina, Kincumber, Lake Haven, Long Jetty, Mangrove Mountain, Toukley, Woy Woy, Wyong, Wyong Central

Child and family health services

Erina Community Health Centre, Family Care Cottage Gosford Gateway Centre, Family Care Cottage Wyong, Kanwal Health Service, Kariong Neighbourhood Centre, Mangrove Mountain, Kincumber Community Health Centre, Long Jetty Community Health Centre, Lake Haven Community Health Centre, Toukley Community Health Centre, Wyong Central Community Health Centre, Woy Woy Community Health Centre

Oral health clinics

East Gosford (Child), Gosford Hospital, The Entrance (Child), Woy Woy Hospital, Wyong Hospital

Other services

Aboriginal Maternal and Infant Health Services, Multicultural Health, BreastScreen, Child Protection, Universal Health Home Visiting, Statewide Infant Screening-Hearing, Quit for New Life, Statewide Eyesight Pre-Schooler Screening, Violence, Abuse, Neglect and Sexual Assault, Drug and Alcohol, Mental Health, Sexual Health, Acute Post-Acute Care (APAC), Community Nursing, Chronic Care, Allied Health, Caring Networks, Integrated Care Program

Far West Local Health District
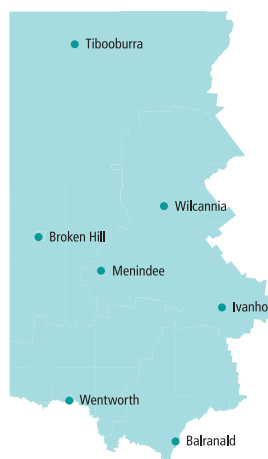
Morgan Street
PO Box 457
Broken Hill NSW 2880

Telephone: (08) 8080-1469
Facsimile: (08) 8087-2997
Website: www.fwlhd.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Stuart Riley

Year in review

The fourth year of operation of the Far West Local Health District has seen the consolidation of developments in the preceding years and significant progress on initiatives to provide a strong foundation for further development.

Key achievements include:

- accreditation as a home hospital for interns and the recruitment of two interns
- appointment of a full-time Director of Medical Services.
- commencement of the redevelopment of the Ivanhoe Health Service
- introduction of the School-Based Apprenticeship and Training program, with 10 new trainees recruited
- accreditation of facilities across the District
- consistent performance against the National Emergency Access Target
- better surgical services for patients demonstrated by exceeding the National Elective Surgery Targets

- further expansion of the Graduate Nurse Program to include placements in remote sites

- approval to proceed with an Integrated Care Program focused on 20-50 year olds with lifestyles likely to result in chronic illness

- release of the *Outback ER* series on ABC television

- further progress developing a positive culture across the District.

The year has provided a strong base for implementation of the Medical and Nursing Workforce strategies within the District with considerable progress made toward recruiting key specialist staff and establishing a comprehensive rural generalist training pathway.

Efforts undertaken to improve workplace culture and accountability through increased transparency and accountability highlighted behaviours that had previously been overlooked. These behaviours were rapidly addressed and have ceased within the District. The focus on workplace culture is expected to contribute to ongoing improvements in the performance of the District and the care received by consumers.

Advice that the 2015-16 Budget included capital funding for refurbishments at Broken Hill Hospital were warmly received by staff and the community, signalling a busy 2015-16 ahead.

Stuart Riley, Chief Executive

Key achievements for 2014-15

> In 2014, the Far West Local Health District established 10 School-Based Apprenticeship and Traineeship positions for students within the District to begin preparation for careers in the health industry. An additional 10 positions were created in 2015.

> Broken Hill Health Service employed two out of three home hospital interns, through the Rural Preferential Recruitment Program. The third position was allocated on rotation with Concord and Canterbury hospitals.

> Construction started on the redevelopment of the new Ivanhoe Health Service which will be completed by mid-August 2015. This new facility will provide services within a HealthOne model to ensure the community has access to integrated health care services through a multidisciplinary team of health providers. The official opening is scheduled for early December 2015.

> Community consultation for the redevelopment of services in the Wentworth local government area was undertaken in June and July 2014. A direction for future service development was then approved by the Far West Local Health District Board in August 2014. Early planning has commenced.

> The filming of an eight part documentary series titled *Outback ER* in the Broken Hill Hospital Emergency Department was completed and the series premiered on ABC television on 12 February 2015.

> Accreditation of the Broken Hill Health Service, Balranald, Wentworth and Wilcannia hospitals was renewed in December 2014.

> Completed a refurbishment and update of staff accommodation at Ivanhoe and Tibooburra. This will provide the District with accommodation to help attract and recruit staff to rural and remote sites by supporting them with contemporary accommodation options.

> The percentage of emergency department patients admitted, referred or discharged within four hours of presentation at June 2015 was 87.1 per cent above the National Emergency Access Target of 81 per cent.

> The percentage of elective surgery patients admitted to hospital for surgery within the clinically appropriate timeframe at June 2015 was 99.5 per cent. above the National Elective Surgery Target of 98 per cent.

> Broken Hill Health Service achieved better patient flow in its emergency department. Patients are being seen in a timely manner, meeting national targets.

> The District progressed development of a positive cross-organisational culture change program including the introduction of the Studer and Advisory Board Leaders Development Program and a People Management Skills Program. Feedback received from staff regarding workplace culture, through regular staff surveys, shows the District is proactively addressing concerns raised.

Demographic summary

The northern part of Far West Local Health District links closest to South Australia, while the southern part has closer links with Victoria. The region consists mainly of open plains and is bisected by the Darling River. Land use is dominated by pastoral grazing and mining to the north, where irrigation is absent. Land use along the Murray River is more diverse including citrus, grain and grape production. The District provides health care services across a geographic area of approximately 194,949 square kilometres. About 31,127 residents live within the District.

Traditional custodians of the land covered by the District are the Barkandji, the Wilyakali, the Nyampa and the Muthi Muthi. Aboriginal and Torres Strait Islander people make up 10 per cent of the population, compared to 2.9 per cent for all NSW. Representation of culturally and linguistically diverse communities is very small in the District with 91.1 per cent of residents coming from an English speaking background.

In 2014-15, demand for health services changed in line with the ageing population, increased rates of chronic disease and changed models of care that focus on alternatives to hospital care. The increase in chronic disease is related to ageing and the relatively poor health status of some populations within the District.

By 2031, the District's population is expected to decrease by 10.4 per cent. There is however, a planned land release in the Wentworth Shire that may increase the population over the next 25 years, doubling the existing population within that local government area. Additionally, mining activity and alternate electricity generation technologies are increasing in Broken Hill and in some outlying communities.

The proportion of the population aged 65 years and over will increase from 17.8 per cent of the population in 2011 to 28.0 per cent by 2031. With the elderly generally requiring a greater proportion of health care services than other populations, it is expected that this growth will increase the demand for services in the District.

The main health issues facing the District are the prevalence of chronic disease and high proportion of the population engaged in behaviours likely to contribute to these conditions. This will require a greater emphasis on the provision of primary health care and support for self-management. In addition, clinical services will need to contribute to the integrated management of individual consumers' health care, rather than the episodic response to issues that arise due to poor health.

Local government areas

Broken Hill, Central Darling, Wentworth and Balranald as well as the Unincorporated Far West

Public hospitals

Broken Hill Health Service, Wilcannia Health Service Multipurpose Service, Balranald Health Service Multipurpose Service, Wentworth Health Service

Community health centres

Dareton Primary Health Care Service, Ivanhoe Health Service (HealthOne), Menindee Health Service, Tibooburra Health Service, White Cliffs Health Service

Child and family health services

Broken Hill Child and Family Centre

Oral health clinics

Broken Hill Dental Clinic (Morgan St), Balranald Dental Clinic, Dareton Dental Clinic/Mobile Van

Hunter New England Local Health District
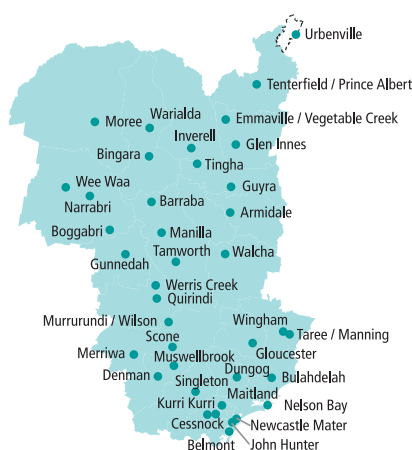
Lookout Road
Locked Bag 1
New Lambton NSW 2305

Telephone:	4921-3000
Facsimile:	4921-4969
Website:	www.hnehealth.nsw.gov.au
Business Hours:	8.30am-5pm, Monday to Friday
Chief Executive:	Mr Michael DiRienzo

Year in review

This year we continued to strengthen our commitment to excellence for every patient, every time. This is our ultimate aim and is at the core of our culture.

Excellence is about putting patients at the centre of everything we do, ensuring we are doing the right thing consistently and with respect.

With that goal in mind, we have been focused on excellence across all areas of our organisation.

We are building new and improved facilities including:

- completion of the centrepiece of the Tamworth Health Service Redevelopment, the Acute Services Building, which is great news for the New England North West region

- the official opening of the new emergency department at Muswellbrook Hospital, partially funded by a generous donation from BHP Billiton Sustainable Communities

- beginning work to expand the John Hunter Children's Hospital Neonatal Intensive Care Unit and planning for a Paediatric Intensive Care Unit.

We are positioning ourselves for excellence in translational research with:

- the development of a new research plan to underpin our partnership with the Hunter Medical Research Institute and the University of Newcastle

- the appointment of a Director of Clinical Research and Translation and development of a new clinical research fellowship program.

We are supporting the development of excellent leaders and increasing workforce diversity.

Our *Close the Gap* strategy is helping improve health outcomes for Aboriginal and Torres Strait Islander people, who make up 4.4 per cent of our population.

We have done this while treating increasing numbers of people needing our care and within budget.

Achieving excellence is not possible without the hard work and dedication of our 15,912 staff and 1600 volunteers. I would like to take this opportunity to thank them all for their commitment to our patients.

I am incredibly proud of the service we provide our communities.

Michael DiRienzo, Chief Executive

Key achievements for 2014-15

> Strengthened and reaffirmed the District's commitment to *Excellence: every patient, every time*, while treating 394,385 presentations to emergency departments, providing 2.89 million occasions of service to non-admitted patients and caring for 216,599 admitted patient separations.

> Completed the Hunter *New England Local Health District Research Plan 2015-16*. Received an honourable mention for an application for National Health and Medical Research Council recognition as an Advanced Health Research and Translation Centre. This was the only regional bid shortlisted and interviewed.

> Opened a new dedicated day program to treat adults with eating disorders.

> Improved Aboriginal health outcomes through *Close the Gap* strategies, including boosting employment of Aboriginal and Torres Strait Islander people to 6.6 per cent of permanent staff.

> Opened the new $6.5 million Muswellbrook Hospital Emergency Department.

> Completed building work on the new Acute Services Building at Tamworth Hospital and commenced planning for a major redevelopment of Armidale Hospital.

> Another cohort of frontline and senior managers graduated from *Lead for Excellence,* a 12-18 month diploma program to develop our leaders and provide a nationally-recognised qualification.

> Developed a *Framework for Partnering with Patients and the Community*, in conjunction with community and patient representatives, staff and Hunter New England Local Health District Board.

Demographic summary

Hunter New England Local Health District is located north of Sydney and spans from Morisset in the south, Tenterfield in the north and west to Boggabilla and Mungindi on the Queensland border. The District provides health care services across a geographic area of approximately 131,785 square kilometres or 16 per cent of the area of NSW. The catchment includes many small rural and remote communities as well as populous regional centres. The largest centre is Newcastle, which is the second largest city in NSW and is located 150 kilometres north of Sydney. The District spans almost 700 kilometres from north to south and approximately 500 kilometres from east to west. About 873,741 residents live within the District.

Traditional custodians of the land covered by the District are the Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung nations. Aboriginal and Torres Strait Islander people make up 4.4 per cent (34,852 people) of the population, compared to 2.9 per cent for all NSW.

About 169,846 residents were born overseas, which equates to 20 per cent of the District's population. A total of 68,286 (7.8 per cent) residents in the District speak a language other than English.

All areas of the District are experiencing an ageing of the population, particularly those aged 85 years and over. At the same time, some parts of the District are seeing a growth in families and young people in their communities, particularly in the Hunter Valley, Newcastle and Lower Mid North Coast areas. There is also a general movement of the population away from inland areas to the coast. While some communities, such as Moree, may be decreasing in overall population, there is growth in the Aboriginal population.

By 2021, the District's population is expected to grow by nine per cent to 950,056 residents. The main health issues facing the District are cardiovascular disease, diabetes, cancer and respiratory disease.

Local government areas

Armidale Dumaresq, Cessnock, Dungog, Glen Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla, Walcha

Public hospitals

Community hospitals: Bulahdelah, Dungog, Wilson Memorial (Murrurundi), Quirindi, Tenterfield Hospital, Tomaree (Nelson Bay), Wee Waa, Wingham

Rural referral hospitals: Armidale, Maitland, Manning (Taree), Tamworth

Tertiary referral hospitals: John Hunter (includes Royal Newcastle Centre), John Hunter Children's Hospital, Calvary Mater Newcastle

District hospitals: Belmont, Cessnock, Glen Innes, Gloucester Soldiers Memorial, Gunnedah, Inverell, Kurri Kurri, Moree, Muswellbrook, Narrabri, Scott Memorial (Scone), Singleton

Multi-purpose Services: Manilla, Barraba, Bingara, Boggabri, Denman, Emmaville, Guyra, Merriwa, Tingha, Walcha, Warialda, Werris Creek

Public nursing homes

Hillcrest Nursing Home (Gloucester), Kimbarra Lodge Hostel (Gloucester), Wallsend Aged Care Facility

Community health centres

Armidale, Ashford, Barraba, Beresfield, Bingara, Bogabilla, Boggabri, Bulahdelah, Bundarra, Cessnock, Denman, Dungog, Eastlakes (Windale), East Maitland, Emmaville, Forster, Glen Innes, Gloucester, Gunnedah, Guyra, Gwabegar, Harrington, Hawks Nest/Tea Gardens, Inverell, Kurri Kurri, Manilla, Merriwa, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Nundle, Pilliga, Premer, Quirindi, Raymond Terrace, Scone, Singleton, Stroud, Tambar Springs, Tamworth, Taree, Tenterfield, Tingha, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (West Newcastle), Warialda, Wee Waa, Werris Creek, Western Newcastle (Wallsend), Westlakes (Toronto)

Child and family health services

Anna Bay, Barraba, Belmont, Charlestown, Denman , Edgeworth, Greta, Gunnedah, Hamilton, Kotara, Lambton, Mallabula, Manilla, Maryland, Medowie, Merriwa Morisset, Murrurundi Muswellbrook Newcastle, Quirindi, Raymond Terrace, Scone Singleton, Stockton, Tamworth, Tomaree, Toronto, Wallsend, Walcha, Waratah, Windale, Wingham

Oral health clinics

Armidale, Barraba, Beresfield, Cessnock, Forster, Glen Innes, Gunnedah, Inverell, Maitland, Moree, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Scone, Singleton, Stockton, Tamworth, Taree, Toronto, Tenterfield, Wallsend, Windale, Walcha

Third schedule facilities

Calvary Mater Newcastle

Other services

Mental health facilities: Mater Mental Health Services (Waratah), James Fletcher (sub-acute), Morisset Hospital

Mental health services: Maitland, Tamworth, Manning, Armidale and John Hunter Hospitals

Aged care and rehabilitation, children young people and families, cancer, women's health and maternity, mental health and drug and alcohol, critical care and emergency services, chronic disease

Illawarra Shoalhaven Local Health District

Lawson House, Wollongong Hospital, Loftus Street
Locked Bag 8808
South Coast Mail Centre NSW 2521

Telephone: 4222-5000
Facsimile: 4253-4878
Website: www.islhd.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Margot Mains

Year in review

The 2014-15 reporting year marked the start of a new era for our District with the development of a new *Leadership and Governance Framework,* guided by the creation of six defined clinical divisions. This new service model will ultimately deliver improved care to meet the changing needs of our diverse community.

Strengthening leadership and governance will continue to be a significant priority for the District over the next few years as will the continued development of our services, which have been bolstered by the completion of major capital works during this reporting period.

Construction and fit-out of the $106 million Illawarra Elective Surgical Services Centre at Wollongong Hospital is in the final stages, with key areas including the new Ambulatory Care Unit, Recovery Unit, Emergency Department expansion and Intensive Care Unit completed. The $30.5 million upgrade to car park facilities at Wollongong Hospital opened, more than doubling parking capacity with an additional 750 car spaces.

Shellharbour Hospital opened a new $6.7 million Ambulatory Care Centre and welcomed the announcement of $251 million for a major redevelopment and expansion of the campus, in line with our *Health Care Services Plan.* At Milton Ulladulla Hospital, planning is well underway for the construction of a $4.6 million purpose-built Renal Unit and Palliative Care expansion.

The District's information technology capability was significantly bolstered this year with the implementation of the Electronic Medical Record in the Drug and Alcohol Service and the roll out of wireless infrastructure at our hospital sites to support bedside entry of patient information.

Taking up the Chief Executive role in October, my first financial year has been about building on the strengths of the District and growing the organisation to provide safe and high quality services into the future.

Margot Mains, Chief Executive

Key achievements for 2014-15

> Completed the new Ambulatory Care Centre at Shellharbour Hospital. The Centre provides much needed additional space to increase the capacity of a range of services to better meet the needs of the southern Illawarra population.

> The $30.5 million Wollongong Hospital car park project was completed and delivered well ahead of the planned finalisation date.

> The Illawarra Elective Surgical Services building is in the final stages of completion and includes the implementation of revised models of care for surgery and intensive care to meet the service needs of the Illawarra and Shoalhaven.

> Completed the new Wollongong Hospital Ambulatory Care Centre and includes implementation of a 'one stop' model of care for outpatient services (excluding Women and Children's Health) and technology in the form of an integrated queuing system to support patient flow.

> Completed the refurbished Wollongong Hospital Emergency Department with the revised 'Better Faster Emergency Care' model of care in line with access targets. The patient-centred model has delivered more open, transparent and clinically appropriate spaces to deliver emergency care.

> Strengthened the clinical leadership through the implementation of the new *Leadership and Governance Framework* that includes the appointment of Clinical Co-Directors to the six defined clinical divisions.

> The Mental Health Service, Shellharbour and Kiama hospitals, and Integrated Community Services were accredited for three years against the National Safety and Quality Health Care Standards under the National Accreditation Scheme. All sites and services within the District now hold accreditation.

> The accomplishments in health literacy of the District were recognised at state and national level, including by the Australian Commission on Safety and Quality in Health Care and the NSW Clinical Excellence Commission, and included the receipt of two NSW Health Innovation Awards.

> Achieved ongoing improvements in workforce health and safety performance, including a 7.7 per cent reduction in claims, improved return to work outcomes and a 45 per cent reduction in open claims.

> Rolled out wireless infrastructure at our facilities to support bedside entry of the electronic patient record.

Demographic summary

The Illawarra Shoalhaven Local Health District covers four local government areas, Wollongong, Kiama, Shellharbour and Shoalhaven over a large geographic region of 5687 square kilometres. The District extends along the coastline from Helensburgh in the north to North Durras in the south. The estimated resident population for the Illawarra Shoalhaven is 396,000.

Traditional custodians of the land are the Wodi Wodi and Dharawal People. Aboriginal and Torres Strait Islander people make up 3.3 per cent (13,048 people) of the population, compared to 2.9 per cent for all NSW.

Culturally and linguistically diverse communities are well represented throughout the District, with 38,888 residents born in a non-English speaking country and approximately 5367 who do not speak English well or at all.

Over the next decade, the Illawarra Shoalhaven population is projected to reach 402,800 by 2016 and 435,850 by 2026. This equates to a projected per annum growth rate of 0.8 per cent across the District, compared to a projected average growth rate of 1.3 per cent across NSW.

The Illawarra Shoalhaven has a higher proportion of people aged 65 years and older (17.7 per cent) compared to the NSW average (14.5 per cent). Children aged less than 15 years make up 18.5 per cent of the population, similar to the NSW average of 18.9 per cent.

Current projections indicate that by 2026, approximately 24 per cent of the population of the District will be aged over 65, compared to 19 per cent for NSW. This indicates that the population of the District is projected to maintain a higher ageing population than the State average.

On average, the Illawarra Shoalhaven population is more disadvantaged than the NSW population, with the exception of the Kiama local government area. The main challenges facing the District over the next 10 years with regard to the population include addressing the rising levels of chronic and complex needs, particularly in relation to our significant Aboriginal population, reversing the increase in 'potentially avoidable' hospitalisations, particularly for diabetes, responding to mental health needs and providing sustainable clinical services.

Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public hospitals

Coledale, Bulli, Wollongong, Port Kembla, Shellharbour, Kiama, David Berry, Shoalhaven District Memorial, Milton-Ulladulla

Community health centres

Bulli, Cringila, Culburra, Dapto, Illawarra Diabetes Service, Helensburgh, Jervis Bay (Jervis Bay Territory), Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Wollongong (Piccadilly), Wreck Bay

Early childhood centres

Albion Park, Berkeley, Corrimal, Cringila, Culburra, Dapto, Fairy Meadow, Figtree, Flinders, Gerringong, Helensburgh, Kiama, Mount Terry, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warilla, Warrawong (Anglican Church) outreach, Wollongong, Woonona

Child and family services

Child and Family Service (Port Kembla) (Allied Health Services), Child and Family Service Kids Cottage (Warilla), Illawarra Child Development Centre (Porter St), Northern Family Care Centre (Woonona), Shoalhaven Family Care Centre, Southern Family Care Centre (Berkeley)

Aboriginal maternal and infant health:

Illawarra Aboriginal Maternal Infant Child Health Service Shellharbour Hospital, Jervis Bay Early Childhood Centre, Binji and Boori Aboriginal Maternal Infant Child Health Service (AMICH) Shoalhaven, Wreck Bay Community Health Centre

Oral health clinics

Bulli Hospital Dental Clinic (currently closed), Kiama Hospital Dental Clinic, Nowra Community Dental Clinic, Port Kembla Dental Clinic, Shellharbour Hospital Dental Clinic, Ulladulla Community Dental Clinic, Warilla Dental Clinic, Wollongong Dental Clinic (including Child Dental Clinic)

Other services

Integrated Chronic Disease Management, Aboriginal Health, Agency for Clinical Innovation Clinical Variation Project, Access and Referral Centre, Carer's Program, Connecting Care, Diabetes Services, HealthPathways Illawarra Shoalhaven, Healthy People, Health Improvement, Health Promotion, Multicultural Health, Mental Health Homelessness Project, Targeted Clinical Services, Sexual Health, Women's Health, Youth Health, Violence Abuse and Neglect Service, Youth Health and Homelessness Strategy, HIV / AIDS and related programs (SESLHD hosted service), Ambulatory Care, Asthma Education service, Continence Service, Palliative Care, Primary Health Nursing, Speciality wound service, Stomal therapy service, Breast Screen, Cancer Services, Drug and Alcohol Program, Medical Imaging, Mental Health Service, Multicultural Health, Pathology, Refugee Health, Research/Research Support, Rehabilitation, Aged and Extended Care, Renal Services, Clinical Redesign and Access Services

Mid North Coast Local Health District

Morton Street
PO Box 126
Port Macquarie NSW 2444

Telephone: 1800-726-997
Facsimile: 6588-2947
Website: www.mnclhd.health.nsw.gov.au
Business Hours: 8.30am-5.00pm, Monday to Friday
A/Chief Executive: Bronwyn Chalker

Year in review

The 2014-15 reporting period was an exciting year for the Mid North Coast Local Health District. The District performed well to achieve budget targets while continuing to deliver excellent public health services to the communities of the Mid North Coast.

The District is currently overseeing the largest ever capital investment in health services on the Mid North Coast. The expansion project at Port Macquarie Base Hospital has been completed and construction of Kempsey District Hospital is progressing well.

Building is also nearing completion for the $2.5 million *HealthOne* facility at Nambucca Heads.

During 2014-15, the District established a Mid North Coast Aboriginal Health Accord and launched the *Aboriginal Health Partnership Plan*.

The District regularly recognises the excellent work undertaken by more than 450 volunteers who work tirelessly at our hospitals and community health centres to support our patients, clients and staff. The volunteers assist within our hospitals and emergency departments to support patients and their families and coordinate fundraising efforts.

We are also now beginning to see the benefits of the major capital works programs across the District. These projects provide our staff with state-of-the-art facilities and the ability to implement efficiencies and improvements in the provision of quality health care and support to our communities.

Bronwyn Chalker, Acting Chief Executive

Key achievements for 2014-15

> Continued to oversee the largest capital investment program for sites on the Mid North Coast.

> Made sound progress against key Tier 1 and 2 performance measures. Significant improvement recorded in regards to National Elective Surgical Targets when compared to the previous year. The District also improved its performance by increasing the number of people treated within clinically appropriate time.

> Established an integrated care program for the Nambucca local government area and the Mid North Coast Mental Health Integrated Care Collaborative.

> Developed guidelines and protocols to gather and use patient stories. This framework incorporates other feedback mechanisms including complaints and compliments, patient survey and patient trackers. Patients' stories are presented at the start of every senior executive team and governing Board meetings.

> The Mid North Coast Local Health District was awarded district-wide accreditation status for three years by the Australian Council on Health Care Standards.

> The District continues to develop the Mid North Coast Health Research Collaborative as a joint project with health care providers, Aboriginal Medical Services and universities. The *Research Strategic Plan* was endorsed in May 2015.

> The District has increased its Aboriginal employment figure to 3.4 per cent and is working towards the target of five per cent.

> The Mid North Coast Local Health District 'Big Ideas' grant was released with the winners announced at the Mid North Coast Local Health District Quality Awards. A total of $75,000 was awarded.

> Official openings during 2014-15 included the $104 million Port Macquarie Base Hospital Expansion, the Bellingen Health Campus Sub-Acute Unit, the Wauchope Palliative Care Unit and the Wauchope Urgent Care Centre.

> Expansion of surgical activity also commenced at smaller hospitals within the District.

Demographic summary

The Mid North Coast Local Health District extends from the Port Macquarie Hastings local government area in the south to Coffs Harbour local government area in the north and provides health care services across a geographic area of approximately 11,335 square kilometres. About 212,193 residents live within the District.

Traditional custodians of the land covered by the District are the Gumbainggir, Dunghutti, Birpai, and Nganyaywana nations. Aboriginal and Torres Strait Islander people make up approximately five per cent of the population, compared to 2.9 per cent for all NSW.

Representation of culturally and linguistically diverse communities including people born overseas comprised 13 per cent of the total population in 2011. Coffs Harbour is one of several designated resettlement locations for refugees and a growing number of humanitarian refugees have settled in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of Asian migrants also reside in Laurieton, Wauchope and Port Macquarie.

In 2014-15, the child and youth population (0-24 years) made up approximately 29 per cent of the population, while those over 65 years account for approximately 28 per cent. This trend is predicted to be maintained to 2026, by which time the total population of District is expected to have increased by 13 per cent. The largest increases are being projected for the Coffs Harbour and Port Macquarie Hastings local government areas.

The main health issues facing the District are mental health illnesses and chronic age-related illnesses such as cardiac, pulmonary, diabetes, renal disease and dementia. The Mid North Coast also has significant groups of disadvantaged people, including Aboriginal people and refugees, people on low incomes and people living in small, isolated communities, all of whom are at risk of poorer health outcomes than the rest of the population. There are also some concerning trends in lifestyle behaviours and risk factors such as overweight and obesity, low levels of physical activity, poor diet and the number of people who continue to smoke.

Local government areas

Coffs Harbour, Bellingen, Kempsey, Nambucca, Port Macquarie Hastings

Public hospitals

Bellingen, Coffs Harbour, Dorrigo Multipurpose Service, Kempsey, Macksville, Port Macquarie, Wauchope

Public nursing homes

Dorrigo Residential Aged Care

Community health centres

Bellingen, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie, South West Rocks, Wauchope, Woolgoolga

Child and family health services

There are no tertiary level facilities in Mid Coast Local Health District. These services are sourced from other partners. John Hunter Children's Hospital is the tertiary facility for children's services for the District, 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

Murrumbidgee Local Health District

Wollundry Chambers
63-65 Johnston Street
Locked Bag 10
Wagga Wagga NSW 2650

Telephone:	6933-9100
Facsimile:	6933-9188
Website:	www.mlhd.health.nsw.gov.au
Business Hours:	8.00am-5.00pm, Monday to Friday
Chief Executive:	Jill Ludford

Year in review

The focus of the Murrumbidgee Local Health District was on ensuring the future sustainability of our District through lifting performance with improved system-wide changes. In 2014-15, the District achieved National Standards Accreditation.

During the year, we released the *Murrumbidgee Action Plan* (*the MAP*). *The MAP* provides an overarching framework to improve performance and deliver our *Strategic Plan*. It was developed in partnership with Medicare Locals, clinicians and other key stakeholders. It takes a whole-of-system perspective and provides the foundations to support long-term clinical and financial sustainability.

We launched Our People Our Future, a cultural change program which emphasises our role in promoting healthy living and the improvement of health outcomes for patients, clients, residents and the broader communities we serve, in collaboration and partnership with others.

We worked towards establishing an integrated system of care to ensure patient care is routinely seamless, efficient and effective. The Chronic Disease: Engaged with all Stakeholders and Services (CHESS) initiative is being established at two pilot sites. This model aims to reduce the number of avoidable hospitalisations for patients who can be managed by a general practitioner-led multidisciplinary team.

Work continued on the $282.1 million redevelopment of Wagga Wagga Base Hospital and an extensive change management program is also underway. The $12 million redevelopment of Hillston Multipurpose Service was completed.

Information and communication technology infrastructure to support a future state environment is well progressed. The HealtheNet and the Electronic Medical Record (eMR2) programs were introduced at a number of sites, enabling increased quality and improved support for the coordination of care.

Community engagement remains a priority with Local Health Advisory Committees at 32 sites involved in service planning and priority setting to provide valuable feedback on our future direction.

I thank the staff, volunteers, community and consumer representatives for their dedication in improving the health of our population and our patient experience.

Jill Ludford, Chief Executive

Key achievements for 2014-15

> Staff safety is one of our highest priorities. The District launched its BeSafe safety culture program aimed at creating positive attitudes and behaviours around workplace safety.

> A Mental Health and Drug and Alcohol Alliance and Memorandum of Understanding was completed with a range of stakeholders. This will facilitate the progression of strategies under the NSW Mental Health Commission's *Living Well Strategic Plan* and the District's *Mental Health and Drug and Alcohol Plan*.

> The Cardiology Network implemented the electrocardiogram (ECG) remote reading service. This service links NSW Ambulance to a Cardiologist at Wagga Wagga Base Hospital for interpretation of ECG results.

> A Joint Statement of Intent is under development in partnership with Murrumbidgee District Family and Community Services to harness opportunities for improved service delivery and boundaries of operation for both organisations.

> Renovated the Oncology unit at Griffith Base Hospital to provide greater patient comfort and more space. The majority of the renovation was completed using money from very generous public donations to the Oncology clinic.

> The Renal Unit at Wagga Wagga has been expanded to include a new Haemodialysis and Peritoneal Dialysis Training Unit, which will provide patients with greater flexibility in how they manage their treatment.

> In partnership with the Murrumbidgee Medicare Local, we are working with residential aged care facilities to implement the Agency for Clinical Innovation's *Building Partnerships* initiative. This will improve the care of residents and recipients of aged care services in the early detection and subsequent management of acute decline.

> Planning is well advanced for Barham, Tocumwal, Culcairn, Holbrook, Murrumburrah-Harden and Tumbarumba, as part of Stage Five of the Multipurpose Services Program.

> Launched the District Facebook page to build brand awareness, share information in a timely and customised manner and create connections with local communities.

> The Tumut Health Service Operating Theatre Reconfiguration and Upgrade, and the Young Health Service Operating Theatre Reconfiguration and Upgrade, have been approved for funding under the Rural Health Service Capital Investment Program.

Demographic summary

Murrumbidgee Local Health District provides health care services across a geographic area of approximately 125,561 square kilometres. About 238,919 residents live within the District or 289,162 when including the Albury population.

Traditional custodians of the land covered by the District are the Baraba Baraba, Nari Nari, Wemba Wemba, Wiradjuri, and Yorta Yorta peoples. Aboriginal and Torres Strait Islander people make up 3.8 per cent (10,562 people) of the population, compared to 2.9 per cent for all NSW.

The people of the District were mostly born in Australia or were from English speaking countries. Including Albury, 4.7 per cent of the population were born in a non-English speaking country and five per cent stated speaking a language other than English at home.

The District has an ageing population, areas with higher proportions of disadvantaged households and rates of hospitalisation which are significantly higher than comparative NSW data. People aged 75 years and over made up an estimated 10 per cent of the total population in 2011 (around 18,000 people). This is projected to increase to 14.4 per cent of the total population by 2026 (around 29,000 people, not including Albury and based on 2014 NSW projections).

The Murrumbidgee district is a large geographic area with relatively low population density, challenging the efficient deployment of health care resources including the specialist workforce.

While the overall District population number is not projected to change significantly, projections indicate growth in the older population which will increase demand for services. Slow population growth in the context of ageing will likely mean constrained funding growth but with the challenge of increasing complexity of patient needs.

Murrumbidgee has significantly high rates of preventable mortality and hospitalisation and relatively high rates of amenable mortality and potentially preventable hospitalisation. This suggests that a focus on prevention and early intervention could materially improve health outcomes while reducing pressures on hospital and specialist services.

Local government areas

Albury, Berrigan, Bland, Boorowa, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Lachlan, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Wakool, Young

Public hospitals

Adelong-Batlow Multipurpose Service, Barham, Berrigan Multipurpose Service, Boorowa Multipurpose Service, Coolamon Multipurpose Service, Cootamundra, Corowa, Culcairn Multipurpose Service, Deniliquin, Finley, Griffith Base, Gundagai Multipurpose Service, Hay, Henty Multipurpose Service, Hillston Multipurpose Service, Holbrook, Jerilderie Multipurpose Service, Junee Multipurpose Service, Lake Cargelligo Multipurpose Service, Leeton, Lockhart Multipurpose Service, Murrumburrah-Harden, Narrandera, Temora, Tocumwal, Tumbarumba Multipurpose Service, Tumut, Urana Multi-purpose Service, Wagga Wagga Base, West Wyalong, Young

Public nursing homes

Carramar, Leeton Norm Carroll Wing, Corowa Harry Jarvis Wing, Holbrook, Murrumburrah-Harden

Community health centres

Adelong, Ardlethan, Ariah Park, Barellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Mathoura, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Tarcutta, Temora, The Rock, Tocumwal, Tooleybuc, Tumbarumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, Weethalle, West Wyalong, and Young

Child and family health services

Adelong, Ardlethan, Ariah Park, Barellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Temora, The Rock, Tocumwal, Tooleybuc, Tumbarumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, West Wyalong, and Young

Oral health clinics

Albury, Berrigan, Cootamundra, Deniliquin, Griffith, Hay, Hillston, Junee, Leeton, Narrandera, Temora, Tumbarumba, Tumut, Wagga Wagga, West Wyalong and Young

Third schedule facilities

Mercy Health Service Albury and Mercy Care Centre Young

Other services

South West Brain Injury Rehabilitation Service, BreastScreen NSW

Nepean Blue Mountains Local Health District

Nepean Hospital, Derby Street
PO BOX 63
Penrith NSW 2751

Telephone:	4734-2000
Facsimile:	4734-3737
Website:	www.nbmlhd.health.nsw.gov.au
Business Hours:	9:00am-5.00pm, Monday to Friday
Chief Executive:	Kay Hyman

Year in review

The 2014-15 year was a period of continued success for Nepean Blue Mountains Local Health District with many achievements across a wide range of services.

The year saw the strengthening of positive relationships with consumers, community and other organisations, including a focus on developing integrated care models working with the former Nepean Blue Mountains Medicare Local.

The District developed joint plans for addressing inequalities in our region, including:

• an *Obesity Plan* and a joint *Aboriginal Engagement Strategy* with the former Nepean Blue Mountains Medicare Local

• the signing of agreements between the District, Hawkesbury District Health Service and the Hawkesbury Living Cancer Trust that will enable the delivery of a satellite chemotherapy service for local residents.

Nepean Blue Mountains Local Health District demonstrated the ability to provide world-class clinical care by implementing a range of new technology infrastructure, including successful telehealth initiatives and hosting a Telehealth Symposium to showcase initiatives across the District.

The District piloted Koori Kids Futures Health Explorations – a program designed to encourage young Aboriginal and Torres Strait Islander students towards careers in health and deepen their understanding of the role of Aboriginal and Torres Strait Islander people in health care.

In April, the Blue Mountains District ANZAC Memorial and Springwood hospitals marked the Centenary of ANZAC with a beautiful display of more than 13,000 individually crafted poppies, donated by the community. A special photographic display acknowledging local Aboriginal diggers was also included. The project was a testament to the dedication of our staff and the relationships built between facilities, community groups and the Aboriginal community.

Within research, the District is proud to have supported a range of world-class research programs including a significant discovery of a gene implicated to cause chronic lymphocytic leukaemia. The Musculoskeletal Ageing Research Program also received 12 international and national research awards and has improved the care of older people in our community.

Kay Hyman, Chief Executive

Key achievements for 2014-15

> Development of a joint *Obesity Plan* and joint *Aboriginal Engagement Strategy* with the former Nepean Blue Mountains Medicare Local to clearly define strategic intent to address key population health issues.

> Implementation of *Koori Kids Futures Health Explorations* pilot to encourage young Aboriginal students to consider taking up careers in health.

> Research conducted by Associate Professor Fuller of Nepean Blue Mountains Local Health District identified a gene implicated in the development of chronic lymphocytic leukaemia. This major discovery has significant translational potential.

> Nepean Hospital Falls and Fractures Clinic was internationally recognised for offering a unique balance re-training technique to prevent falls in older people.

> The *Get Healthy Coaching Program*, supporting adults in getting healthier and making better lifestyle choices, saw a 119 per cent increase in referrals from health professionals.

> An outreach immunisation program, offered to Aboriginal children, resulted in a 15 per cent increase in the number of under five year olds fully immunised, from 82 per cent in 2011 to 95.3 per cent in 2015 (above the 92 per cent NSW target).

> The District achieved 87.3 per cent hand hygiene compliance rates, well above the National Hand Hygiene reporting rate of 82.05 per cent for the same period (July 2014 to March 2015).

Demographic summary

The Nepean Blue Mountains Local Health District consists of both urban and semi-rural areas and provides health care services across a geographic area of approximately of 9179 square kilometres. About 348,100 residents live within the District.

Traditional custodians of the land covered by the District are the Darug, Gundungarra and Wiradjuri people. The number of people identifying as Aboriginal and Torres Strait Islander make up 3.2 per cent (11,196 people) of the population, compared to 2.9 per cent for all NSW. The largest Aboriginal community resides in Penrith. The Aboriginal population is younger than the wider District community with 55.6 per cent under 25 years of age.

People from culturally and linguistically diverse communities represent around 20 per cent of the population, with two in 10 people reporting being born overseas. The most frequently reported countries of birth were United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and the United States.

Over the next decade, the District's projected population growth is 23.8 per cent (from 2011 to 2026). The proportion of the population aged 0 to 14 years is expected to remain steady (from 20.7 per cent in 2011 to 20.5 per cent in 2026), while the proportion of older residents will increase from 7.6 per cent in 2011 to 12.1 per cent in 2026.

The largest proportions of pre-school aged children are in the local government areas of Penrith (7.6 per cent) and Hawkesbury (6.8 per cent). Higher proportions of older residents aged 70 years and over live in the local government areas of Lithgow (12.1 per cent) and the Blue Mountains (10.4 per cent).

Births and new arrivals contributed to population growth in the District with 4902 births to residents recorded during the year. The highest total fertility rate occurs in Lithgow and Hawkesbury (2.1 children per woman) followed by Blue Mountains and Penrith with 2.0 children per woman.

The main health issues facing the District are the increasing populations of older people that foreshadow new and unique challenges in health care planning, service delivery and access to specialised care.

Local government areas

Penrith, Blue Mountains, Lithgow and Hawkesbury

Public hospitals

Nepean, Blue Mountains District ANZAC Memorial, Springwood, Lithgow, Portland Tabulam Health Centre, Hawkesbury (Public – private partnership with Hawkesbury District Health Service)

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 services

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Oral health clinics

Hawkesbury, Katoomba, Lithgow, Nepean, Springwood

Third schedule facilities

Tresillian Centre

Other services

Nepean Cancer, Palliative Care and Support Services, Drug and Alcohol Services, Mental Health Services, Centre for Population Health, Primary Care and Community Health, Public Health Unit, Sexual Health, Aboriginal Health, Multicultural Health

Northern NSW Local Health District

Crawford House, Hunter Street
Locked Mail Bag 11
Lismore, NSW 2480

Telephone:	6620-2100
Facsimile:	6620-7088
Website:	www.nnswlhd.health.nsw.gov.au
Business Hours:	8.30am-5.00pm, Monday to Friday
Chief Executive:	Chris Crawford

Year in review

The last year has again proven to be very busy for Northern NSW Local Health District with significant growth in patients presenting to, and being treated at our hospitals and community services. Despite the growth, the District exceeded the National Emergency Access Target of 81 per cent with an end-of-year-result of 82 per cent of patients presenting to the emergency department being admitted, referred or discharged within four hours of presentation. In addition, the District also met the National Elective Surgery Targets in all three categories of surgical prioritisation.

Capital works programs continue to transform some of our ageing infrastructure into state-of-the-art clinical areas. While the Lismore Base Hospital Stage Three A redevelopment continues, the announcement of additional funding to complete Stage Three B of the redevelopment will result in nearly 80 per cent of the clinical areas being redeveloped to allow our patients to be managed in contemporary purpose-built clinical buildings.

During 2014-15, the redevelopment of the Murwillumbah District Hospital Emergency Department resulted in additional purpose-built patient care areas that allow staff to provide contemporary models of care. The redevelopment of the Casino Hospital Emergency Department has seen the emergence of a much larger, purpose-designed emergency department that will meet the needs of the community and staff for many years to come. The building of the new Byron Central Hospital has progressed very quickly during the last year with transfer of services from Byron and Mullumbimby District hospitals to occur in early 2016.

In 2014-15, the District entered the social media space with the launch of the Northern NSW Local Health District Facebook page and the District's Health Promotion Facebook and website Initiative. This move to social media channels is to ensure the District uses a broader range of communication mediums that reach a wider audience.

During the year, the Tweed and Byron Health Service Group including the Tweed Hospital, and Richmond Network Health Services including Lismore Base Hospital underwent accreditation surveys. The results of the accreditation surveys illustrated the high quality of clinical care and corporate and clinical governance that the District staff and Visiting Medical Officers provide across the breadth of our services against the national standards.

The Executive and Board extend huge thanks to our staff and Visiting Medical Officers who provide excellent care to the many thousands of patients receiving service from our hospitals and health services. The Executive and Board also thank the many volunteers across the District who give tirelessly of their time to assist and comfort our patients and carers in times of need.

Chris Crawford, Chief Executive

Key achievements for 2014-15

> The District received a $535,000 grant to significantly improve the integration of health services within the Northern Rivers to deliver proactive integrated care for patients with chronic diseases and complex needs.

> The District is one of the six rural local health districts currently participating in the $48 million Rural eHealth Program to expand eHealth capability over the next three years to June 2017. Activities include delivering clinical applications such as Community Health and Outpatient Care, Electronic Medical Record Phase 2 and Electronic Medication Management, corporate applications such as HealthRoster and infrastructure enhancements such as Health Wide Area Network.

> The new BreastScreen mobile bus was fitted with upgraded digital mammography equipment, a secure wireless communication system for instant transfer of diagnostic images to Lismore BreastScreen service for analysis by radiologists and wheelchair accessibility.

> Increased clinician engagement strategies to ensure clinician involvement in decision-making about resource allocation and service delivery across our services.

> Progressed the planning for construction of the Bonalbo Multipurpose Service. This required robust and effective consultation with the community to ensure the facility design meets their needs.

> Rapid development of the $88 million Byron Central Hospital. This purpose-built hospital will replace the current district hospitals in the northern (Mullumbimby) and southern (Byron Bay) parts of the Shire.

> Casino and District Memorial Hospital Emergency Department Upgrade was completed. This $3 million upgrade provides a new triage area, two new resuscitation bays, a redesigned ambulance entry, four new treatment bays, a new waiting area, Multifunctional Safe Assessment Room, dedicated Emergency Department staff room, new public toilet and refurbished clean utility room.

> Completed the $450,000 Murwillumbah Hospital Emergency Department Upgrade (Stage Three) in October 2014. This project involved extending the rear of the emergency department to create a new compliant resuscitation area, three new compliant acute observation bays, a new observation chair, a new change room and toilet in the imaging department and a refurbishment of the existing emergency department toilet for patient use.

Demographic summary

Northern NSW Local Health District is located in north eastern NSW extending from Tweed Heads in the north to Tabulum and Urbenville in the west and Nymboida and Grafton in the south. It provides health care services across a geographic area of approximately 20,732 square kilometres. About 288,241 residents live within the District.

Traditional custodians of the land covered by the District are the Bundjalung, Githabul, Gumbaynggirr, and Yaegl Nations. Aboriginal and Torres Strait Islander people make up 4.7 per cent (13,660 people) of the population, compared to 2.9 per cent for all NSW.

In 2014-15, the proportion of people aged 65 years and over continued to increase. In 2011, people aged 65 years and over comprised 19.4 per cent of the total population and by 2021 this figure is expected to increase to 24 per cent. Within the older population, the cohort of people aged 85 years and over is significant.

Over the next decade, the District's population is expected to continue to age and grow, with the overall population of the District projected to increase by 8.2 per cent to 311,903. The main health issues facing the District are demand for cardiovascular, cancer, respiratory, renal, bone and joint as well as mental health, and drug and alcohol services.

Local government areas

Ballina Shire, Byron Shire, Clarence Valley, Kyogle Shire, Lismore City, Richmond Valley, Tweed Shire Council

Public hospitals

Ballina District, Byron District, Casino and District Memorial, Grafton Base, Lismore Base, Maclean District, Mullumbimby and District War Memorial, Murwillumbah District, The Tweed Hospital, Kyogle Memorial Multi-Purpose Service, Nimbin Multipurpose Service, Urbenville Multipurpose Service, Bonalbo Health Service

Community health centres

Alstonville, Ballina, Bangalow, Banora Point, Bonalbo, Byron, Casino, Coraki/Evans Head, Grafton, Iluka, Kingscliff, Kyogle Lismore (Adult), Maclean, Mullumbimby, Murwillumbah, Nimbin, Tweed Heads, Urbenville, Yamba

Child and family health services

Ballina, Byron Bay, Casino, Goonellabah, Grafton, Maclean, Mullumbimby, Tweed Heads, Yamba

Oral health clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin, Pottsville, 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, Pottsville HealthOne

Northern Sydney Local Health District

Reserve Road
PO Box 4007
Royal North Shore Hospital
LPO St Leonards, NSW 2065

Telephone:	9462-9955
Facsimile:	9463-1029
Website:	www.nslhd.health.nsw.gov.au
Business hours:	8.30am-5.00pm, Monday to Friday
Chief Executive:	Adjunct Associate Professor Vicki Taylor

Year in review

Following the changes we commenced in 2013-14 and changes that have occurred within the broader NSW Health system, Northern Sydney Local Health District reviewed its *Clinical Services Plan* during 2014-15. The District spent much of 2014 consulting with clinicians and managers to gain their input and review before finalising the *Clinical Services Plan 2015-2022* and publishing it in May 2015.

The Plan encompasses all clinical and associated support services provided in public facilities and affiliated health organisations across the District and sets out a roadmap for the next seven years to deliver on three key focus areas:

> improving integrated care, particularly for patients with complex and ongoing health needs, in partnership with others.

> organisational reform with an emphasis on the reconfiguration and enhancement of clinical networks to lead and advise on clinical service standards and development.

> development of an academic health sciences centre for Northern Sydney to embed research and education into clinical practice and support transformational change in service delivery.

The implementation of the new operating model will see the District transition from a facility-based model to a network-led operating model. The Clinical Network Director roles have been appointed and a new charter finalised. The new charter clearly defines the role of Clinical Networks in establishing and overseeing standards of care, providing leadership in relation to education and research, and providing advice in relation to service development, resource allocation and workforce requirements.

The Clinical Networks, supported by the District, will be primarily responsible for the implementation of the 150 recommendations identified in the *Clinical Services Plan 2015-2022*. This model represents a new level of clinical engagement and will empower clinicians to work with our existing divisional structures, site managers and executive teams to drive change that benefits patients by delivering the right care, in the right place and at the right time.

The first major initiative of our new Cancer and Palliative Care Services Network was the review of palliative care across the District to develop a patient-centred framework for the future. The review encompassed robust discussions with staff, clinicians, external providers and patient advocates around current service provision and also identified gaps. The District is now working on the recommendations from the review to provide the community with a sustainable service over time. In support of this goal, the Network has become a budget-holding network, meaning that it has both accountability for and flexibility of resource allocation and management across a range of services.

The District is committed to working with our new clinical networks as they focus on achieving positive patient outcomes through strong partnerships, internally and externally, with our stakeholders to deliver on our key initiatives.

Adjunct Associate Professor Vicki Taylor, Chief Executive

Key achievements for 2014-15

> Opened the $1.8 million short stay unit at Mona Vale Hospital in July 2014.

> In October 2014, the NSW Government announced Healthscope Limited as the preferred hospital operator to design, build, operate and maintain the Northern Beaches Hospital.

> Officially opened Royal North Shore Hospital's Clinical Services Building on 12 December 2014.

> Northern Sydney Local Health District together with the former Northern Sydney Medicare Local and the former Sydney North Shore and Beaches Medicare Local is implementing a musculoskeletal initiative in primary health with support and funding from the Agency of Clinical Innovation.

> The District has also been successful in obtaining funds from the NSW Ministry of Health and the Planning and Innovation Fund to support developments in hospital-based services which are part of the integrated care initiative.

> In March 2015, a Geriatric Medicine Specialist trainee was approved by the Australasian College of Emergency Medicine to work in the emergency department at Hornsby Ku-ring-gai Hospital, responding to the needs of the ageing population. This is an Australian first.

> Northern Sydney Local Health District Workforce and Culture Directorate has developed a number of strategies including Fitness Passport, talent development and PRIDE (Performance Review for Improvement and Development of Employees) to support and encourage staff in the workplace.

> The Assessment Planning Unit at Ryde Hospital has reduced the length of stay from 70 hours to 46 hours and improved its readmission rate from 7.5 per cent to 2.5 per cent, in its first year of operation.

> Royal North Shore Hospital conducted a multi-agency counter terrorism field exercise to evaluate the hospital's internal incident management arrangements and integration with external emergency services when responding to an incident involving chemical weapons. The exercise enabled practical application and validation of the Hospital's established emergency plans (*Mass Decontamination and Dignitary Plan*) while fostering important relationships with external agencies. Opportunities were also identified for improvement.

> Successful accreditation for EQuIP National Standards for the District's Primary and Community Health. This is the inaugural accreditation for Primary and Community Health in NSW.

> Established the Integrated Rheumatology-Podiatry Service at Royal North Shore Hospital to improve access to care, adopt validated tools to measure effectiveness, and allow the podiatrist and the rheumatologist to consult together in the one clinic.

Demographic summary

Northern Sydney Local Health District is located between Sydney Harbour and the Hawkesbury River and provides health care services across a geographic area of approximately 900 square kilometres.

About 853,162 residents live within the District with 22.1 per cent born in non-English speaking countries and one in five speaking a language other than English at home.

Traditional custodians of the land covered by the District are the Guringai and Dharug Aboriginal nations. Approximately 0.3 per cent (2463 people) of residents identified as Aboriginal or Torres Strait Islander compared to 2.9 per cent for all NSW.

Between 2015 and 2025 the population is expected to grow by 13.6 per cent to over one million, with high rates of growth of people aged 70 and over.

The District is characterised by low average disadvantage rates and high levels of private health insurance (about 70 per cent), but with higher disadvantage in some areas and relatively high rates of people living alone. Generally, health risk factor rates and the standardised mortality rates are lower than the state average, however Northern Sydney has a higher mortality rate for stroke than the NSW average.

Local government areas

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

Public hospitals

Hornsby Ku-ring-gai, Macquarie, Royal North Shore, Ryde, Manly, Mona Vale

Community health centres

Allambie Heights, Berowra, Brooklyn, Brookvale Early Intervention Centre, Chatswood, Cremorne, Dalwood Children's Services, Dee Why Public School, Frenchs Forest, Galston, Gladesville Hospital, Hillview, Hornsby Hospital, Manly Hospital, Manly Sydney Road Methadone Clinic, Mona Vale Hospital, Mona Vale, Pennant Hills, Pittwater Road Clinic, Queenscliff, Royal North Shore, Ryde Community Mental Health, Top Ryde, Wahroonga Rehabilitation Centre, Wiseman's Ferry

Child and family health services

Avalon, Balgowlah, Berowra, Chatswood, Cremorne, Crows Nest, Dee Why, Frenchs Forest, Galston, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Marsfield, Mona Vale, Narrabeen, Pennant Hills, St Ives, Top Ryde, West Ryde, Royal North Shore Hospital, Ryde Hospital

Oral health clinics

Cox's Road, North Ryde, Dee Why, Hornsby Ku-ring-gai Hospital, Mona Vale Hospital, Royal North Shore Community Health Centre, Top Ryde

Third schedule facilities

Greenwich, Royal Rehabilitation, Neringah

Other services

Aboriginal health, acute post-acute care, aged care and rehabilitation, ambulatory care, BreastScreen, child protection, chronic care, community home nursing, domestic violence, HIV and related programs, interpreter services, men's health, mental health drug and alcohol, multicultural health, palliative care, sexual assault, women and children's health

South Eastern Sydney Local Health District

Sydney & Eye Hospital
War Memorial
Royal Hospital for Women
Prince of Wales
Calvary Healthcare
St George
Sutherland

Corner the Kingsway and Kareena Road
Caringbah NSW 2229
Locked Mail Bag 21
Taren Point NSW 2229

Telephone: 9540-7756
Facsimile: 9540-8757
Email: SESLHDMail@sesiahs.health.nsw.gov.au
Website: www.seslhd.health.nsw.gov.au
Business Hours: 8:30am-5pm, Monday to Friday
Chief Executive: Gerry Marr

Year in review

South Eastern Sydney Local Health District has begun its process of transformation through the *Journey to Excellence Strategy*, which is underpinned by the Institute for Healthcare Improvement's Triple Aim of improving quality of care, health of the population and value and financial sustainability.

Over the past 12 months, staff at all levels have been involved in building capacity and capability for a more positive workplace. This work was facilitated by the newly established Improvement and Innovation Hub. The District is building an improvement culture by optimising staff engagement and investment in innovation, organisational development and improvement in quality and safety.

The strategic direction allows staff to focus on best practice, patient-centred care while addressing financial stability. Its broader objectives and focus have been to reform business processes to become more streamlined; tackle waste and variation within the organisations; become a single cohesive district; inspire innovation; and transform leadership and workplace culture.

Integrated care is a priority as the District is faced with the future challenges of an increasing and ageing population, experiencing long term conditions. It is important to explore new integrated models of care, which is being done through the *Integrated Care Strategy and Action Plan*.

Investment in innovation has seen new models of care developed including:

• the multi-level skin cancer and wound clinic, a $1.2 million project that aims to establish a new model of integrated care to improve assessment and treatment times

• the Children's Acute Review Service, which reduces the need for sick children to attend emergency departments, however still allows treatment by specialist paediatricians and nurses.

Developing new models of care is imperative to meet the growing health care demands. Over the past year, there were 216,569 emergency department presentations across the District, an increase of 3.5 per cent.

Engaging with consumers and communities in their health care is imperative in improving health outcomes. A new community partnerships portfolio has been established to provide support to staff to engage with consumers, carers and non-government organisations to identify gaps in services, improve access to services and achieve a more integrated health and social care system.

Gerry Marr, Chief Executive

Key achievements for 2014-15

> Developed the *Integrated Care Strategy and Action Plan* to set the direction for facilities and services to deliver seamless care to patients with the assistance of health care providers outside a hospital setting.

> Opened HealthOne clinic at Sutherland Hospital. This clinic works with general practitioners and patients on preventive care to empower patients with long term conditions to make decisions about their care, without the need to come to hospital.

> Managed an extensive capital works program including the completion of Stage One of the Nelune Cancer Care Centre on the Randwick Hospital Campus; the opening of the $41 million St George Hospital Emergency Department; the commencement of the $300 million redevelopment of St George Hospital and the expansion of Sutherland Hospital.

> Continued to drive organisational improvements and efficiencies through the *Journey to Excellence Strategy*. This has seen the establishment of the Program Management Office that has removed duplication and reduced inefficient processes to better support frontline services.

> In a world-first, the Randwick Hospitals Campus and University of NSW launched the Australasian Oncofertility Registry which captures a cancer patient's fertility journey from diagnosis into survivorship, enabling cancer survivors to plan for a family.

> Invested in improving clinical informatics to provide meaningful data to frontline staff through the development of Organisational Reporting and Business Intelligence for Transformation (OrBiT), a system that allows clinicians to use one platform rather than multiple systems to create reports and measure activity.

> Opened the Recovery College, the first of its kind in NSW, aimed at providing people with the knowledge and skills to self-manage their mental health condition. The College has established partnerships with local community colleges to help enrol students and assist them with re-engaging in employment and education.

> Supported an improved workplace culture by seeking staff feedback on what matters most to them through the Big Conversation Program. This involved 800 conversations with staff that will create a framework for future initiatives.

Demographic summary

The South Eastern Sydney Local Health District stretches along nine local government areas bordering Sydney Harbour and the Pacific Ocean in the north and east, and extending to the Royal National Park in the south. These local government areas are Sydney (part–Sydney East and Sydney Inner Statistical Local Areas), Woollahra, Waverley, Randwick, Botany Bay, Rockdale, Kogarah, Hurstville and Sutherland Shire. Lord Howe Island is also part of the District. The average population density in South Eastern Sydney is 1736 residents per square kilometre.

Approximately 850,000 people were living in South Eastern Sydney in 2011. The population is projected to increase by 14 per cent to 970,000 by 2021.

Consistent with the pattern for NSW as a whole, between 2011 and 2022, the fastest growing age group in this District will be the 70-84 years age group (+35 per cent), followed by the 85 years and over age group (+27 per cent).

In 2011, over 7000 South Eastern Sydney residents identified as Aboriginal or Torres Strait Islander people, equating to 1.0 per cent of the population, compared to 2.9 per cent for all NSW. In addition, over 300,000 residents were born overseas, equating to around 40 per cent of the population. More than a third of our residents speak a language other than English at home and of these about 10 per cent report that they do not speak English well or at all.

While South Eastern Sydney is one of the healthiest areas in NSW, not all South Eastern Sydney residents fare equally well in terms of their health. This is most evident for Aboriginal people as well as people who are disadvantaged socio-economically, including those who are homeless, long term unemployed and people with mental illness.

The greatest inequalities exist for causes considered to be potentially avoidable, in particular major long term conditions such as coronary heart disease, chronic obstructive pulmonary disease, lung cancer and diabetes.

Local government areas

Botany Bay, Hurstville, Kogarah, Randwick, Rockdale, Sutherland Shire, Sydney (part)*, Waverley, Woollahra, Lord Howe Island^

*Sydney Local Government Area split between Sydney Local Health District and South Eastern Sydney Local Heath District

^Lord Howe Island is part of Unincorporated NSW and included with South Eastern Sydney Local Health District

Public hospitals

Gower Wilson – Multipurpose Service (Lord Howe Island), Prince of Wales Hospital and Health Services, St George Hospital and Health Services, Royal Hospital for Women, Sydney/Sydney Eye Hospital and Health Services, Sutherland Hospital and Health Services

Public nursing homes

Garrawarra Centre

Community health centres

Bondi Junction, Caringbah (at Sutherland Hospital), Engadine, Maroubra, Menai, Randwick (at Prince of Wales Hospital), Rockdale

Child and family health services

Arncliffe, Brighton, Caringbah, Cronulla, Engadine, Gymea, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

Oral health clinics

Chifley, Daceyville, Hurstville, Mascot, Menai, Randwick (at Prince of Wales Hospital), Rockdale, Surry Hills

Third schedule facilities

War Memorial Hospital Waverley, Calvary Health Care Sydney

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 and Alcohol (Darlinghurst – Kirketon Road Clinic), Drug and Alcohol (Surry Hills – Langton Centre)

Southern NSW Local Health District

Peppertree Lodge
Queanbeyan Hospital Campus
Corner Erin and Collet Streets
Queanbeyan NSW 2620

Telephone: 6213-8668
Facsimile: 6213-8444
Website: www.snswlhd.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Dr Max Alexander

Year in review

Southern NSW Local Health District has continued to perform well in terms of budgetary control, patient care and reputation.

The District significantly improved its financial performance in 2014-15 with a $2.9 million surplus. This maintains the continuous improvement from the District's $8 million deficit in the first year of operation in 2011-12.

In clinical operations, the National Elective Surgery Targets were met for all categories, as well as the transfer of care and the triage targets. Cancellation rates on day of surgery were 1 per cent. This is below the favourable limit of 2 per cent.

The District's emergency access compliance rate stood at 83 per cent.

The District's ongoing commitment to community engagement activities has helped to greatly improve public understanding and discussion of local health issues since its formation.

An extensive program of capital works has been delivered during the year including:

• the new $11.8 million Eurobodalla sub-acute rehabilitation unit opened in Moruya in February 2015, boosting health services in Eurobodalla to meet the gap between Moruya's acute care and home-based rehabilitation care services.

• the $6.75 million Eurobodalla renal and cancer care units in Moruya, due to be opened in December 2015.

• the new $187.1 million South East Regional Hospital at Bega, which is the biggest construction project in South Eastern NSW is nearing completion, and is due for handover in late 2015.

• the District received a major government commitment of $120 million for the redevelopment of the Goulburn Base Hospital. Planning for the redevelopment has commenced with a final business case scheduled to be presented to government in 2016. Meanwhile, new facilities and upgrades of medical and surgical wards in the existing hospital have progressed with minimal disruption to patients and staff.

• the planning for a $10 million redevelopment of Cooma District Hospital to enhance the Emergency Department, radiology services and the maternity ward, as well as fund the construction of a new ambulatory care centre.

• the new $1.5 million HealthOne facility at Yass, with the opening scheduled for October 2015. The new model of care will bring greater use of shared and effective care strategies for patients and clients of the Yass Health Service. It will also provide informed guidance for health professionals to ensure appropriate services are provided for the chronically ill and elderly members of the Yass community.

• preliminary planning for a Multipurpose Service in Yass with a $8 million development commitment made by the NSW Government in March this year.

• planning for the future health needs of the Braidwood community has started with the Health Services Plan expected to be completed by late 2015. An adjoining house and property has been purchased to consolidate the Braidwood Multipurpose Service campus and enable flexible planning options for future development.

I extend my appreciation to all those who have contributed to the growth in service delivery, professionalism and reputation of the District. This is to the credit of the dedicated staff across the District, to the Board Chair and members, the Community Consultative Committees and the many volunteers who have given freely in support of the patients and District health services.

Work is being undertaken by the Board and Executive on a new strategic plan for the District for 2016–2019 and I have every confidence that this will drive further improved service delivery and performance for the next three years and well into the future.

Dr Max Alexander, Chief Executive

Key achievements for 2014-15

> Delivered a $2.9 million budget surplus.

> The reputation of the District has significantly increased over the reporting period. This has been reflected through the success of community engagement activities, proactive media relations and positive media coverage.

> Agreement was reached for the District to offer southern NSW residents on ACT wait lists, reduced waiting times for elective surgery and treatment closer to home. This reverse flow agreement allows these patients who are waiting for low-risk general surgery, gynaecology and orthopaedics to be treated in Southern NSW Local Health District hospitals, mainly Queanbeyan and Bega.

> The Cooma Nursing and Midwifery Rural Clinical School was created, the first of its type in NSW. In this joint venture, the District has partnered with Charles Sturt University and the University of Wollongong.

> A draft *Palliative Care Services Plan* has been created for public comment.

> The Maternity Unit at Queanbeyan Hospital was awarded its fourth consecutive 'Baby Friendly Health Initiative' Accreditation Certificate. The only other NSW Hospital to have achieved the same status is the Royal Hospital for Women in Sydney.

> Clinical Services Plans were completed in Goulburn, Monaro and Queanbeyan including extensive consultation with the communities served, resulting in substantial forward plans for health services in each area.

Demographic summary

Southern NSW Local Health District occupies 44,529 square kilometres in the south-eastern corner of NSW, encompassing 10 local government areas.

The estimated resident population of the District at June 2013, was 200,013 which is about 2.7 per cent of the total NSW population and 12.2 per cent of the state's rural population. The District's population is projected to grow to 220,050 by 2021, to 230,850 by 2026, and to 240,700 by 2031. The greatest population growth by 2021 will be in Queanbeyan, which is projected to have an additional 9050 residents within the next ten years. A slight decline in population is projected for the Upper Lachlan and Bombala local government areas.

In the 2011 Census, about 5500 residents or 2.9 per cent of the population identified as Aboriginal or Torres Strait Islander. Nearly 25,000 residents or 12.6 per cent were born overseas and about half of these were born in predominantly non-English speaking countries.

Adults aged over 65 years make up 19 per cent of the population and it is predicted that this will be the fastest growing age group. It will result in 4.2 older people to every 10 people of working age over the next 15 years. The Eurobodalla is projected to have the biggest increase in residents over age 65, with an additional 4100 by 2021, followed by Bega Valley with an additional 2750. The local government areas with significant growth predicted in the younger age groups are Queanbeyan, Yass Valley and Palerang.

Local government areas

Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn Malware, Palerang, Queanbeyan, Snowy River, Upper Lachlan, Yass Valley

Public hospitals

Batemans Bay District, Bega District, Braidwood Multipurpose Service, Bombala Multipurpose Service, Cooma Hospital and Health Service, Crookwell District, Delegate Multipurpose Service, Goulburn Base, Bourke St Health Service, Kenmore and Chisholm Ross Centre, Moruya District, Pambula District, Queanbeyan District, Yass District

Community health centres

Batemans Bay, Bega, Bombala, Braidwood, Cooma, Crookwell, Delegate, Eden, Goulburn, Jindabyne, Moruya, Narooma, Pambula, Queanbeyan, Yass

Child and family health services

Karabar

Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

South Western Sydney Local Health District

Liverpool Hospital, Eastern Campus
Locked Bag 7279
Liverpool BC 1871

Telehone: 8738 6000
Facsimile: 8738 6001
Website: www.swslhd.nsw.gov.au
Business hours: 8:30am-5:00pm, Monday to Friday
Chief Executive: Amanda Larkin

Year in review

South Western Sydney Local Health District has experienced a year of outstanding achievements. This was largely thanks to the people, teams and communities who helped us continue to deliver our vision of leading care, healthier communities.

The District's first Integrated Primary Care Centre opened in Oran Park, offering community nursing clinics and child and family services to the local community. The Centre is enhancing local access for communities and reducing demand on hospitals to provide these services.

A $9 million contribution to funding for the construction of the University of Western Sydney Clinical School at Campbelltown Hospital was pledged in the 2014-15 budget. The University also committed $12.2 million to the project.

A new Centre for Oncology Education and Research Translation opened at Liverpool Hospital, linking cancer research with patient care to better target cancers, improve cure rates and reduce side effects for patients.

Staff are benefiting from state-of-the-art training and education facilities following the opening of the $6.2 million Ngara Education Centre on the Liverpool Hospital Eastern Campus. The Centre provides training and orientation for health professions including nursing, allied health, corporate services and medical staff. It features high-acuity rooms to train for emergencies or deteriorating patients with two high-tech simulation manikins.

The Public Health Unit Immunisation Team targeted 33 high schools in term three of 2014 to provide students with an opportunity for a second MMR (measles mumps rubella) vaccine. This was the largest targeted 'catch-up' program of any district in the state.

More than 60 staff from across the District participated in the first Innovation Forum. The Forum was a great success, exploring ideas on how to build on existing work that enables and fosters innovation. Grants were given to five participants to further develop their innovative ideas.

Amanda Larkin, Chief Executive

Key achievements for 2014-15

> The acute services building, the centrepiece of the Campbelltown Hospital $134 million redevelopment was commissioned and included a pathology laboratory, outpatient and ambulatory care clinics and wards. The NSW Government announced a $300 million injection of funds to kick start the Campbelltown Hospital Stage Two major redevelopment.

> The Ingham Institute Clinical Skills and Simulation Centre at Liverpool Hospital unveiled a new Anatomage Table. The Table takes life-sized images like x-rays, ultrasounds and MRIs and creates 3D versions that can be manipulated, rotated, dissected and layered for training purposes.

> Staff and patients from the Liverpool Hospital Mental Health service participated in a three part documentary series called *Changing Minds*, aimed at reducing the stigma surrounding mental illness. The series aired on the ABC in October 2015, during Mental Health Month.

> District staff were honoured at the NSW Health Excellence in Nursing and Midwifery Awards, receiving two awards. Staff also received two NSW Health Awards in the Preventative Health and Collaborative Team categories, and Aboriginal Health programs were recognised with four awards at the NSW Aboriginal Health Awards.

> Bankstown Hospital and South Western Sydney Local Health District Community Health received accreditation following a review by the Australian Council on Healthcare Standards.

> Launched a Deadly Tots app providing health information and advice to Aboriginal families with young children. The project was funded by the Office for Aboriginal and Torres Strait Islander Health and run in partnership with Resourcing Parents and The Families NSW Statewide Parenting Project.

> The *Information Communication and Technology Strategy* was launched which will provide a roadmap for becoming a digital district and for working towards becoming an integrated digital health community.

> Established the P.A.R.T.Y (Prevent Alcohol and Risk-Related Trauma in Youth) Program at Liverpool Hospital. The Program is aimed at providing teenagers with information to recognise potential injury producing situations and adopt behaviours that minimise unnecessary risk.

Demographic summary

South Western Sydney Local Health District is located in metropolitan Sydney extending to the Southern Highlands and provides health care services across a geographic area of approximately 6243 square kilometres. About 922,000 residents live within the District.

Traditional custodians of the land covered by the District are the Tharawal, Gundungurra and Dharug nations. Aboriginal and Torres Strait Islander people make up 1.6 per cent (13,070 people) of the population (3.2 per cent in Campbelltown), compared to 2.9 per cent for all NSW.

People born overseas account for 36 per cent of the population and 48 per cent speak a language other than English at home. Around 37 per cent of refugees to NSW have settled in the District.

Over the next decade, the District's population is expected to increase to over 1.14 million. The number of people aged over 65 years is expected to increase by 86 per cent by 2026. Rapid population growth is expected from the South West Growth Centre resulting in the Camden and Liverpool local government areas increasing in population by 84 per cent and 20 per cent respectively by 2021. Camden is set to experience the largest household growth rate in NSW at 5.5 per cent per annum through to 2031.

Growth will also occur broadly across the District through urban infill. Additional to this, longer term there will be potential jobs and population growth from the Greater Macarthur Land Release Investigation area (90,000 dwellings and 250,000 population) and the proposed Western Sydney Airport at Badgery's Creek.

The main health issues facing the District (compared to the NSW average) are higher standardised mortality rate from cardiovascular disease, higher incidence of some cancers such as lung, thyroid, stomach, kidney, liver, higher prevalence of diabetes, higher rates of Hepatitis B and Hepatitis C, lower participation rate in breast cancer and cervical cancer screening, poorer on health related behaviours including smoking, physical activity, overweight and obesity, and adequate vegetable intake. Fourteen of the 20 most disadvantaged suburbs in Sydney are located in the District, contributing to social determinants of health.

Local government areas

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

Public hospitals

Bankstown-Lidcombe, Bowral and District, Camden, Campbelltown, Fairfield, Liverpool

Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown (Executive Unit/Triple I), Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller – Budyari, Miller – The Hub, Moorebank, Narellan, Prairiewood (Fairfield Hospital), Rosemeadow, Wollondilly, The Corner Youth Health Service (Bankstown), Traxside Youth Health Service (Campbelltown), Fairfield Liverpool Youth Health Team

Child and family health services

Bargo, Bonnyrigg Heights, Bowral, Bringelly, Cabramatta, Camden, Campbelltown, Carramar, Chester Hill, Claymore, Edensor Park, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway Park, Hilltop, Hinchinbrook, Holsworthy, Hoxton Park, Ingleburn, Liverpool, Macquarie Fields, Macarthur Square, Miller, Mittagong, Moorebank, Moss Vale, Mt Pritchard, Narellan, Padstow, Panania, Penrose, Prairewood, Robertson, Robert Townsend, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

Oral health clinics

Bankstown (Child), Yagoona (Adult), Fairfield, Liverpool, Ingleburn, Rosemeadow, Tahmoor, Narellan, Bowral

Third schedule facilities

Braeside Hospital, Karitane, South West Sydney Scarba service, The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Other services

Aboriginal health, community health, drug health, mental health, population health, oral health, BreastScreen NSW, NSW Refugee Health Service (statewide service)

Sydney Local Health District

Level 11 North, King George V Building
83 Missenden Road
PO Box M30
Missenden Road, NSW, 2050

Telephone: 9515-9600
Facsimile: 9515-9610
Email: slhd.esu@sswahs.nsw.gov.au
Website: www.slhd.nsw.gov.au
Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Dr Teresa Anderson

Year in review

Sydney Local Health District is proud of the ongoing commitment of its staff who work with our patients, clients and their families to achieve our vision of excellence in health care for all.

Across the District, almost 152,000 people attended our emergency departments, we performed 29,000 operations and more than 6700 babies were born at Royal Prince Alfred and Canterbury hospitals. More than 900 of our staff provided around 100 community-based services. Sydney Dental Hospital and Oral Health, Community Health and Mental Health achieved accreditation against the national standards; we maintained outstanding performance and came in on budget.

The District was recognised as one of the world's best for using medical research to improve patient care. Sydney Health Partners, a collaboration between Sydney, Western Sydney and Northern Sydney local health districts, The Sydney Children's Hospitals Network and their Medical Research Institutes, and the University of Sydney was named as one of just four of the National Health and Medical Research Council's Advanced Health and Research Translation Centres.

As part of the Sydney Metropolitan Local Aboriginal Health Partnership, the District hosted the first Aboriginal Social Determinants of Health Forum focused on reducing the gap in life expectancy between non-Aboriginal and Aboriginal people.

We celebrated the opening of the world-class Professor Marie Bashir Centre for mental health at Royal Prince Alfred Hospital, the cutting edge Charles Perkins Centre clinics at Royal Prince Alfred Hospital, more than a century of services for children and families at our community health run, free early childhood clinics and the 110 year anniversary of the Sydney Dental Hospital.

Technology was a key focus with the launch of our new *Information and Communication Technology Strategic Plan,* the roll out of Electronic Medication Management, a state first, advanced identity band trial at Concord Hospital and electronic patient journey boards among the highlights.

We launched The Pitch, a competition to foster ideas from our staff, held our third annual Sydney Research and Innovation Symposium and implemented the Patient and Family Centred Care Program designed to enhance the patient experience.

As we work to achieve the actions of our refreshed strategic plan, we welcomed the announcement by the NSW Government that Concord Hospital will become the nation's first comprehensive centre for returned servicemen and women as part of a $150 million redevelopment.

We continue to strive to help our community be fitter, healthier and able to live full and meaningful lives.

Dr Teresa Anderson, Chief Executive

Key achievements for 2014-15

> A major initiative for the District was our Patient and Family Centred Care Program. This aims to improve the patient experience through a focus on our facilities, organisation, staff, community, education, training and research. Some key initiatives included the Heart of Health Program to support wellness and resilience, a new 'findmyway' app for patients navigating our hospital campuses, consumer led training for our staff, waiting room projects and health literacy initiatives such as a consumer health conversation series.

> A focus on innovation and collaboration for the District included the launch of The Pitch competition series for staff aimed at fostering innovative ideas across the organisation. Winning initiatives included a new Therapy Garden for rehabilitation patients at Balmain Hospital.

> The District hosted its third annual Sydney Innovation and Research Symposium bringing together more than 650 delegates and 40 distinguished speakers.

> Two new institutes were officially launched, the Royal Prince Alfred Institute of Academic Surgery and the Ageing and Alzheimers Institute at Concord Hospital.

> A new, purpose-built, world-class mental health centre was officially opened at Royal Prince Alfred Hospital. The Professor Marie Bashir Centre is a $67 million, 73 bed initiative between the State Government, Sydney Local Health District and the University of Sydney.

> Royal Prince Alfred Hospital performed its 1500th liver transplant and announced Australia's first dedicated organ donation and transplantation unit in a bid to increase donation rates across the state. It also launched the *Organ Donation for Transplantation Plan 2014-2017,* the first plan of its kind in NSW.

> Sydney became one of only two health districts in NSW to be granted the baby-friendly health initiative status. Royal Prince Alfred and Canterbury hospitals were accredited by the World Health Organisation for the standard of support provided to breastfeeding mothers.

> The District also welcomed 18 Aboriginal Administrative Trainees to be employed full time while completing their qualifications. This is the first program of its kind for the District.

> The District officially launched the Population Health Observatory and developed the Health Equity Research and Development Unit.

Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney, covering the local government areas of City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield and covers 126 square kilometres.

Traditional owners of the land covered by the District are the Gadigal and Wangal people of the Eora Nation. At the time of the 2011 Census 0.8 per cent (4875 people) of residents identified as either Aboriginal or Torres Strait Islander, compared to 2.9 per cent for all NSW.

The District provides health care to about 600,000 people living locally, as well as a large population outside the District requiring tertiary and quaternary health care services, such as trauma care, intensive care and transplantation surgery.

Across the District, 43 per cent of residents speak a language other than English at home, almost twice the level of NSW as a whole (22 per cent). Between 2008 and 2013, more than 1600 humanitarian arrivals (refugees) settled in the District with large numbers coming from China, Burma, Iraq, Iran, Sri Lanka and Sierra Leone.

An estimated 106,960 people with disability live in the District and about 45,000 people identify as being unpaid carers.

The District is characterised by socio-economic diversity with pockets of extreme advantage and disadvantage. In 2011, there were an estimated 4496 people living with homelessness in Sydney (16 per cent of all homelessness in NSW).

By 2021, the District population is expected to reach 681,000, growing to 772,500 by 2031. Four out of the six major UrbanGrowth NSW developments are within the Sydney Local Health District.

Population growth in the 70-84 and 85 plus year age groups is predicted to increase 78.1 per cent and 98.9 per cent respectively by 2031.

According to Australian Bureau of Statistics data, 9269 babies were born to Sydney mothers in 2013 representing 9.3 per cent of all babies born in NSW.

Local government areas

City of Sydney, Leichhardt, Marrickville, Ashfield, Burwood, Strathfield, Canada Bay, Canterbury

Public hospitals

Balmain, Canterbury, Concord Centre for Mental Health, Concord Repatriation General, Royal Prince Alfred, Sydney Dental, Thomas Walker

Community health centres

Marrickville, Croydon, Redfern, Canterbury, Camperdown

Our community health centres provide a range of services across our clinical networks and streams, including Child and Family Health, Community Nursing, Mental Health, Oral Health, Drug Health, Sexual Health and HIV, and Aboriginal Health Services

Child and family health services

Canterbury Community Health Centre, Croydon Health Centre, Marrickville Health Centre, Camperdown Community Health Centre

Early childhood health centres

Alexandria, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord, Croydon, Earlwood, Five Dock, Glebe, Homebush West, Lakemba, Leichhardt, Marrickville, Punchbowl

Oral health clinics

Canterbury, Concord, Croydon, Marrickville, Royal Prince Alfred hospitals, Sydney Dental Hospital

Outreach services are provided to rural and remote Aboriginal communities in partnership with Aboriginal Medical Services and Aboriginal Community Controlled Health Services

Third schedule facilities

Tresillian Family Care Centres

Other services

Aboriginal health, aged chronic care and rehabilitation services, allied health, BreastScreen services (RPA, Canterbury and the mobile van), centre for education and workforce development, Concord Cancer Centre, community nursing services, community HIV allied health service, Croydon health centre, drug health, Sydney health care interpreter service, heterosexual HIV service (statewide), mental health services, nursing and midwifery services, oral health, population health, sexual health service and outreach clinics, Sydney Local Health District research, Sydney research (16 founding members including Sydney Local Health District, primary health network, University of Sydney and affiliated medical research institutes and centres), the George Institute, the Centenary Institute, the Heart Research Institute, ANZAC Research Institute, Asbestos Disease Related Institute, Woolcock Institute, The Baird Institute, Lifehouse, Surgical Outcomes Research Centre, Centre for Education and Research on Ageing, Brain and Mind Centre, National Health and Medical Research Council Clinical Trials Centre, Charles Perkins Centre, Sydney South West Pathology Services (NSW Pathology), Yaralla Estate, youth health service and Outreach clinics

Western NSW Local Health District

23 Hawthorn Street
Dubbo PO Box 4061
Dubbo NSW 2830

Telephone: 6841-2222
Facsimile: 6841-2225
Website: www.wnswlhd.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Scott McLachlan

Year in review

The development of integrated care was one of the key focus areas during 2014-15. Western NSW Local Health District partnered with the former Western NSW and Far West Medicare Local and Bila Muuji Aboriginal Health Services to develop the *Western NSW Integrated Care Strategy.*

Currently being implemented in Cowra, Dubbo, Cobar, Molong and Wellington, the Strategy aims to better connect and resource our highly skilled and dedicated health providers (general practitioners, nurses, specialists and allied health) to provide care that responds to all areas of a person's health needs, with a focus on closing the Aboriginal health gap, mental health and chronic disease.

Significant progress was made on the District's capital works projects with the near-completion of the $91.3 million Stage One and Two of the Dubbo Hospital redevelopment. Stages Three and Four of the redevelopment were announced with $150 million committed and planning has commenced.
As part of the Lachlan Health Service Project, construction is also nearly complete on the $72.5 million Parkes Hospital redevelopment and the Forbes Hospital $40.9 million refurbishment. Construction of the new $7 million Gulgong Multipurpose Service and $12 million Peak Hill Multipurpose Service were completed and commissioned.

Funding was announced and planning commenced for the current stage of the Multipurpose Service Program which includes the Walgett Multipurpose Service, Molong Health Service, Rylstone Multipurpose Service, Coolah Multipurpose Service and Cobar Health Service.

During 2014-15, extensive planning and consultation around the District's Mental Health, Drug and Alcohol Transformation Project took place with a new model of care developed for Board endorsement and further consultation. The new service model will reflect a more contemporary model of care by increasing community services and residential care and decreasing inpatient care. It will enhance the hub and spoke model to ensure an equitable spread of services and better align services with demography and need.

The District maintained its financial performance recording favourable Net Cost of Service result for 2014-15 of $0.2 million. We have continued to maintain sustainable efficiency improvements identifying $17.5 million in productivity and revenue gains.

Scott McLachlan, Chief Executive

Key achievements for 2014-15

> Increased immunisation coverage of Aboriginal and Torres Strait Islander children aged five years to equal to or greater than 95 per cent.

> Established the Empowering Aboriginal Women to access Colposcopy and Gynaecology Services in Rural and Remote NSW project, which won the NSW Health Secretary's Award for Aboriginal Health at the 2014 NSW Aboriginal Health Awards. This nurse-led service improves access to culturally appropriate care for Aboriginal women in rural and remote NSW.

> Launched a new state-of-the-art mobile dental clinic which provides a full range of dental services in smaller communities throughout western NSW. This clinic has a focus on increasing access to dental services for Aboriginal people in rural and regional areas.

> Expanded an after-hours support service to provide 24-hour support to many of our smaller remote sites. The coordination of a complex re-imagining of the way medical services are provided in our north western towns, has a strong focus on quality and safety as well as meaningful patient health outcomes.

> Developed a *Quality and Safety Framework* for rural and District emergency departments to provide future direction and information for new models of care.

> Identified five local demonstrator sites to test and trial innovative integrated models of care specific to local identified health needs. Implementation commenced with 190 people enrolled in local models at each of the sites. Navigators were recruited at each site to support and coordinate care for patients enrolled in the local strategies.

> Received the NSW Health Secretary's Award for Integrated Care at the 2014 NSW Health Awards for the Healthy Kids Bus Stop project. This project is a community based, collaborative and integrated care partnership between Royal Far West, Western NSW Local Health District, Western NSW and the former Far West Medicare Local and Ronald McDonald House Charities to address the gaps in child health needs in rural NSW.

Demographic summary

Western NSW Local Health District is located in the central west of NSW and provides health care services across a geographic area of approximately 246,000 square kilometres. About 277,700 residents live within the District.

Traditional custodians of the land covered by the District include the Ngemba, Barkinji, Ngemba, Gamilaroi/Kamilaroi, Wiradjuri, Muruwari, Wailwan and Gamilaraay Aboriginal nations. Aboriginal and Torres Strait Islander people make up 11.1 per cent (30,026 people) of the estimated residential population, compared to 2.9 per cent for all NSW.

Representation of culturally and linguistically diverse communities is significantly less than in metropolitan areas of the state, however the town of Lightning Ridge does have a considerable European representation.

In 2014-15, there has been an overall increase of 6.3 per cent from the 2006 Estimated Residential Population of 260,959. Over the next decade, the District's population is expected to increase by 5.5 per cent compared to 24.5 per cent for all of NSW.

Currently the District has a higher proportion of residents aged under 15 years (21 per cent) and aged 65 year and older (18 per cent) compared to the NSW population average of 19 per cent and 16 per cent respectively. Projections indicate that 24 per cent of the District population will be aged 65 years or older by 2031, compared to 20 per cent for NSW.

The population is ageing with a projected decline in the number of children, young families and young adults and a significant increase in the population aged 55 years and over. The largest projected increase is in people aged 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 socioeconomic status is associated with increased morbidity and mortality. When compared to NSW the population of the Western NSW Local Health District has lower household weekly incomes, higher percentages of people receiving income support and an overall lower socio-economic status contributing to a higher than state average rate of disease.

The main health issues facing the District, as identified in the Western NSW Local Health District Health Needs Assessment 2013, are smoking prevention and cessation, nutrition and physical activity interventions (including obesity prevention), Diabetes prevention and management, childcare (particularly for Aboriginal children – the first 1000 days) and mental health (continuing and strengthening the current community services).

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

Bathurst Health Service, Baradine Multipurpose Service, Blayney Multipurpose Service, Bourke Multipurpose Service, Brewarrina Multipurpose Service, Canowindra Health Service, Cobar Health Service, Collarenebri Multipurpose Service, Condobolin Health Service, Coolah Multipurpose Service, Coonabarabran Health Service, Coonamble Multipurpose Service, Cowra Health Service, Dubbo Health Service, Dunedoo War Memorial Multipurpose Service, Eugowra Multipurpose Service, Forbes Health Service (part of Lachlan Health Service), Gilgandra Multipurpose Service, Grenfell Multipurpose Service, Gulargambone Multipurpose Service, Gulgong Multipurpose Service (incorporating HealthOne Gulgong), Mudgee Health Service, Parkes Health Service (part of Lachlan Health Service), Lightning Ridge Multipurpose Service, Molong Health Service, Narromine Health Service, Nyngan Multipurpose Service, Oberon Multipurpose Service, Orange Health Service – Bloomfield Campus, Peak Hill Multipurpose Service, Rylstone Multipurpose Service, Tottenham Multipurpose Service, Trangie Multipurpose Service, Trundle Multipurpose Service, Tullamore Multipurpose Service, Warren Multipurpose Service, Walgett Multipurpose Service, Wellington Health Service

Community health centres

Baradine, Bathurst, Binnaway, Blayney (HealthOne Blayney), Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran, Coonamble (HealthOne Coonamble), Cowra, Cudal, Cumnock, Dubbo, Dunedoo, Eugowra, Gilgandra, Goodooga, Gooloogong, Grenfell, Gulargambone, Gulgong (HealthOne Gulgong), Hill End, Kandos, Lachlan Health Service (Parkes and Forbes), Lightning Ridge, Manildra, Mendooran, Molong (HealthOne Molong – Waluwin Centre), Mudgee, Narromine, Nyngan, Oberon, Orange, Peak Hill, Quandialla, Rylstone (HealthOne Rylstone), Sofala, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington, Woodstock, Yeoval

Child and family health services

Baradine, Bathurst, HealthOne Blayney, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coonabarabran, HealthOne Coonamble, Cowra, Cudal, Dubbo, Dunedoo, Eugowra, Lachlan Health Service (Parkes and Forbes), Gilgandra, Goodooga (provided by Lightning Ridge), Grenfell, Gulargambone, HealthOne Gulgong, Kandos, Lightning Ridge, HealthOne Molong, Mudgee, Narromine, Nyngan, Oberon, Orange- Bloomfield Campus, Peak Hill, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

Oral health clinics

Bathurst Community Dental Clinic, Condobolin Child Dental Clinic, Cowra Child Dental Clinic, Dubbo Community Dental Clinic, Forbes Child Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, Parkes Child Dental Clinic

Visiting and other oral health services arrangements: Cobar Health Service, Coonabarabran Community Health, Cowra Health Service (Orange Aboriginal Medical Service use), Collarenebri Multipurpose Service (Service provided by Royal Flying Doctor Service), Dunedoo Multipurpose Service (private practitioner use only), Gilgandra Multipurpose Service (visiting public service and private, practitioner use),

Goodooga Primary Care Centre (Service provided by Royal Flying Doctor Service), Gulgong Multipurpose Service, Lightning Ridge Health Service (service provided, by Royal Flying Doctor Service and private practitioner use), Mobile Oral Health Centre (two chair mobile semi-trailer clinic, operated at Peak Hill, Trangie, Gulargambone and Baradine in 2014-15), Nyngan Public School, Oberon Shire Dental Clinic, Rylstone HealthOne (visiting public service and private practitioner use), Tottenham Multipurpose Service, Trundle Child Dental Clinic (fixed dental van), Trundle Central School, Wanaaring Dental Clinic (service provided by Royal Flying Doctor Service), Warren Child Dental Clinic (provided at Warren Shire Medical Centre), Wellington Health Service

Services were also provided through: Brewarrina Shire Dental Clinic (Charles Sturt University), Coonamble Aboriginal Medical Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic

Third schedule facilities

Lourdes Hospital and Community Services – Dubbo, St Vincent's Outreach Services – Bathurst

Other services

Aboriginal health, BreastScreen, child protection, chronic care, community nursing, drug and alcohol, mental health, sexual health, violence, abuse, neglect and sexual assault, Brain Injury Rehabilitation Program, Aged Care Assessment Team, women's health, Statewide Eyesight Preschool Screening Program, Statewide Infant Screening – Hearing Program, Aboriginal Otitis Media Program, Aboriginal Maternal Infant Health Service, mental health, drug and alcohol

Western Sydney Local Health District

Corner Hawkesbury and Darcy roads
PO BOX 574
Wentworthville NSW 2145

Telephone: 9845-9900
Facsimile: 9845-9901
Website: www.wslhd.health.nsw.gov.au
Business Hours: 8:30am-5:00pm, Monday to Friday
Chief Executive: Danny O'Connor

Year in review

The Western Sydney Local Health District 2014-15 financial year was characterised by continued construction and planning for various multi-million dollar infrastructure developments at Westmead, Blacktown and Mt Druitt hospitals.

Planning for the $400 million Stage Two expansions of Blacktown and Mount Druitt hospitals began. Commissioning of clinical and support services were delivered as part of Stage One expansions which included a 20 bed sub-acute mental health unit, a 20 space patient discharge unit, a new digital operating theatre and new cardiac catheterisation laboratory. Mount Druitt Hospital expanded its emergency department, aged care unit and car parking facilities.

Western Sydney was announced as one of the three local demonstrator sites in NSW for the *NSW Integrated Care Strategy*. The local demonstrator site is a partnership initiative with WentWest the former Western Sydney Medicare Local and aims to improve the management of chronic disease in primary care in Western Sydney.

The REACH (Recognise-Engage-Act-Call-Help is on its way) patient and family activated rapid response program was implemented across more than 1500 inpatient beds in three hospitals in the District (Westmead, Blacktown, Auburn) to great effect.

The District continued to work with the Agency for Clinical Innovation to better manage patients with hip fractures. The number of patients having surgery within 48 hours to manage their hip fractures increased from 66 per cent in 2014 to 80 per cent in 2015.

The District's progress on enabling the electronic management of records demonstrated its commitment to the digital future of data storage.

Danny O'Connor, Chief Executive

Key achievements for 2014-15

> Established Whole of Hospital Program for Blacktown and Mount Druitt hospitals in January 2015 to reduce emergency department average length of stay. A five per cent reduction was achieved across both hospitals in 2015. Transfer of care also improved by 10 per cent across both hospitals.

> Installation and implementation of Electronic Patient Journey boards to 100 per cent of emergency department accessible wards at Blacktown Hospital in February 2015. A 30 per cent improvement has been achieved in clinician-defined estimated date of discharge following implementation.

> The Integrated Care program established a general practitioner support line for direct access to specialists for advice on patient management and Access Specialist Services clinics to prevent hospital admission and facilitate early discharge and follow up services.

> Achieved accreditation under National Standards for Blacktown and Mount Druitt hospitals.

> Direct investment in 22 practice development and research-based initiatives in targeted program that previously did not exist.

> Invested in an inexpensive cloud-based survey technology which resulted in a 400 per cent increase in feedback from staff and consumers within the District.

> Developed a partnership with Family and Community Services (FACs) to embark on improved home care interventions and in home care services with a multidisciplinary team approach involving nursing, mental health and FACs staff to prevent hospital admission and promote restorative care to 26 children and young people under the age of one and 110 children and young people across the financial year.

> The District formally partnered with the Western Sydney Primary Health Network and The Sydney Children's Hospitals Network to form the Western Sydney Partnership Advisory Council.

> In 2014-15, the Western Sydney Local Health District Consumer Council was established. There are now over 60 health consumers recruited as contingent workers across the District. In addition, there are now over 48 committees with consumer representative participation.

> The District is working with the Agency for Clinical Innovation to enhance the management of patients with hip fractures. This aims to improve function and quality of life for patients and increase the value from health dollars spent. Since this program commenced, the number of patients having surgery within 48 hours to manage their hip fractures has increased from 66 per cent in 2014 to 80 per cent in 2015.

> Piloted the Electronic Medical Record sepsis alert and Venous Thromboembolism risk assessment applications for safety and quality at Blacktown Hospital.

Demographic summary

Western Sydney Local Health District is responsible for providing and managing all public health care within five local government areas, incorporating 120 suburbs.

The District's cutting edge services provide a broad range of needs-specific health care to more than 900,000 local residents, as well as statewide specialty services, interstate and internationally, that operate out of more than 100 sites including four hospitals and an extensive network of community health centres.

The District provides health care services to one of Australia's fastest growing urban populations which has a rich tapestry of culture, people, traditions and beliefs. The growth rate of the District is nearly twice that of the rest of NSW. A total of 43 per cent of the District population was born overseas.

Approximately 11,500, or 1.4 per cent of our population identified as either Aboriginal or Torres Strait Islander, with the majority (8000) living in the Blacktown local government area. Forty five per cent of residents speak a language other than English at home with the largest proportion from Auburn at 79.5 per cent. Arabic, Cantonese, Mandarin, Hindi, Tagalog are the most commonly spoken languages other than English.

The District population is younger than the state average with 7.6 per cent pre-school age (0-4 years) compared to 6.6 per cent for all NSW. Four of the five local government areas have higher total fertility rates than the state average.

Local government areas

Auburn, Blacktown, Holroyd, Parramatta, Hills Shire

Public hospitals

Auburn, Blacktown, Mount Druitt, Cumberland (mental health services), Westmead

Community health centres

Auburn Aged Day Services, Auburn, Balcombe Heights Aged Day Services, Blacktown, Blacktown/Mount Druitt Sexual Assault Service, Child Protection Counselling Service, Carinya Aged and Ethnic Day Service, Copperfield Cottage Aged Day Service, Crestwood Aged Day Service, Doonside, HealthOne Rouse Hill, Hevington House Dementia Day Service, High Street Youth Health Service, Hills Physical Disabilities Team, Merrylands, Mount Druitt, Parramatta, Rosewood Cottage Aged Day Service, Tallowood Dementia Day Service, The Hills, Western Area Adolescent Team (WAAT), Westmead Sexual Assault Service

Auburn Community Drug Health Counselling, Blacktown Community Drug Health Counselling, Blacktown Opioid Treatment Unit (Drug Health), Centre for Addiction Medicine Cumberland, Centre for Addiction Medicine Mount Druitt, Doonside Community Drug Health Counselling, Fleet Street Clinic, Merrylands Community Drug Health Counselling, Parramatta Community Drug Health Counselling, The Hills Community Drug Health Counselling

Child and family health services

Auburn Early Childhood Centre, Baulkham Hills Early Childhood Centre, Blackett Public School, Blacktown Early Childhood Centre, Castle Hill Early Childhood Centre, Dean Park (William Dean) Public School, Dundas Early Childhood Centre, Epping Early Childhood Centre, Ermington Early Childhood Centre, Glendenning Public School, Granville Early Childhood Centre, Greystanes Early Childhood Centre, Guildford Early Childhood Centre, Hassall Grove Public School, Holy Family Centre, Jasper Road Public School, Kellyville Public School, Lalor Park Early Childhood Centre, Lidcombe Early Childhood Centre, Marayong Early Childhood Centre, Minchinbury Public School, North Rocks Public School, Old Toongabbie Early Childhood Centre, Parramatta North Public School, Plumpton Public School, Quakers Hill East Public School, Regents Park Early Childhood Centre, Riverstone Early Childhood Centre, Ropes Crossing Community Resource Hub, Rouse Hill Public School, Seven Hills Early Childhood Centre, Sherwood Ridge Public School, Tregear Public School, Wentworthville Early Childhood Centre, Winston Hills Public School

Oral health clinics

Blacktown Dental Clinic, Mount Druitt Dental Clinic, Westmead Centre for Oral Health

Other services

Aboriginal Health Unit, BreastScreen NSW (Auburn Breast Cancer Institute Sunflower Clinic, Blacktown Breast Cancer Institute Sunflower Clinic, Castle Hill Breast Cancer Institute Sunflower Clinic, Mount Druitt Breast Cancer Institute Sunflower Clinic, Parramatta Breast Cancer Institute Sunflower Clinic, Women's Health at Work), Centre for Population Health, Education Centre Against Violence, Forensic Medical Unit (for victims of domestic violence), Health Care Interpreter Service, Multicultural Health, New Street Adolescent Service, NSW Education Program on Female Genital Mutilation, Pre Trial Diversion Program, Westmead Breast Cancer Institute, Westmead Breast Cancer Institute Treatment and Assessment Clinics, Westmead Breast Cancer Institute Administration

Appendices

Health statistics

Smoking rates

Current (daily or occasional) smoking in adults aged 16 years and over
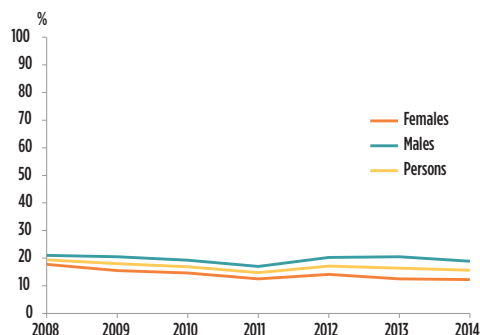
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

In 2014, the rate of daily or occasional smoking in adults, aged 16 years and over in NSW, was 15.6 per cent (males 18.9 per cent and females 12.3 per cent). Over the period from 2002 to 2011, the rate of current smoking significantly declined from 22.5 per cent to 14.7 per cent. In 2012, the rate of current smoking was 17.1 per cent. The 2012 prevalence estimate reflects an improvement in the representativeness of the survey sample. In 2012 mobile phones were included in the survey methods for the first time and this increased the number of younger people and males in the survey sample. Both of these groups have relatively higher smoking rates, leading to a higher overall reported rate of current smoking. Since 2013, the rate of smoking has stabilised.

Current (daily or occasional) smoking by Aboriginality
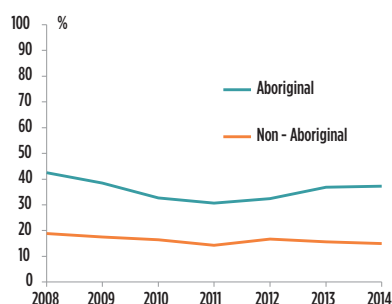
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

In 2014, the rate of daily or occasional smoking in people aged 16 years and over in NSW was 37.3 per cent for Aboriginal people and 14.9 per cent for non-Aboriginal people. Aboriginal people were more than twice as likely to smoke than non-Aboriginal people. Between 2002 and 2014 there has been an overall decline in the proportion of Aboriginal adults who were current smokers, however there are large error margins around the figures for each year due to the small number of Aboriginal people in the sample.

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

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers
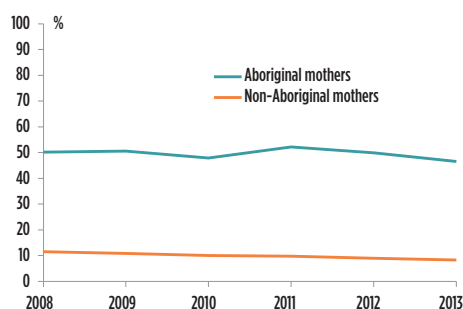
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

In NSW in 2013, the percentage of women who reported smoking during pregnancy was 46.6 per cent for Aboriginal women and 8.3 per cent for non-Aboriginal women. Aboriginal women are over five times more likely to report smoking during pregnancy than non-Aboriginal women. Between 2002 and 2013, there was a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy, from 58 per cent in 2002. An increase in the reported rates of smoking during pregnancy in Aboriginal women from 2010 (48 per cent) to 2011 (52 per cent) may be partly due to a change in 2011 in the question used to collect data on smoking during pregnancy. Since 2011 there was a slight decline in smoking during pregnancy among Aboriginal mothers.

Drug-related treatment rates

Number of adults and adolescents with mental illness diverted from court into community based treatment

Source: TBA.
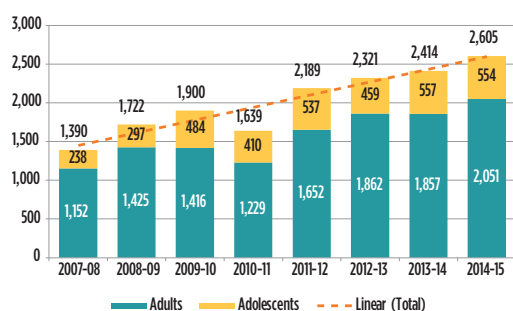
Interpretation

Continued performance against the target to increase the number of people with mental illness diverted from custody into appropriate care in the community. In 2014-15, the Justice Health & Forensic Mental Health Network diverted 2605 adults and adolescents with mental illness, representing an almost 8 per cent increase from last financial year.

Overweight and obesity rates

Overweight or obesity in adults aged 16 years and over
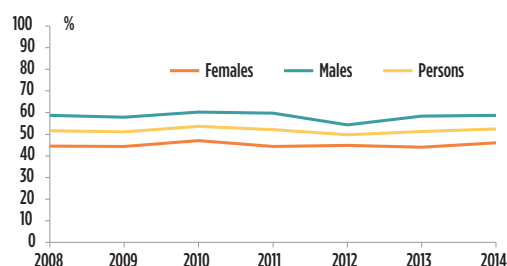
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

In 2014, the NSW Adult Population Health Survey estimated that 52.5 per cent of adults aged 16 years and over in NSW were overweight or obese (58.8 per cent of males and 46.1 per cent of females). In NSW, over the 6 years between 2002 to 2008, the rate of overweight or obesity in the population increased significantly from 45.9 per cent to 51.7 per cent. Since 2010 however, the rate has remained stable.

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

Overweight or obesity in children 5 to 16 years
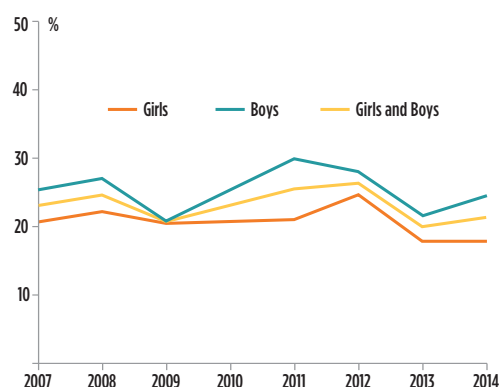
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

In 2014, around 27.7 per cent of children were overweight or obese. This is a substantial decrease from 30.1 per cent in 2010. The significant decrease from 2012 to 2013 has been maintained in 2014. Ongoing monitoring is required to confirm whether this reflects random fluctuation in a stable trend or is the beginning of a downward trend,

Alcohol consumption rates

Alcohol consumption at levels posing a lifetime risk to health, adults aged 16 years and over
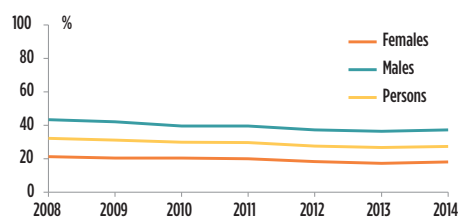
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

Lifetime risk of harm from alcohol-related disease or injury is reduced by drinking no more than two standard drinks on any day when drinking alcohol. In 2014, the NSW Population Health Survey estimated that 27.4 per cent of adults aged 16 years and over (37.1 per cent of males and 18.1 per cent of females) consumed more than two standard alcoholic drinks on a day when they drank alcohol. Over the last ten years in NSW (2005 to 2014) the rate of alcohol consumption at levels that pose a health risk over a lifetime significantly decreased from 31.4 per cent to 27.4 per cent.

Vaccination rates

Children fully immunised at one year
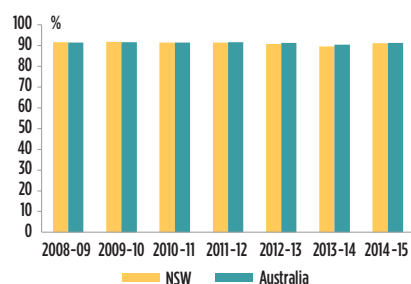
Source: Australian Childhood Immunisation Register.

Interpretation

The Australian Childhood Immunisation Register was established in 1996. Data from the Register provides information on the immunisation status of all children less than seven years of age. Aggregated data for the year 2014-15 indicate that 91 per cent of children in NSW were fully immunised at one year of age. This is consistent with the national average of 91 per cent and represents a slight increase in coverage from 2013-14.

Adults aged 65 years and over vaccinated against influenza
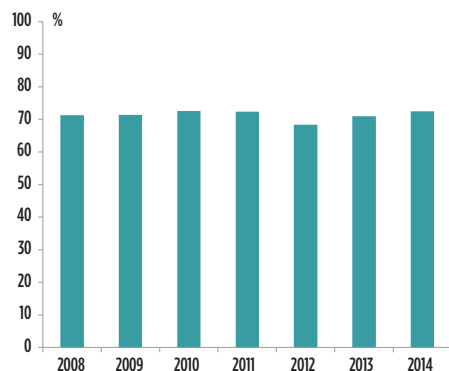
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

The percentage of adults aged 65 years and over vaccinated against influenza during the previous 12 months has remained stable in the last five years to 2014.

Preventive care

Potentially preventable hospitalisations by sex

Rate per 100,000

— Male
— Female
— Persons
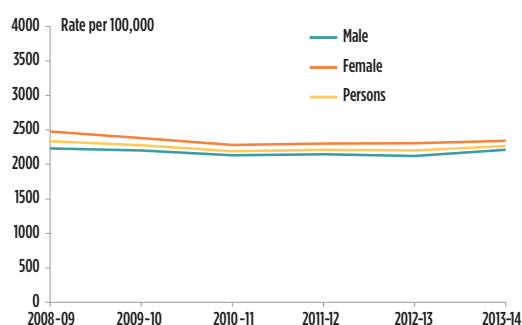
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory setting, such as primary health care (for example by general practitioners or community health centres). Rates of potentially preventable hospitalisations are consistently higher in males compared with females over time. The decline in rates between 2009-10 and 2010-11 was associated with a change in the coding of diabetes complications. Rates have been stable since this time.

Infant morbidity rates – First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers

%

— Non-Aboriginial women
— Aboriginal women
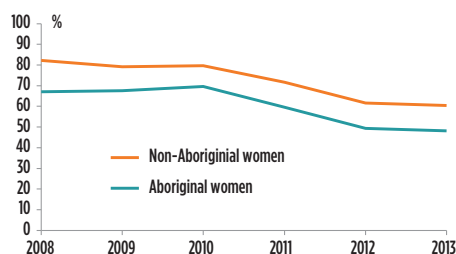
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

The purpose of antenatal visits is to monitor the health of the mother and baby, provide advice to promote the health of the mother and baby and identify antenatal complications so that appropriate intervention can be provided at the earliest time. In NSW in 2013, around 50 per cent of Aboriginal mothers attended their first comprehensive visit for antenatal care before 14 weeks pregnancy, compared to 60 per cent of non-Aboriginal mothers. There was an increasing trend in early attendance rates for both Aboriginal and non-Aboriginal mothers between 2002 and 2010.

Up to 2010, the question asked at data collection was 'Duration of pregnancy at first antenatal visit'. The question: 'Duration of pregnancy at first comprehensive booking or assessment by clinician' was gradually introduced during 2011. The new question has more specifically defined the type of visit to be reported and resulted in a substantial decrease in the reported proportion of mothers who commenced pre-natal care before 14 weeks gestation between 2010 and 2012. The proportion was 20.3 per cent lower among Aboriginal mothers and 18.0 per cent lower among non-Aboriginal mothers in 2012 than in 2010.

Infant deaths by Aboriginality

Death per 1000 live births

— Non-Aboriginal
— Aboriginal
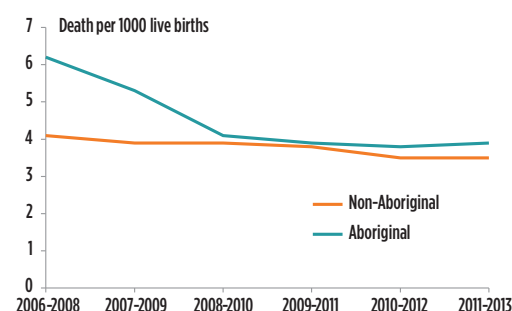
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

Interpretation

In the period 2011-2013, the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 3.9 deaths per 1000 live births for Aboriginal infants, slightly higher than the 3.5 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is only slightly higher than the non-Aboriginal rate. There has been a significant decrease in the Aboriginal infant mortality rate in the last ten years, and a significant decrease in the gap between Aboriginal and non-Aboriginal infants in the last five years.

Low birth weight babies born to Aboriginal and non-Aboriginal mothers
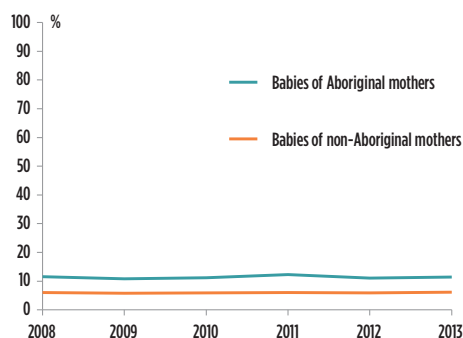
Interpretation

Low birth-weight babies (weighing less than 2500 grams at birth) are at greater risk of poor health outcomes including disability and death. In NSW in 2013, around 11 per cent of babies born to Aboriginal mothers were of low birth weight, compared to 6 per cent of babies born to non-Aboriginal mothers. Babies of Aboriginal mothers are almost twice as likely to be of low birth-weight than babies of non-Aboriginal mothers. Between 2002 and 2013 the rate of low birth-weight babies born to Aboriginal mothers has remained stable.

Source: HealthStats NSW, Centre for Epidemiology and Evicdence.

Patients accessing the Justice Health & Forensic Mental Health Network Aboriginal Chronic Care Program
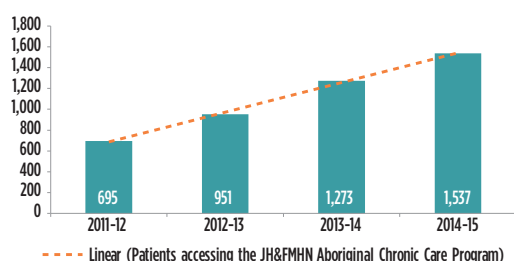
Interpretation

In 2014-15, there were 1537 adult and adolescent patients who accessed the Aboriginal Chronic Care Program, representing an increase of more than 20 per cent from last financial year. This program provides systematic screening, health education, health promotion and early intervention strategies for this vulnerable population.

Source: TBA.

NSW hospital performance

Staphylococcus Aureus bloodstream infections

Interpretation

Staphylococcus Aureus Bacteraemia reported rates in NSW have remained consistently below the Council of Australian Governments agreed benchmark of 2.0 per 10,000 bed days, with an average rate of 0.74 per 10,000 bed days since July 2014.
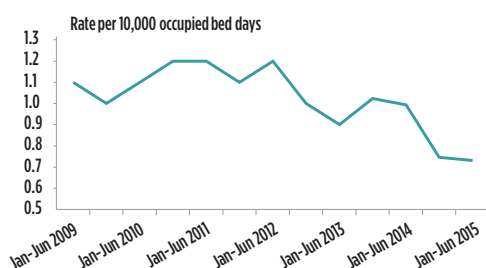
Source: NSW Health Hospital Acquired Infections reporting system.

National elective surgery targets
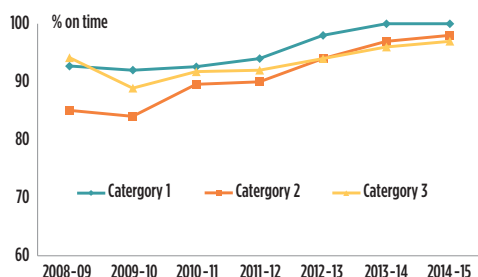
Source: NSW Ministry of Health Information Exchange.

Interpretation

From 1 July 2014 to 30 June 2015, a total of 217,727 elective surgeries were completed. This is 1052 more than the previous year. Despite this increase, NSW achieved the Elective Surgery Access Performance Targets (former National Elective Surgery Targets) across all three clinical urgency categories in 2014-15. 97.6 per cent of patients received their surgery within clinically recommended timeframes – an improvement from 97.1 per cent the previous year.

All triage categories percentage treated within benchmark
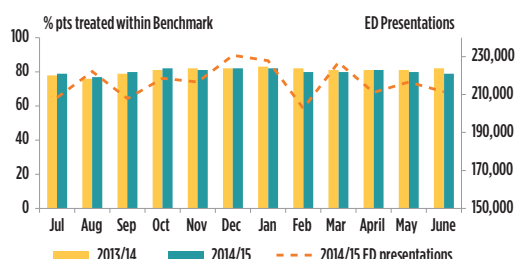
Source: NSW Ministry of Health Information Exchange.

Interpretation

In 2014-15, there were 2,692,838 emergency department attendances, an increase of 1.4 per cent compared to 2013-14. NSW hospitals continued to perform extremely well in all triage categories, either meeting or exceeding national benchmarks across all five triage categories.

Patients presenting to our emergency departments are classified into one of five triage categories in accordance with the Australasian Triage Scale. For example, Triage category one is allocated to the sickest patients who require immediate care. This classification system is used in emergency departments to determine the patient's priority for clinical care. Despite increasing attendances at hospital emergency departments, NSW hospitals on a year to date basis exceeded the pre-determined benchmark in all five triage categories.

Percentage of patients with treatment completion time in the emergency department < or equal to 4 hours – National Emergency Access Target
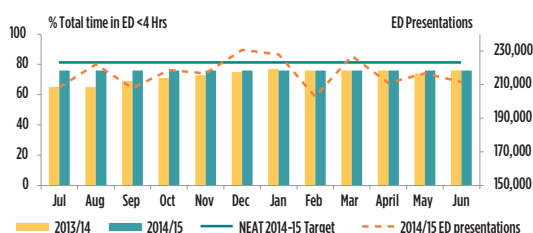
Source: NSW Ministry of Health Information Exchange.

Interpretation

During the 2014-15, the requirement for Australian states and territories to meet the National Emergency Access Target (NEAT) ceased. Reporting to the Commonwealth for NEAT occurred until 31 December 2014.

Despite this, NSW remains committed to a benchmark to ensure that appropriate patients are admitted, transferred or discharged from emergency department within four hours. A NSW specific benchmark commenced on 1 January 2015 – known as the Emergency Treatment Performance (ETP) indicator. The target for 2014-15 for ETP was 81 per cent. The criteria for ETP remains the same as it was for NEAT; so data for the two indicators has been combined for this financial year.

In 2014-15 a total of 74.3 per cent of patients attending emergency department were treated within four hours. NSW has increased emergency performance related to NEAT and ETP by 13 percentage points since 2012 despite increasing numbers of presentations to emergency departments. In terms of actual numbers of patients benefitting from targeted improvement strategies across NSW Health, more than 730,000 additional patients have had their treatment completed in the emergency department within four hours since 2012.

Agreed trajectories have been developed in partnership with each health service to work towards meeting the ETP target of 81 per cent and ensuring timely access to care for patients in NSW emergency departments.

Ambulance to emergency department transfer of care
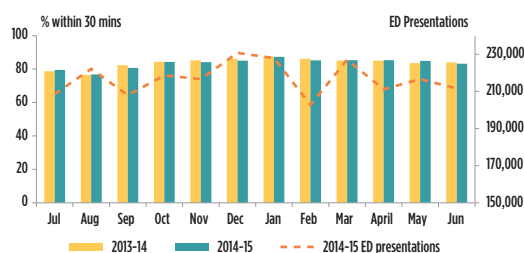
Source: NSW Ministry of Health Information Exchange.

Interpretation

Transfer of Care measures the percentage of patients arriving by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival. Although measured in the emergency department, performance to the Transfer of Care target is the responsibility of the entire hospital to ensure efficient flow of patients through the hospital system. Despite increased hospital admissions in 2014-15, transfer of care remains stable at 83 per cent, in line with the previous year. This is as a result of continued implementation of initiatives in NSW hospitals that improve patient flow. The aspirational target for Transfer of Care is 90 per cent.

Unplanned/unexpected readmissions within 28 days of separation
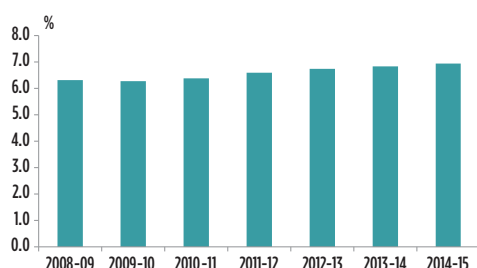
Source: NSW Ministry of Health Information Exchange.

Interpretation

Over the past seven years there has been a gradual increase in unplanned/ unexpected readmissions from 6.3 per cent to 6.9 per cent. This increase is despite significant efforts by local health districts to reduce rates. The Clinical Excellence Commission, NSW Ministry of Health and local health districts remain focused on identifying and reducing potentially preventable unplanned readmissions. Not all unplanned readmissions included in these rates are preventable and factors influencing reported unplanned readmissions rates are complex and include both administrative and clinical reasons. Local health districts use this indicator to further explore the causes of unplanned readmissions and develop strategies to reduce those readmissions they identify as preventable. Factors such as admissions for other (non-related) illness, patient factors, availability of community support, discharge processes and occasionally the quality of care during the first admission (eg infection) have all been found to be contributors to patients returning for care as an admitted patient. Changes to the coding and reporting of patients' clinical information can also be a significant contributor to the number of patients flagged as having unplanned readmissions.

Re-presentations to the same emergency department within 48 hours
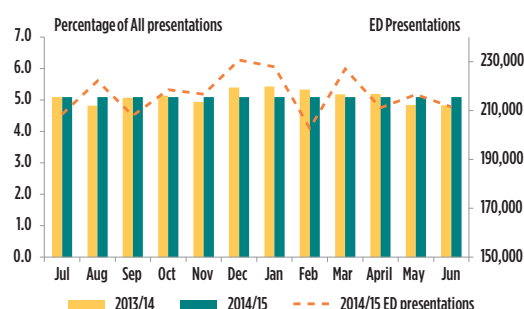
Source: NSW Ministry of Health Information Exchange.

Interpretation

The overall rate of unplanned representations to the same emergency department within NSW public health care facilities has remained at the same level as in 2013-14. Small variations in the month by month rates between 2013-14 and 2014-15 may be due to a range of factors including patient issues, changes in disease patterns, other seasonal effects and differences in recording practices for the assignment of a record to an unplanned status. The reasons why patients make unplanned representations to emergency departments can also be complex and varied and while this indicator measures the rate of unplanned representations within 48 hours it does not distinguish between preventable or non-preventable representations.

Mental health

Number of adults and adolescents with mental illness diverted from court into community based treatment

Source: NSW Ministry of Health Information Exchange.
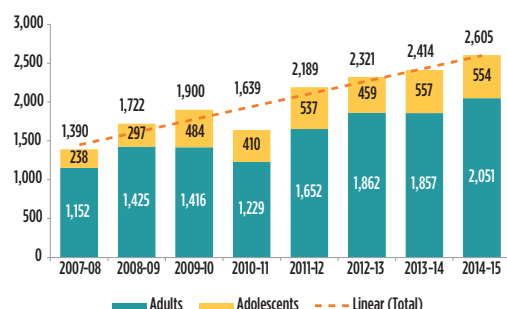
Interpretation

Continued performance to increase the number of people with mental illness diverted from custody into appropriate care in the community. In 2014-15, the Justice Health & Forensic Mental Health Network diverted 2605 adults and adolescents with mental illness, representing an almost 8 per cent increase from last financial year

Mental health acute post-discharge community care

Source: NSW Ministry of Health Information Exchange.
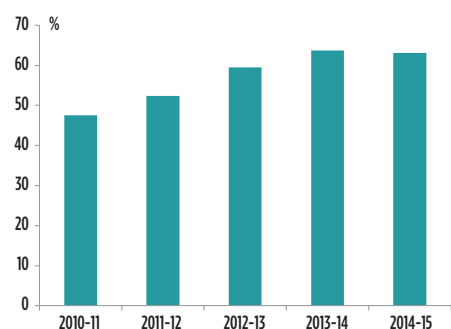
Interpretation

This indicator shows the Proportion of Clients Discharged from an Acute Public Mental Health Unit who are seen by a NSW Public Community Mental Health Team within 7 Days of that Discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services.

NSW showed a decrease from 63.7 per cent in 2013-14 to 63.1 per cent. NSW has improved significantly from 47.6 per cent in 2010-11. A decline in this indicator can be attributed to the exclusion of two local health districts who are involved in the implementation of a new State source system.

Readmission to a mental health acute service within 28 days

Source: NSW Ministry of Health Information Exchange.
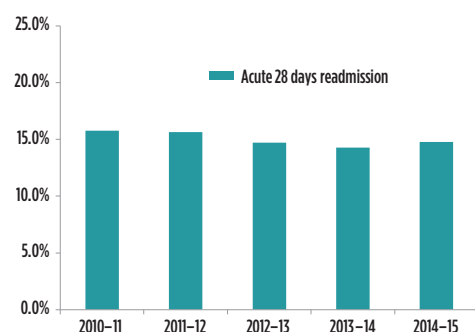
Interpretation

This indicator shows the proportion of separations from an Acute Public Mental Health Unit which were followed by Readmission within 28 days to any NSW Acute Public Mental Health Unit.

This is an indicator of the effectiveness of acute hospital care and of post-discharge community care. The indicator includes readmissions to any mental health unit in NSW excluding overnight readmissions to acute units following discharge from acute units and one-day admissions for ECT.

NSW has increased to 14.8 per cent from a 2013-14 value of 14.3 per cent. NSW has shown improvement since 2010-11 where the rate was 15.8 per cent.

APPENDIX TWO
Workforce statistics

Number of full-time equivalent staff (FTE) employed in the NSW public health system

	June 2012	June 2013	June 2014	June 2015
Medical	9,614	10,297	10,687	10,823
Nursing	42,195	43,492	44,046	44,762
Allied Health	9,019	9,297	9,410	9,576
Other Prof. and Para Professionals	3,097	3,152	3,114	3,135
Scientific and Technical Clinical Support Staff	5,820	5,965	5,996	6,057
Oral Health Practitioners and Therapists	1,170	1,233	1,259	1,253
Ambulance Officers	3,913	3,916	3,915	3,997
Sub-Total Clinical Staff	**74,829**	**77,353**	**78,426**	**79,604**
Corporate Services	3,960	4,157	4,445	4,592
IT Project Implementation Staff	247	153	123	161
Hospital Support Workers	13,129	13,633	13,860	14,370
Hotel Services	8,293	8,266	8,230	8,248
Maintenance and Trades	1,011	974	964	939
Other	410	406	342	364
Sub-Total Other Staff	**27,049**	**27,589**	**27,964**	**28,674**
Total	**101,879**	**104,942**	**106,390**	**108,278**

Source: Health Information Exchange and Health Service local data.

Notes: **1** FTE calculated as the average for the month of June, paid productive and paid unproductive hours. **2** Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, eHealth NSW, Ambulance Service of New South Wales and Albury Base Hospital. All non-salaried Staff such as Visiting Medical Officer (VMO) and other contracted Staff are excluded. **3** Staff employed by Third Schedule affiliated health organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the Ministry of Health's Annual Report. **4** There was a significant transfer of Public Health System staff to LifeHouse Cancer Centre in 2013/14. **5** Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. **6** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **7** Backdated Adjustments are included in all years.

NSW public health system proportion of clinical staff

Medical, Nursing and Midwifery, Allied Health, Other Health Professionals, Scientific and Technical Officers, Oral Health Practitioners and Ambulance Officers as a proportion of all staff %	June 2012	June 2013	June 2014	June 2015
	73.5%	73.7%	73.7%	73.5%

Source: Health Information Exchange and Health Service local data.

Note: The data for 'clinical staff' does not include all some of the categories of staff engaged in frontline support such as ward clerks, clinical support officers, wards person, surgical dressers.

Number of full-time equivalent staff (FTE) employed in other NSW Health organisations

	June 2012	June 2013	June 2014	June 2015
NSW Health organisations supporting the Public Health System	712*	916*	1232**	1,279
Health Professional Councils Authority	88	75	82	87
Mental Health Review Tribunal	34	34	29	29

Source: Health Information Exchange and Health Service local data.

Notes: * June 2012 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation - Health Infrastructure and Ministry of Health. ** June 2013 added NSW Kids and Families and Health System Support group. *** June 2014 added Cancer Institute.

Registered Health Professionals in NSW

Profession	No. of registrants as at 30 June 2015[1]
Aboriginal and Torres Strait Islander Health Practitioner[2]	54
Chinese Medicine Practitioner[2]	1,820
Chiropractor	1,681
Dental Practitioner	6,449
Medical Practitioner	32,183
Medical Radiation Practitioner[2]	4,957
Midwife	809
Nurse	92,160
Nurse and Midwife[3]	9,148
Occupational Therapist[2]	4,846
Optometrist	1,663
Osteopath	558
Pharmacist	8,969
Physiotherapist	7,943
Podiatrist	1,167
Psychologist	10,840

Source: Australian Health Practitioner Regulation Agency, June 2015.

Notes: **1** Data are based on registered practitioners as at 30 June 2015. **2** Regulation of four new professions, Aboriginal and Torres Strait Islander, Chinese Medicine, Medical Radiation and Occupational Therapy practitioners, commenced on 1 July 2012. **3** Practitioners who hold dual registration as both a nurse and a midwife.

Staff turnover

Our Workforce represents 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 enable the identification of areas of concern and development of strategies to reduce turnover.

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

Staff Turnover – Non-Casual staff separation rate (%)
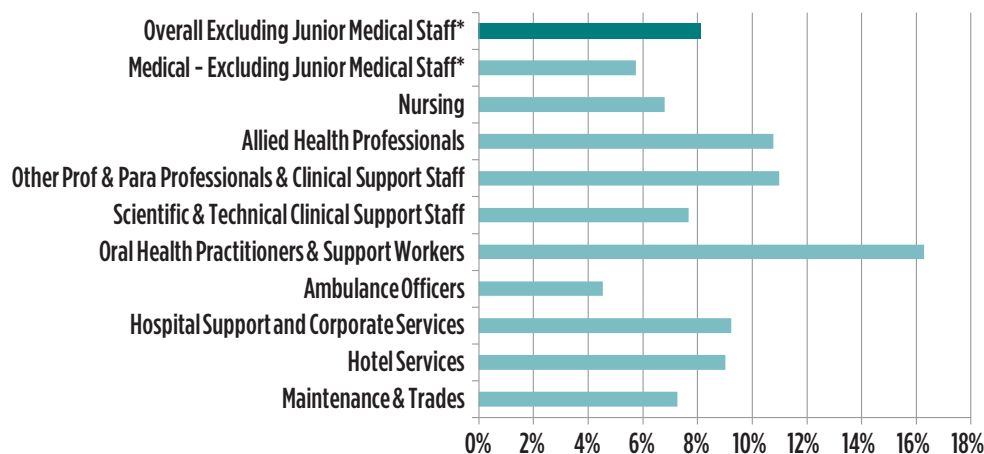
Source: MOH-Health Information Exchange -PSC Data Collection..

Note: JMOs of their first two years are on a term contract. Excludes Third Schedule Facilities and "Other" Treasury group. Health System Average inclusive of all Health Services, Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health & Forensic Mental Health, NSW Health Pathology and Ambulance Service of NSW.

.

Sick leave

Effective people management and monitoring helps to reduce the amount of sick leave taken by staff. This in turn assists to reduce the need for, and additional cost of, staff replacement and prevents the potential negative effect on service delivery where replacement staff is not readily available.

In 2012 and between 2014-15, the use of sick leave per employee has remained constant.

Sick leave – annual average per FTE (hours)
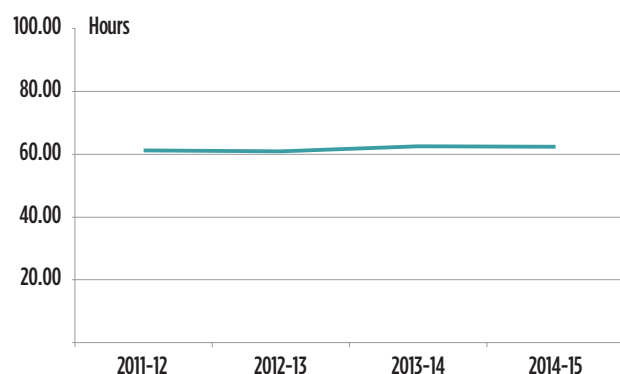
Source: MOH-Health Information Exchange.

Note: Excludes Third Schedule Facilities. Average inclusive of all Health Districts, Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health & Forensic Mental Health, NSW Health Pathology and Ambulance Service of NSW.

Overseas visits by staff

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

Dr Kerry Chant PSM – Chief Health Officer and Deputy Secretary Population and Public Health. Australian and New Zealand School of Government China Reciprocal Program. Beijing and Shanghai, China.

Dr Jo Mitchell – Director, Population Health. Australian and Ministerial Forum – Food Regulation. Auckland, New Zealand.

Ken Whelan – Deputy Secretary, System Purchasing and Performance. Meeting with Canterbury District Health Board. Christchurch, New Zealand

Workers compensation

1. NSW Ministry of Health – Categories of Workers Compensation Claims each year from 2010-11 to 2014-15

Injury/Illness	2010-11	2011-12	2012-13	2013-14	2014-15
Body Stress	2	3	8	2	3
Slip/Trip/Fall	4	7	2	3	1
Psychological	5	3	2	0	1
Object-hit	1	0	0	0	0
Vehicle	4	2	0	0	0
Other	3	2	1	0	2
TOTAL	**19**	**17**	**13**	**5**	**7**

2. NSW Ministry of Health – Number of new claims each year from 2010-11 to 2014-15 Financial years

Year	2010-11	2011-12	2012-13	2013-14	2014-15
Claims	19	17	13	5	7

3. NSW Ministry of Health – Categories of Workplace Injuries each year from 2010-11 to 2014-15 Financial years

Injury/Illness	2010-11	2011-12	2012-13	2013-14	2014-15
Body Stress	18	12	11	5	7
Slip/Trip/Fall	35	41	20	18	16
Psychological	2	3	3	2	1
Object-hit	5	3	8	6	7
Vehicle	17	7	0	1	0
Other	18	24	24	22	12
Hazard	2	9	1	0	1
TOTAL	**97**	**99**	**67**	**54**	**44**

Key policies in 2014-15

Allied Health Professional' Right of Private Practice in NSW Health Facilities (PD2015_017)
This policy directive addresses allied health professionals' rights and responsibilities regarding private practice arrangements in NSW Health facilities and the governance required.

Enrolled Nurse – Special Grade (PD2014_037)
This policy directive assists local health districts and specialty health networks where it is determined to establish roles at the Enrolled Nurse – Special Grade level.

Executive Performance Management (PD2014_027)
The purpose of this policy directive is to ensure that there are appropriate performance management processes in place for the Ministry's Public Service Senior Executive and the Health Executive Service.

Incremental Salary Progression for Part-Time Employees of the NSW Health Service (PD2014_047)
This policy directive provides advice regarding salary progression for part-time employees of the NSW Health Service.

Leave Matters for the NSW Health Service (PD2014_029)
The purpose of this policy directive is to consolidate all of NSW Health's policy directives relating to leave matters for the NSW Health Service.

Managing Misconduct (PD2014_042)
This policy directive sets out the mandatory requirements for managing alleged or suspected misconduct by staff of the NSW Health Service or Visiting Practitioners. The document provides guidance on initial review of allegations, assessing and managing related risks, investigating the allegations, making decisions based on findings, implementing and communicating those decisions, and making mandatory notifications. The process focuses on prompt and timely management of all allegations, risk management, procedural fairness and confidentiality.

Motor Vehicles- Use of within NSW Health (PD2014_051)
This policy directive advises of the Motor Vehicle Policy for NSW Government Agencies; it applies to NSW Health vehicles, as well as defining personal use of motor vehicles within NSW Health.

Nurses and Midwives – Payment of the 'in charge of a ward or unit' Allowance (PD2014_038)
This policy directive clarifies the provisions relating to the payment of the 'in charge of a ward or unit' allowance provided for at Subclause 12(v) of the Public Health System Nurses' and Midwives (State) Award.

Nurses and Midwives – Permanent Part-time – overtime provision for on-call roster (PD2014_03)
This policy directive clarifies the overtime provisions relating to permanent part-time nurses and midwives participating in an on call roster.

Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach (PD2015_001)
This policy directive outlines the requirements for identifying, assessing and eliminating or controlling violence related risks, and for providing an appropriate response when violence occurs.

Salaries and Wages – Charging of Commission for Deductions (PD2014_046)
The Policy Directive reflects the Treasurer's Direction 92/1 which makes provision for public sector employers to make deductions from salaries and wages of employees for various payments to approved organisations once those employees have signed authorities for the deductions.

Staff Specialist Emergency Physicians – Remuneration Arrangements for the period to June 2015 (PD2015_006)
This policy directive describes the remuneration arrangements for staff specialist emergency physicians to apply for the period to June 2015.

Staff Specialist Rights of Private Practice Arrangement (PD2014_048)
This policy directive addresses the rights of private practice arrangements for Staff Specialists in respect of fees that can be charged where medical gap cover insurance is held, the availability of medical indemnity, and the disbursement of funds from the No 1 Account. This policy directive does not introduce any changes to existing practices.

Staff Specialists Rights of Private Practice Disbursement of Funds No2 Accounts (PD2015_009)
This policy directive sets out the procedures for disbursement of the funds accrued in the No 2 Accounts which all public health organisations are required to establish as sub-ledgers in their Special Purpose and Trust Account.

Training, Education and Study Leave (TESL) for Staff Specialists (PD2015_010)
This policy directive outlines the standards governing Training, Education and Study Leave (TESL) for Staff Specialists.

Visiting Medical Officers – Rural Doctors Settlement Package Hospitals Indexation of Fees – 1/8/2014 (PD2014_034)
This policy directive sets out the Indexation of fees for VMOs in Rural Doctors Settlement Package Hospitals.

Work Health and Safety – Controlling Exposure to Surgical Plumes (GL2015_002)
This guideline provides assistance in the management of risk associated with exposure to surgical plume.

Work Health and Safety – Limiting Staff Exposure to Ionising Radiation (PD2014_026)
This guideline assists managers in meeting their duty to ensure that occupationally exposed staff are identified and prevented from being exposed to ionising radiation that exceeds the dose limits set out in Schedule 5 of the Radiation Control Regulation 2013.

Award changes and industrial relations claims

All industrial negotiations in 2014-15 were conducted under the provisions of the *NSW Public Sector Wages Policy 2011*. The negotiations resulted in increases of 2.27 per cent per annum for salaries and salary-related allowances, together with an increase of 0.25 per cent to superannuation contributions arising from application of Commonwealth legislation for NSW Health service employees.

For the reporting period, industrial negotiations occurred within the context of judicial proceedings as to whether or not the 2.5 per cent per annum increase allowable under the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2011* was to be discounted by the 0.25 per cent increase in superannuation contributions under Commonwealth legislation effective from 1 July 2013, and the proper application of s146C of the *Industrial Relations Act 1996*.

In May 2014, the Court of Appeal found that compliance with the policy contained in the Regulation involved an inquiry as to whether any increase awarded by the Industrial Relations Commission (IRC), taken together with any other increases in employee-related costs, had the effect of increasing employee-related costs by more than 2.5 per cent per annum for the award period. As it could be established that the superannuation payment to be made for the benefit of employees led to an increase compared to the period immediately prior to the award, it was necessary for it to be taken into account in calculating the 2.5 per cent per annum limit. In August 2014, the Union parties discontinued their Application for Special Leave to Appeal the Court of Appeal decision in the High Court of Australia.

Arbitration over whether public sector awards should also contain new no extra claims clauses occurred in November 2014. In March 2015, the IRC determined the requirement in the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2014* (the Regulation) that awards and orders of the IRC validly made are to resolve all issues the subject of proceedings and not allow extra claims to be made during the term of the award or order precluded 'extra claims'. The insertion of a no extra claims provisions in awards of the IRC was deemed to be superfluous.

Unions NSW on behalf of its affiliated NSW public sector unions filed an application in the IRC for a new award, seeking to reimburse employees the cost of the application fee for a Working With Children Check under the *Child Protection (Working With Children) Act 2012*. Employees are responsible for their own clearance applications.

The March 2015 decision of the IRC noted that all awards potentially affected by the application had been varied within the last 12 months in relation to remuneration and allowances. The IRC held that the submission that it lacked jurisdiction to make the award sought by Unions NSW was correct; the award sought could not be made at the time. The award application was an 'extra claim'. The IRC therefore dismissed the application for an award.

The Health Services Union's application in the IRC to insert a new classification of Critical Care Paramedic (Aeromedical) into the Ambulance Operational Officers Award continued during 2014-15. The claim applies to around 55 current paramedic staff who work on helicopters and would increase salaries by up to 42 per cent. The matter is being heard in two stages with stage one considering the work value/special case claim only with the IRC determining whether a new classification and higher rate of pay is justified and if so, what that rate of pay should be. If required, a second stage hearing will consider the application of the provisions of the *Industrial Relations Act 1996* (the Act) and the Regulation which require achieved employee-related cost savings to fund increases above 2.5 per cent per annum.

Evidence in stage one was completed on 7 May. The IRC decision on stage one is expected in early 2015-16.

The Health Services Union filed an application for a new award for allied health assistants, who support and assist health professionals. This would apply to around 768 allied health assistants state-wide and has been estimated to increase salary costs by up to 15 per cent. This matter has been set down for hearing in September 2015. An important factor in the case will be the provisions of the Act and Regulation which require achieved employee-related cost savings to fund pay increases over 2.5 per cent.

Senior executive service

Band	2014		2015	
	Female	Male	Female	Male
Band 4	1		1	
Band 3	2	3	3	2
Band 2	11	7	12	6
Band 1	36	25	33	24
TOTALS	**50**	**35**	**49**	**32**
	85		81	

Band	Range	Average Remuneration	
	$	2014	2015
		$	$
Band 4	430,451 – 497,300	531,100	540,300
Band 3	305,401 – 430,450	434,570	414,355
Band 2	242,801 – 305,400	272,388	274,366
Band 1	170,250 – 242,800	180,552	180,819

22.1 per cent of Ministry of Health's employee related expenditure in 2014 was related to senior executives, compared with 22.5 per cent in 2014.

Public hospital activity levels

Selected Data for the year ended June 2015 Part 1 [1,2,10]

Local Health Districts	Separations	Planned Sep %	Same Day Sep %	Total Bed Days	Average Length of Stay (acute)[3,6]	Daily Average of Inpatients[4]
Justice & Forensic Mental Health Network	653	92.6	48.7	66,510	100.5	182
Sydney Children's Hospitals Network	50,383	49.5	46.5	151,415	2.9	415
St Vincent's Health Network	46,319	38.5	52.5	183,577	3.3	503
Sydney Local Health District	159,973	48.0	47.5	621,283	3.6	1,702
South Western Sydney Local Health District	221,502	41.4	46.3	766,099	3.1	2,099
South Eastern Sydney Local Health District	173,143	43.9	45.1	641,871	3.3	1,759
Illawarra Shoalhaven Local Health District	94,906	37.3	43.5	381,960	3.3	1,046
Western Sydney Local Health District	173,523	41.3	45.2	618,014	3.1	1,693
Nepean Blue Mountains Local Health District	84,324	39.5	36.1	305,701	3.2	838
Northern Sydney Local Health District	142,577	32.4	38.9	630,169	3.5	1,726
Central Coast Local Health District	85,122	39.9	41.4	310,020	3.1	849
Hunter New England Local Health District	218,431	43.3	42.0	794,913	3.2	2,178
Northern NSW Local Health District	106,989	42.9	50.8	379,818	3.2	1,041
Mid North Coast Local Health District	72,883	47.7	48.4	260,592	3.2	714
Southern NSW Local Health District	51,721	44.2	52.6	158,566	2.5	434
Murrumbidgee Local Health District	71,868	38.4	48.0	225,114	2.4	617
Western NSW Local Health District	78,050	41.8	41.1	289,354	2.9	793
Far West Local Health District	8,265	49.7	47.1	30,674	2.7	84
2014-15 Total NSW	**1,840,632**	**41.9**	**44.8**	**6,815,650**	**3.3**	**18,673**
2013-14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
Percentage change (%)[9]	**2.1**	**0.1**	**0.4**	**2.5**	**1.9**	**2.5**
2012-13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011-12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010-11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505

Selected Data for the year ended June 2015 Part 2 [1,2,10]

Local Health Districts	Occupancy Rate[5] June 15	Acute Bed Days[6]	Acute Overnight Bed Days[6]	Non-admitted Patient Services[7]	Emergency Dept. Attendances[8]
Justice & Forensic Mental Health Network	n/a	65,208	64,890	4,726,550	n/a
Sydney Children's Hospitals Network	86.6	147,379	123,953	909,743	93,571
St Vincent's Health Network	97.8	141,397	118,160	471,924	47,260
Sydney Local Health District	84.5	559,337	483,424	1,954,193	161,644
South Western Sydney Local Health District	87.7	675,307	572,875	2,337,973	257,862
South Eastern Sydney Local Health District	91.5	520,040	451,368	2,908,902	216,206
Illawarra Shoalhaven Local Health District	93.3	290,362	249,156	1,103,092	147,066
Western Sydney Local Health District	89.4	517,831	440,050	1,812,493	169,878
Nepean Blue Mountains Local Health District	87.1	265,319	234,887	763,919	118,465
Northern Sydney Local Health District	88.2	473,532	420,208	1,173,642	198,878
Central Coast Local Health District	93.7	252,752	217,723	1,517,668	120,536
Hunter New England Local Health District	78.4	678,247	586,511	2,974,364	394,330
Northern NSW Local Health District	88.3	334,912	280,621	539,074	190,183
Mid North Coast Local Health District	79.4	223,062	188,405	484,648	112,276
Southern NSW Local Health District	60.2	121,293	94,141	525,904	100,672
Murrumbidgee Local Health District	64.8	167,305	132,919	885,447	134,734
Western NSW Local Health District	76.9	221,367	189,349	1,108,615	202,900
Far West Local Health District	61.5	20,832	16,950	148,696	26,377
2014-15 Total NSW	**85.2**	**5,675,482**	**4,865,590**	**26,346,847**	**2,692,838**
2013-14 Total	89.0	5,533,491	4,746,307	25,920,415	2,656,302
Percentage change (%)[9]	-3.7	2.6	2.5	1.6	1.4
2012-13 Total	87.8	5,484,364	4,735,991	27,918,278	2,580,878
2011-12 Total	88.6	5,475,789	4,757,507	27,145,876	2,537,681
2010-11 Total	89.1	5,449,313	4,757,219	26,302,057	2,486,026

Notes: **1** Data sourced from Health Information Exchange (HIE).The number of separations include care type changes. **2** Activity includes services contracted to private sector. Data reported are as of 8/9/2015. **3** Acute average length of stay = (Acute bed days/Acute separations). **4** Daily average of inpatients = Total Bed Days/365. **5** Bed occupancy rate is based on June data only. Facilities with peer groups other than A1a to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. Unqualified baby bed days were included from 2002-03. **6** Acute activity is defined by a service category of acute or newborn. **7** Due to changes in reporting and recording NAPS data, figures are not directly comparable to previous years. Source: NAP DataMart as of 9/9/15. **8** Source: HIE and NAP DataMart as at 9/9/2015. 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 2013-14. **10** As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

Public mental health hospitals and co-located psychiatric units in public hospitals funded and average available beds, NSW 2014-15

LOCAL HEALTH DISTRICT/ SPECIALIITY HEALTH NETWORK	HOSPITAL BEDS			
	FUNDED BEDS¹ AT 30 JUNE 2015		AVERAGE AVAILABLE BEDS² IN 2014-2015	
	ACUTE	NON-ACUTE	ACUTE	NON-ACUTE
Sydney Children's Hospitals Network	16		13	
St Vincent's Health Network	48		49	
Sydney Local Health District ⁴,⁵,⁶	184	71	174	64
South Western Sydney Local Health District	154	34	158	34
South Eastern Sydney Local Health District	136	50	131	48
Illawarra Shoalhaven Local Health District	93	40	90	39
Western Sydney Local Health District ⁷,⁸	169	212	168	204
Nepean Blue Mountains Local Health District ⁹	85	0	64	0
Northern Sydney Local Health District	161	196	159	192
Central Coast Local Health District	84	0	84	0
Hunter New England Local Health District	201	170	201	170
Northern NSW Local Health District	73	0	72	0
Mid North Coast Local Health District	52	20	52	20
Southern NSW Local Health District ¹⁰	38	70	35	46
Murrumbidgee Local Health District ¹¹	54	36	30	35
Western NSW Local Health District ¹²	78	195	76	133
Far West Local Health District	6	10	6	10
Justice Health & Forensic Mental Health Network	152	79	152	79
2014-15 Total NSW³	**1,784**	**1,183**	**1,716**	**1,074**
2013-2014 Total	1,748	1,183	1,709	1,021
2012-2013 Total	1,701	1,107	1,674	974
2011-2012 Total	1,689	1,083	1,649	952
2010-2011 Total	1,664	1,098	1,616	960

Notes: **1** Funded beds are those funded by NSW Ministry of Health. **2** Average available beds is the daily (nightly) count of the number of occupied and unoccupied beds averaged over the reporting period (2014-15).This data is extracted from the Bed Reporting System by Health System Information and Performance Reporting Branch in the Ministry of Health. 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 data inconsistencies in the available bed reporting system. **3** Components may not add to total due to rounding error. **4** Five Electro-Convulsive Therapy same day beds have been removed from Concord Hospital. The funded bed platform reports overnight beds therefore these beds have been removed to ensure consistency in reporting. **5** The non-acute Children and Adolescent beds (Thomas Walker Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds. **6** There was an increase of 19 acute beds in Royal Prince Alfred Hospital. These beds have opened in a staged manner in 2014-15. **7** Two additional adult acute beds were opened in Blacktown Hospital in 2014-15. **8** The non-acute Children and Adolescent beds (Redbank House at Westmead Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds. **9** A new 20 bed older acute unit opened in Nepean Hospital. **10** Reduced average available bed number due to temporary closure/ unavailability of a number of beds in Kenmore Hospital. **11** Funding for acute beds in Albury Hospital is still provided by the NSW Ministry of Health. However, activity is not reported as part of NSW Ministry of Health. **12** Temporary unavailability of non-acute beds over extended periods in Orange Health Service has resulted in reduced number of average available beds.

Average available beds and treatment spaces[1], June 2015[2] and estimated bed / treatment spaces equivalents being purchased to 2015-16

Local Health District / Specialty Health Network	Hospital Beds				Estimated bed/treatment space equivalents purchased from Local Health Districts/Networks in 2015-16 [A,B]	
	Beds Available for Admission from Emergency Department[3]	Other Hospital Beds[4]	Other Beds[5]	Treatment Spaces[6]	Additional Acute Admitted patient activity (cost weighted separations) purchased in 2015-16	Total Acute bed equivalents of additional activity
Sydney Children's Hospitals Network	329	109	16	32	4,555	34
St Vincent's Health Network	310	172	10	33	1,085	10
Sydney Local Health District[7]	1,236	499	35	259	1,798	17
South Western Sydney Local Health District	1,400	476	149	369	7,150	74
South Eastern Sydney Local Health District	1,212	524	140	267	4,709	46
Illawarra Shoalhaven Local Health District	741	299	55	171	2,350	25
Western Sydney Local Health District	1,009	597	166	330	6,106	56
Nepean Blue Mountains Local Health District[7,8]	580	245	33	192	3,235	29
Northern Sydney Local Health District	1,077	656	109	285	5,262	51
Central Coast Local Health District	700	133	50	141	3,155	35
Hunter New England Local Health District	1,733	803	397	557	6,862	66
Northern NSW Local Health District	637	179	72	203	1,673	16
Mid North Coast Local Health District	472	156	21	143	2,542	24
Southern NSW Local Health District	365	142	91	150	962	10
Murrumbidgee Local Health District[9]	633	169	526	224	775	7
Western NSW Local Health District	674	344	472	326	268	2
Far West LHD	97	39	24	36	112	1
Justice Health & Forensic Mental Health Network	190	155		1	0	0
Total NSW [10, 12, 13, 14]	**13,393**	**5,697**	**2,366**	**3,718**	**52,599**	**503**
2013-14 Total [10, 11]	13,266	5,594	2,360	3,686		
2012-13 Total	13,420	5,409	2,335	3,670		
2011-12 Total	13,495	5,312	2,213	3,661		
2010-11 Total	13,442	5,203	2,082	3,598		

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 occur in other hospital beds category. **5** Other Beds include 'Hospital in the Home' and Residential/Community Aged Care and Respite beds. An increasing number of admissions from emergency departments are being treated through 'Hospital in the Home' services for appropriate conditions. **6** Treatment Spaces include Same Day Therapy/Dialysis, Emergency Departments, Operating Theatre/ Recovery, Delivery Suites, Bassinets and Transit Lounges. **7** From 1 January 2015 responsibility for Tresillian Family Care Penrith/Kingswood (38 beds) transitioned from Nepean Blue Mountains Local Health District to Sydney Local Health District. **8** Beds for Hawkesbury District Health Service have been included to reflect contractual arrangements for the treatment of public patients in that facility. **9** Totals for June 2015 exclude Albury Base Hospital Acute services (managed by Victoria as part of the integrated Albury-Wodonga Health Service from 1 July 2009) and Mental Health services (managed by Victoria as part of the integrated Albury-Wodonga Health Service from 1 July 2014). Results from 2009/10 have been adjusted to reflect this change. **10** Totals for June 2014 and 2015 exclude Lottie Stewart Nursing Home and Governor Phillip Residential Aged Care Facility (both no longer under Local Health District management). **11** Totals for June 2014 have been adjusted to correct an error for duplicate reporting of Mental Health beds at Albury hospital (24 beds). **12** In 2015 Hillston and Peak Hill hospitals transitioned to multipurpose services, with an associated reclassification of beds, which resulted in a reduction of 14 'Beds available for admission from emergency departments' and an increase of 20 'Other beds'. **13** In 2015 12 beds at Oberon Residential Aged Care were transferred to non-local health district management, resulting in a reduction in "Other Beds". **14** During the month of June 2015 a number of 'Beds available for admission from emergency departments' were unavailable due to essential maintenance and refurbishment at Hunter New England (9 beds).

Notes: The following assumptions have been used to estimate the impact of additional purchased activity: **A** Overall: Overnight bed occupancy rate of 85 per cent; Same Daybed occupancy rate of 120 per cent; Same Day units operational 5 days per week; Proportion of additional activity converted to additional capacity (100 per cent). **B** Specific to each local health district: % of acute admissions as Same Day; Average cost weight per Same Day episode; Average cost weight per Overnight episode; Average length of stay per Overnight acute episode.

Available beds/treatment spaces and Activity Based Reporting

Local health districts and specialty health networks are funded to provide an agreed level of health service activity to meet local needs, utilising a funding and purchasing model consistent with National Health Reform arrangements.

For 2015-16, the NSW Ministry of Health has purchased increased levels of activity from all local health districts.

In addition to funding new infrastructure in 2015-16, local health districts and specialty health networks are using innovative approaches to service delivery including enhancement of ambulatory care, new and expanded hospital in the home services, increases in day surgery, expansion of discharge support through purchase of community packages and improved models of care.

The above Table outlines the additional acute admitted patient activity purchased for 2015-16 from each local health district and specialty health network and the related bed equivalents. The estimation model assumes that the majority of this additional patient activity outlined will require accommodation in either 'hospital beds' or 'other beds'.

Mental health

In accordance with Section 108 of the *NSW Mental Health Act (2007)* this report provides an overview of mental health activities for 2014-15 in regards to data relating to the utilisation of mental health resources.

Information on key achievements during the reporting period in mental health service performance has been reported across the Performance section of this report.

Utilisation of mental health resources

Historical tables are presented in this report with the latest updates of 2014-15 data. Yearly aggregated bed numbers and hospital activity are presented as five year time series (2010-11 to 2014-15).

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. the *Government Services, Mental Health Services in Australia, National Mental Health Report)*.

A table of public mental health hospitals and co-located psychiatric units in public hospitals funded and average available beds in NSW for 2014-15 by local health district, is provided on page 244.

Total beds and activity

There were 2967 funded mental health beds in NSW as at 30 June 2015, an increase of 36 beds from 30 June 2014 (2931).

FUNDED CAPACITY	2010-11	2011-12	2012-13	2013-14	2014-15
Funded Beds at 30 June	2762	2772	2808	2931	2967
Increase since 30 June 2011		10	46	169	205

Source: NSW Mental Health Bed Survey

AVERAGE AVAILABILITY (full year)	2010-11	2011-12	2012-13	2013-14	2014-15
Average Available beds	2576	2601	2648	2730	2790
Increase since 30 June 2011		25	72	154	214
Average Availability (%) of funded beds	93%	94%	94%	93%	94%

Source –NSW Bed Reporting System, Health Service Information and Performance Reporting (HSIPR) Branch

AVERAGE OCCUPANCY (full year)	2010-11	2011-12	2012-13	2013-14	2014-15
Average Occupied beds	2198	2224	2274	2268	2344
Increase since 30 June 2011		26	76	70	146
Average Occupancy (%) of available beds	85%	86%	83%	83%	84%

Source – NSW Health Information Exchange (HIE)

The funded bed numbers have increased by 7 per cent between the years of 2010-11 and 2014-15.

Average available beds are generally less than funded beds due to: (i) commissioning periods between the completion of construction and full operation of new units/beds; (ii) temporary closures due to renovation or operational issues; (iii) the effect of non-acute Child and Adolescent Mental Health Service beds which only operate during the week and school terms. 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 data inconsistencies in the available bed reporting system.

Average availability is calculated by dividing the total average available beds by the total funded beds (expressed as a percentage). The average availability of funded beds across NSW in 2014-15 has increased by 1 per cent since 2010-11. In 2014-15, the average availability of funded beds was 94 per cent, an increase from 93 per cent in 2013-14.

Average occupancy is calculated by dividing the total average occupied beds by the total average available beds (expressed as a percentage). The average occupancy of available beds in 2014-15 was 84 per cent. The occupancy rates of NSW available mental health beds have remained stable since 2010-11.

Acute and non-acute inpatient care

Mental health inpatient services provide care under two main care types – acute care and non-acute care.

Mental health acute inpatient care (Separations from overnight stays)

ACUTE INPATIENT CARE	2010-11	2011-12	2012-13	2013-14	2014-15
Acute Overnight Separations	29,829	30,208	31,555	32,722	34,129
Increase since 30 June 2011		379	1726	2893	4300
Increase (%) since 30 June 2011		1%	6%	10%	14%

Source – NSW Health Information Exchange (HIE)

Over the past five years there has been an increase each year in mental health acute bed numbers and overnight acute separations. Between 2010-11 and 2014-15, funded acute beds have increased by 7 per cent and acute overnight separations by 3.4 per cent.

Funded acute beds increased from 1748 in 2013-14 to 1784 in 2014-15. New acute beds were opened in Sydney Local Health District (19 additional beds for adults in Royal Prince Alfred Hospital), Western Sydney Local Health District (two additional beds for adults in Blacktown Hospital) and Nepean

Blue Mountain Local Health District (20 additional beds for older adults in Nepean Hospital).

The increase in acute beds in 2014-15 was slightly offset by the closing of five same day electro-convulsive therapy beds in Concord Hospital. The funded bed platform reports overnight beds therefore these beds have been removed to ensure consistency in reporting. Overall in 2014-15, there were 36 new acute beds across public mental health facilities in NSW compared with 2013-14.

Mental health non-acute inpatient care occupied bed-days

NON-ACUTE INPATIENT CARE	2010-11	2011-12	2012-13	2013-14	2014-15
Non-acute Overnight OBDs	279,034	284,689	285,993	281,077	303,040
Increase since 30 June 2011		5655	6959	2043	24,006
Increase (%) since 30 June 2011		2%	2%	1%	9%

Source – NSW Health Information Exchange (HIE)

The number of funded non-acute beds in 2014-15 has remained the same as in 2013-14. There was a substantial increase in non-acute bed numbers in 2013-14. In 2013-14, non-acute bed numbers increased to 1183 from 1107 in 2012-13, an increase of almost 7 per cent.

The average availability of funded non-acute beds in 2014-15 was 5.1 per cent more than in 2013-14 (1022 in 2013-14; 1074 in

2014-15). Consequently, in 2014-15, overnight occupied bed days were almost 8 per cent higher than in 2013-14.

More detailed information on funded bed availability and operations is provided in the public psychiatric hospitals and co-located psychiatric units in public hospitals table and associated footnotes are available on page 250.

Ambulatory mental health care

AMBULATORY CONTACTS	2010-11	2011-12	2012-13	2013-14	2014-15
Ambulatory Contacts	2,212,711	2,326,170	2,757,412	3,332,294	3,541,219
Increase since 30 June 2011		113,459	544,701	1,119,583	1,328,508
Increase (%) since 30 June 2011		5%	25%	51%	60%

Source – NSW Health Information Exchange (HIE)

Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. It includes care provided in community settings (homes and community health centres) and in hospital outpatients and emergency departments. It also includes a small number of contacts provided by mental health consultation-liaison services for people who are hospital inpatients.

The number of contacts for 2013-14 in the table above has been revised from 3,272,641 to 3,332,294. NSW mental health services report more than two million contacts each year. In 2014-15, the number of contacts increased by 6.3 per cent from 3,332,294 in 2013-14 to 3,541,219 in 2014-15. However,

the 2014-15 contacts number is an underestimate of actual contacts. Commissioning of a new community mental health data collection system has led to understated reporting of contacts from two local health districts for 2014-15 in the NSW Health Information Exchange.

Ambulatory contacts will be revised/updated in the 2015-16 Annual Report, following resolution of data issues in the NSW Health Information Exchange.

Seclusion in acute mental health facilities

Seclusion is defined as the confinement of a consumer at any time of the day or night alone in a room or area from which free exit is prevented. The NSW Health Policy Directive on *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW* (PD 2012-035) aims to reduce and, where possible, eliminate the use of seclusion and restraint in public mental health services. Like other states and territories, NSW uses the KPI Acute Seclusion Rate, which is defined as the number of seclusion episodes per 1000 bed days in Acute Mental Health units. The indicator includes acute beds for all age groups (i.e. child and adolescent, adult, older persons) and excludes non-acute beds.

Seclusion rate – trend over time

Financial Sub Program	2010-11	2011-12	2012-13	2013-14	2014-15
General and Adult Care	11.3	11.1	10.1	8.9	9.1
Child and Adolescent Care [ii]	9.6	13.0	6.1	6.3	11.6
Forensic Psychiatric Care	1.9	2.0	4.0	2.4	2.4
NSW	9.4	9.2	8.5	7.4	7.7

Source: Manual collection from LHDs, InforMH.

Rate = Seclusion episodes per 1000 acute bed days.

Notes to table: **i)** Includes acute beds for all sub programs (Adult, Older, Child and Adolescent Mental Health Service and Forensic) from facilities with or without seclusion. **ii)** There is only one acute unit for older people: Lachlan Older Acute unit which commenced reporting in Jan-Jun 2011. The unit is not reported separately in the table but is included in the NSW total rate. **ii)** The Child and Adolescent program comprises a small number of inpatient units. Therefore the average is likely to be variable and more easily influenced by high rates for a small number of consumers or units.

There has been an overall downward trend in seclusion rate since 2010-11. There has been a slight rise in the seclusion rate in 2014-15 from last period.

The Supplementary Seclusion Indicators – measuring seclusion in NSW acute mental health inpatient units table included on page X provides additional information on duration (average hours per seclusion episode) and frequency (per cent of hospitalisations where a person is secluded at least once) of seclusion for NSW Acute Mental Health facilities.

Mental health – public hospital activity levels

Public psychiatric hospitals and co-located psychiatric units in public hospitals – with beds gazetted under the *Mental Health Act 2007* and other non-gazetted psychiatric units

LOCAL HEALTH DISTRICT/HOSPITAL	Funded[1] beds at 30 June		Average Available[2] beds in year		Average Occupied[3] beds in year		Sameday[4] separations in 12 mths to 30/6/15	Overnight[5] separations in 12 mths to 30/6/15
	2014	2015	2013-14	2014-15	2013-14	2014-15		
X700 Sydney Local Health District	**241**	**255**	**229**	**238**	**193**	**197**	**782**	**3461**
Acute Beds – Adult[6,7]	140	154	135	144	126	129	740	2965
Acute Beds – Older	30	30	30	30	29	28	3	230
Non-Acute Beds – Adult	35	35	35	35	24	24		28
Non-Acute Beds – Child/Adolescent[8]	36	36	29	29	14	16	39	238
X710 South Western Sydney Local Health District	**188**	**188**	**188**	**192**	**173**	**187**	**128**	**3822**
Acute Beds – Adult	144	144	144	148	138	146	126	3615
Acute Beds – Child/ Adolescent	10	10	10	10	7	7	2	105
Non-Acute Beds – Adult	34	34	34	34	29	34		102
X720 South Eastern Sydney Local Health District	**186**	**186**	**169**	**179**	**155**	**163**	**119**	**3070**
Acute Beds – Adult	124	130	125	125	114	114	85	2720
Acute Beds – Older	12	6	6	6	6	6		59
Non-Acute Beds – Adult	34	34	32	32	28	28	30	142
Non-Acute Beds – Older	16	16	6	16	6	15	4	149
X730 Illawarra Shoalhaven Local Health District	**133**	**133**	**113**	**129**	**97**	**100**	**20**	**2105**
Acute Beds – Adult	73	73	73	70	66	64	16	1647
Acute Beds – Older	14	14	14	14	12	11		161
Acute Beds – Child/ Adolescent	6	6	6	6	4	3		87
Non-Acute Beds – Adult	40	40	21	39	15	21	4	210

LOCAL HEALTH DISTRICT/HOSPITAL	Funded[1] beds at 30 June		Average Available[2] beds in year		Average Occupied[3] beds in year		Sameday[4] separations in 12 mths to 30/6/15	Overnight[5] separations in 12 mths to 30/6/15
	2014	2015	2013-14	2014-15	2013-14	2014-15		
X740 Western Sydney Local Health District	**379**	**381**	**352**	**372**	**297**	**290**	**1,256**	**3499**
Acute Bed – Adult[9,10]	148	150	144	149	136	136	111	3087
Acute Beds – Older	10	10	10	10	9	9	11	89
Acute Beds – Child/Adolescent[11]	9	9	9	9	7	5		96
Non-Acute Bed – Adult[12]	155	155	136	152	112	111	2	104
Non-Acute Beds – Older	16	16	16	16	7	6	1	65
Non-Acute Beds – Child/Adolescent[8,13]	17	17	12	12	4	2	1131	55
Non-Acute Beds – Forensic	24	24	24	24	22	21		3
X750 Nepean Blue Mountain Local Health District	**65**	**85**	**56**	**67**	**53**	**65**	**16**	**1810**
Acute Beds – Adult	65	65	56	64	53	62	16	1758
Acute Beds – Older (new beds)[14]	0	20		3		3		52
X760 Northern Sydney Local Health District	**357**	**357**	**345**	**351**	**284**	**297**	**178**	**3591**
Acute Beds – Adult	119	119	118	119	103	107	155	2933
Acute Beds – Older	30	30	29	29	26	27	8	266
Acute Beds – Child/Adolescent	12	12	6	11	4	7	2	126
Non-Acute Beds – Adult	151	151	151	151	120	125	3	88
Non-Acute Beds – Older	30	30	30	30	28	29		7
Non-Acute Beds – Child/Adolescent[8]	15	15	11	11	2	2	10	171
X770 Central Coast Local Health District	**84**	**84**	**84**	**84**	**66**	**72**	**230**	**1658**
Acute Beds – Adult	69	69	69	69	53	59	230	1530
Acute Beds – Older	15	15	15	15	13	13		128
X800 Hunter New England Local Health District	**371**	**371**	**371**	**371**	**276**	**314**	**154**	**4885**
Acute Beds – Adult	167	167	167	167	137	144	145	3998
Acute Beds – Older	22	22	22	22	22	22	1	172
Acute Beds – Child/Adolescent	12	12	12	12	10	8	6	353
Non-Acute Beds – Adult	81	81	81	81	46	64		185
Non-Acute Beds – Older	59	59	59	59	46	47	2	168
Non-Acute Beds – Forensic	30	30	30	30	16	29		9
X810 Northern NSW Local Health District	**73**	**73**	**73**	**72**	**68**	**67**	**18**	**1529**
Acute Beds – Adult	65	65	65	64	63	62	16	1414
Acute Beds – Child/Adolescent	8	8	8	8	4	5	2	115
X820 Mid North Coast Local Health District	**72**	**72**	**72**	**72**	**63**	**64**	**19**	**1345**
Acute Beds – Adult	52	52	52	52	49	48	19	1269
Non-Acute Beds – Adult	20	20	20	20	15	16		76
X830 Southern NSW LHD	**108**	**108**	**92**	**81**	**65**	**67**	**75**	**1,153**
Acute Beds – Adult	38	38	34	35	25	31	73	875
Non-Acute Beds – Adult[15]	22	22	18	13	13	12	1	48
Non-Acute Beds – Older[16]	48	48	41	33	27	24	1	230
X840 Murrumbidgee Local Health District	**90**	**90**	**70**	**65**	**53**	**45**	**18**	**921**
Acute Beds – Adult[17]	54	54	50	30	40	26	8	705
Non-Acute Beds – Adult	20	20	3	19	2	8	1	105
Non-Acute Beds – Older	16	16	16	16	11	11	9	111
X850 Western NSW Local Health District	**273**	**273**	**207**	**209**	**156**	**152**	**43**	**1642**
Acute Beds – Adult	56	56	56	54	40	37	36	1011
Acute Beds – Older	12	12	12	12	11	10		67
Acute Beds – Child/Adolescent	10	10	10	10	7	7	7	124
Non-Acute Beds – Adult[18]	159	159	93	97	68	68		398
Non-Acute Beds – Older[18]	16	16	16	16	13	12		38
Non-Acute Beds – Forensic	20	20	20	20	18	18		4

LOCAL HEALTH DISTRICT/HOSPITAL	Funded[1] beds at 30 June		Average Available[2] beds in year		Average Occupied[3] beds in year		Sameday[4] separations in 12 mths to 30/6/15	Overnight[5] separations in 12 mths to 30/6/15
	2014	2015	2013-14	2014-15	2013-14	2014-15		
X860 Far West Local Health District	**16**	**16**	**15**	**16**	**10**	**11**	**4**	**211**
Acute Beds – Adult	6	6	6	6	4	4	4	109
Non-Acute Beds – Adult	10	10	9	10	6	7		102
X690 St Vincent's Health Network	**48**	**48**	**52**	**49**	**46**	**42**	**27**	**1485**
Acute Beds – Adult	33	33	33	33	30	31	26	1405
Acute Beds – Older	15	15	19	16	16	11	1	80
X630 Sydney Children's Hospital Network	**16**	**16**	**13**	**13**	**10**	**13**	**1**	**136**
Acute Beds – Child/ Adolescent	16	16	13	13	10	13	1	136
X170 Justice Health & Forensic Mental Health Network	**231**	**231**	**231**	**231**	**201**	**197**	**3**	**545**
Acute Beds	152	152	152	152	122	118	3	537
Non-Acute Beds	79	79	79	79	79	79		8
NSW – TOTAL	**2931**	**2967**	**2730**	**2790**	**2268**	**2344**	**3091**	**36,868**
SUMMARY – Bed Type and Sub-Program								
Adult Acute	1353	1375	1327	1329	1177	1200	1806	31,041
Older Acute	160	174	157	157	144	140	24	1304
Child and Adolescent Acute	83	83	74	79	53	55	20	1142
Forensic Acute	152	152	152	152	122	118	3	537
Adult Non-Acute	761	761	633	683	478	518	41	1588
Older Non-Acute	201	201	184	186	138	144	17	768
C&A Non-Acute	68	68	52	52	20	20	1180	464
Forensic Non-Acute	153	153	153	153	135	147		24

Notes: **1** "Funded beds" are those funded by the NSW Ministry of Health (MoH). **2** "Average Available beds" are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by Health System Information and Performance Reporting (HSIPR) Branch in the MoH. In rare instances higher numbers of available beds than funded are reported. This may be due to a number of reasons such as use of serge beds in high demand periods. **3** "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year. 2,3 Components may not add to total in local health district/ NSW due to rounding error. **4** "Same day Separations" refers to those separations when the patient is admitted and separates on the same date from the hospital. **5** "Overnight Separations" (i.e. admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. **6** Five ECT same day beds have been removed from Concord Hospital. The funded bed platform reports overnight beds therefore these beds have been removed to ensure consistency in reporting. **7** There was an increase of 19 acute beds in Royal Prince Alfred Hospital. These beds have opened in a staged manner in 2014-15. Four beds are expected to be transferred to the Eating Disorder Unit and three beds will open later in 2015. **8** The availability and occupancy of beds in the non-acute Child and Adolescent units are complicated by the fact that they operate mainly during the week days (excluding public holidays) and school term contributing to lower average availably and occupancy in the local health district. **9** Two additional adult acute beds opened in Blacktown Hospital in 2014-15. **10** One of the acute wards of Cumberland Hospital is using only 12 of its 16 beds. The future arrangements of the four closed beds are currently under discussion with Mental Health Drug and Alcohol Office (MHDAO), in the MoH. **11** One of the acute Child and Adolescent wards of Westmead Hospital is using only four of its nine beds. Five beds are temporarily closed due shortage of Child Psychiatrist. Recruitment strategies are in place. **12** One of the non-acute wards of Cumberland Hospital is closed as of January 2015. The hospital is awaiting financial advice from the MoH. **13** Two non-acute beds in Redbank are not available. The ward is operating at seven beds. **14** A new older acute 20 bed unit opened in Nepean Hospital. **15** All nine non-acute beds in the Cottages, Kenmore Hospital were unavailable following periods of low occupancy. **16** Sixteen non-acute older peoples beds were unavailable in Kenmore Hospital due to periods of low occupancy. **17** Funding for acute beds in Albury Hospital is still supplied by the MoH. However, activity is not reported as part of MoH. **18** The local health district has changed one of the 24 bed non-acute wards in Orange Health Service to acute ward and is awaiting approval from Mental Health and Drug and Alcohol Office. Four beds in this ward were unavailable. Overall, there were 87 non-acute beds in various adult and older peoples wards in Orange Health Service that were unavailable or closed for an extended period of time in 2014-15.

Mental health – seclusion activity levels

Supplementary Seclusion Indicators. Measuring seclusion in NSW acute mental health inpatient units.

FACILITY[1]	Seclusion Rate[2]				Average Duration[3]				Hospitalisation (%)[4]			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Albury[5]	3.0	2.3	1.1		4.0	5.6	4.8		3%	2%	1%	
Bankstown	25.7	10.8	7.9	13.4	1.7	1.4	2.2	1.9	16%	8%	8%	7%
Bega	10.0	1.6	2.0	1.5	2.1	1.7	2.0	2.6	6%	2%	2%	2%
Blacktown	15.3	17.1	12.0	10.9	2.8	2.8	3.6	5.5	12%	11%	8%	8%
Blue Mountains	0.4	3.0	3.4	5.5	5.1	2.5	2.3	1.3	1%	4%	4%	5%
Broken Hill	5.5	2.4	1.5	2.3	3.3	1.8	2.0	5.1	4%	1%	1%	2%
Campbelltown	7.7	6.8	7.2	8.2	1.6	1.5	1.7	1.6	5%	5%	5%	5%
Children's Hospital Westmead	22.1	9.9	1.4	4.1	0.6	0.5	0.4	1.9	16%	11%	3%	5%
Coffs Harbour	16.4	8.8	12.0	11.5	7.2	5.1	5.1	11.2	14%	10%	9%	8%
Concord	11.8	10.4	13.8	9.6	4.3	3.7	5.8	6.3	9%	9%	8%	6%
Cumberland	16.2	15.5	15.6	14.3	16.8	29.1	18.3	16.0	13%	12%	14%	14%
Dubbo	17.7	25.1	8.9	4.9	2.4	2.9	3.1	2.6	9%	14%	6%	4%
Forensic Hospital	7.0	13.4	6.9	7.1	21.4	31.0	137.8	211.5	21%	25%	31%	30%
Gosford	9.7	10.3	7.0	6.0	2.1	1.9	2.2	2.4	8%	9%	6%	5%
Goulburn	11.9	11.3	5.8	6.9	2.8	2.3	1.7	2.5	6%	6%	5%	4%
HNE Mater	8.0	10.5	6.7	9.0	3.0	2.7	1.6	2.6	4%	5%	3%	4%
Hornsby	9.4	14.1	10.8	10.8	3.1	6.1	4.1	3.6	6%	7%	6%	9%
John Hunter	16.8	9.1	16.6	36.5	1.3	1.3	1.6	1.2	11%	6%	6%	5%
Lismore	28.2	10.9	10.9	7.3	7.9	7.2	6.1	8.9	16%	7%	7%	8%
Liverpool	11.4	8.2	7.5	10.0	3.1	4.2	3.9	5.5	6%	5%	5%	6%
Macquarie	3.0	5.2	4.0	4.2	4.3	3.1	4.4	3.2	7%	7%	7%	6%
Maitland	3.8	4.7	2.6	3.9	1.7	2.3	2.6	2.6	3%	3%	1%	2%
Manly	2.7	2.1	2.5	2.7	2.2	2.0	1.9	1.4	2%	2%	2%	2%
Morisset	1.7	2.9	0.0	0.0	1.1	1.6			5%	11%	0%	0%
Nepean	13.6	8.0	4.4	3.9	4.3	5.3	4.3	11.2	6%	6%	3%	3%
Orange	8.8	8.2	10.9	7.8	2.3	1.4	1.4	0.7	5%	5%	4%	4%
Port Macquarie	4.5	2.3	1.4	12.0	5.5	7.1	4.4	7.7	6%	4%	2%	9%
Prince of Wales	10.0	10.3	9.0	13.5	6.0	9.2	5.4	4.5	6%	5%	5%	7%
Royal North Shore	7.0	4.9	4.2	2.8	3.1	3.8	2.5	2.6	4%	3%	3%	2%
Royal Prince Alfred	6.2	5.5	2.5	2.4	2.5	2.4	2.3	2.3	5%	5%	3%	2%
Shellharbour	6.6	7.5	8.8	8.1	5.2	10.5	12.1	4.5	5%	6%	7%	7%
St George	1.1	1.2	0.7	2.6	3.1	5.5	1.8	3.8	1%	1%	1%	1%
St Vincent's	15.7	29.1	11.6	18.0	3.3	3.5	1.5	3.6	5%	9%	5%	8%
Sutherland	2.4	3.4	3.7	5.1	2.6	1.9	1.5	3.8	2%	3%	3%	3%
Sydney Children's Hospital[6]		1.7	7.1			0.7	1.4			2%	5%	
Tamworth	7.8	7.6	13.4	5.1	3.3	2.7	3.4	2.5	3%	3%	4%	3%
Taree	1.8	4.4	3.6	4.9	3.1	2.9	1.4	2.0	1%	3%	3%	4%
Tweed	12.2	8.4	9.1	12.7	6.1	4.5	5.4	5.2	9%	6%	8%	6%
Wagga Wagga	16.0	14.5	7.9	6.5	3.2	3.4	3.5	13.0	8%	7%	6%	4%
Westmead	3.2	2.4	1.4	2.8	2.4	2.4	1.6	5.1	2%	2%	1%	1%
Wollongong	2.5	1.5	2.4	4.7	2.1	1.1	2.0	2.4	2%	2%	2%	4%
Wyong	12.4	12.2	9.5	9.5	3.3	2.7	3.2	3.7	8%	9%	9%	9%
NSW Total[7]	10.4	9.5	8.2	8.5	5.7	7.8	9.4	10.7	7%	6%	6%	6%

Notes: **1** Include acute beds for all subprograms (Adult, Older, CAMHS, Forensic) ONLY from facilities which have seclusion. **2** Seclusion episodes per 1000 acute bed days. **3** Average duration (hours) per seclusion episode. **4** Per cent of persons hospitalised who experienced at least one episode of seclusion. **5** Albury Hospital units are under the jurisdiction of the Victorian Department of Human Services and are managed through the Victorian Hospital System; from July 2014, they are no longer included in this report. **6** This facility commenced reporting seclusion in 2013-14. **7** NSW average rate differs from the seclusion rate – trend over time (insert page no. of seclusion table 'Seclusion Rate – Trend Over Time'), as this table does not include facilities with acute beds but no seclusion.

Data sources for the Annual Report

The funded beds data for public health facilities was compiled from the June 2015 Bed Survey. The Survey collects data on bed numbers against bed types by financial-sub-program at ward/unit level in mental health facilities in local health districts twice a year.

Data for average available beds was compiled from the Bed Reporting System maintained by the Health System Information and Performance Reporting Branch of the NSW Ministry of Health. Average occupied beds, non-acute occupied bed days and overnight separations in public health facilities was extracted and compiled from data tables in the NSW Health Information Exchange in late August 2015.

Seclusion data is collected manually by local health districts and specialty health networks and collated by InforMH.

Ambulatory contact data was extracted in August 2015 from the Mental Health Ambulatory tables in the NSW Health Information Exchange.

Compliance checklist, glossary & index

Compliance checklist

	Section	Page
Aims and objectives	Overview	6
Annual report production cost		Inside front cover
Business and service hours	Organisation	184
Charter	Management and accountability	94
Consultants	Finances	107
Consumer response	Performance	33
Credit card certification	Finances	97
Disability Action Plan	Management and accountability	73
Disclosure of controlled entities	Finances	96
Economic or other factors affecting achievement of operational objectives	Performance	15
Employment statistics	Appendices	238
Financial statements	Financial report	115-182
Funds granted	Finances	97
Government Information (Public Access) Act	Management and accountability	69
Human resources	Our people	75-85
Identification of audited financial statements	Finances	115-182
Implementation of price determination	Finances	97
Internal Audit and risk management policy attestation	Management and accountability	68
Land disposal	Finances	112
Legal change	Management and accountability	72
Letter of submission	Preface	i
Management and activities	Performance	16
Management and structure	Overview	14
Multicultural Policies and Services Program	Management and accountability	86-93
NSW Carers Recognition Act 2010	Management and accountability	94
Office addresses and contact numbers		Inside front cover
Organisation charts	Overview	8, 11
Overseas travel	Appendices	240
Payment of accounts	Finances	108
Privacy management	Management and accountability	73
Research and development	Management and accountability	83-85
Risk management and insurance activities	Finances	109
Senior Executive Service – statistics	Appendices	242
Summary review	Secretary year in review	1-4
Sustainability	Management and accountability	82
Time for payment of accounts	Finances	108
Waste	Management and accountability	82
Website addresses		Inside front cover
Workforce diversity statistics	Management and accountability	77-78
Workplace health and safety	Management and accountability	81

Glossary

Activity Based Funding

Activity Based Funding is a management tool which helps plan and assess performance and clinical needs as part of the new approach to the funding, purchasing and performance of health services in NSW. Activity Based Funding helps make public health funding more effective because health service management can allocate their share of available state and Commonwealth funding based on real levels of patient care. The Activity Based Funding tool allows public health planners, administrators, consumers and clinicians to see how and where taxpayer funding is being allocated.

Acute Care

Short-term medical treatment, usually in a hospital, for patients with an acute illness or injury, or recovering from surgery. Acute illness/injury is one that is severe in its effect or approaching crisis point, for example acute appendicitis.

Antenatal

The period prior to birth.

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.

Between the Flags

Program supporting doctors and nurses to recognise early warning signs and then make the right clinical decisions should the condition of a patient start to deteriorate.

Blood Borne Viruses

Viruses that are transmitted through contact between infected blood and uninfected blood.

Cervical cancer

A cancer of the cervix, often caused by human papillomavirus, which is a sexually transmissible infection.

Chemotherapy

The treatment of disease by chemical agents, for example the use of drugs to destroy cancer cells.

Chronic Disease

The term applied to a diverse group of diseases, such as heart disease, cancer and arthritis that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the general term chronic diseases is usually confined to non-communicable diseases.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Closing the Gap

COAG Closing the Gap initiatives designed to close the life expectancy gap between Aboriginal and non-Aboriginal Australians within a generation.

Comorbidity

The presence of one or more disorders (or diseases) in addition to a primary disease or disorder.

ComPacks Program

Facilitates safe and early discharge of eligible patients from hospital by providing access to a short-term package of care designed to help them gain independence and prevent their re-admission to hospital.

Computed Tomography (CT) Scanning

An imaging method that uses computer processing to generate an image of tissue density in a 'slice' through the body. The images are spaced at 5 to 10 mm intervals allowing an anatomical cross-section of the body to be constructed.

Communicable Disease

Illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal.

CORE values

The values that underpin all NSW Health activity: collaboration, openness, respect and empowerment.

Deliverables

Tangible program products developed to meet program objectives.

Dementia

A general and worsening loss of brain power such as memory, understanding and reasoning.

Diabetes

Refers to a group of syndromes caused by a malfunction in the production and release of insulin by the pancreas leading to a disturbance in blood glucose levels. Type 1 diabetes is characterised by the abrupt onset of symptoms, usually during childhood; and inadequate production of insulin requiring regular injections to regulate insulin levels. Type 2 diabetes is characterised by gradual onset commonly between 50 and 60 years old; and is usually able to be regulated through dietary control.

Digital mammography

Specialised form of mammography that uses digital receptors and computers instead of x-ray film to help examine breast tissue for breast cancer.

eHealth

Application of internet and other related technologies in the health care industry to improve the access, efficiency, effectiveness and quality of clinical and business processes utilised by health care organisations, practitioners, patients and consumers to improve the health status of patients.

eMR – Electronic Medical Record

An online record that 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.

Health care associated infections

An infection a patient acquires while in a health care setting receiving treatment for other conditions.

Essentials of Care Program

Engages more than 700 teams across the NSW Health system to improve patient experiences and outcomes as well as facilitate responsive, empathic and focused nursing practice.

Faecal occult blood test

A test that detects tiny amounts of blood, often released from bowel cancers or their precursors (polyps or adenomas) into the bowel motion.

Gene technology

Gene technology involves techniques for understanding the expression of genes and taking advantage of natural genetic variation for the modification of genetic material. It does not include sexual reproduction or DNA crossover.

Hepatitis A

An acute form of viral hepatitis transmitted by ingesting food or drink that is contaminated with faecal matter.

Hepatitis B

A blood-borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis B is usually transmitted by parenteral means (such as injection of an illicit drug, exposure to blood or blood products), through sexual contact, or from mother to baby around the time of birth.

Hepatitis C

A blood-borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis C is usually transmitted by parenteral means (such as injection of an illicit drug or exposure to blood or blood products), or from mother to baby around the time of birth.

Hospital in the Home

Delivers selected types of patient-centred multidisciplinary acute care to suitable patients at their home or clinic setting as an alternative to inpatient (hospital) care.

InforMH

The information and reporting branch of the Mental Health Drug and Alcohol Office at the NSW Ministry of Health.

Integrated Care

The provision of care and support that is based around the needs of the individual, providing the right care in the right place at the right time in the most effective and efficient manner.

Junior Medical Officer

A Junior Medical Officer is generally a medical graduate with at least two years post-graduate experience, extending to a medical graduate working in a graduate training period of five to ten years.

Key Performance Indicators

Indicators which measure agency effectiveness through program deliverables in achieving the program objectives.

Local health districts

Comprise geographic areas managing public hospitals and providing health services to their communities. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Lymphoedema

Lymphoedema is the accumulation of excessive amounts of protein-rich fluid resulting in swelling of one or more regions of the body. This is due to a mechanical failure of the lymphatic system and occurs when the demand for lymphatic drainage exceeds the capacity of the lymphatic circulation. The condition usually affects the limb(s) although it may also involve the trunk, breast, head and neck or genital area.

Magnetic Resonance Imaging (MRI)

A non-invasive nuclear medicine technology that uses strong magnetic fields and radio frequency pulses to generate sectional images of the body. The image gives information about the chemical makeup of the tissues, allowing, for example, normal and cancerous tissues to be distinguished.

Measles

An acute, highly contagious viral disease, characterized by eruption of red spots on the skin, fever, and catarrhal symptoms. Also called rubeola. Prevented by vaccination.

Medical Assessment Unit

A designated hospital ward specifically staffed and designed to receive medical inpatients for assessment, care and treatment for a designated period. Patients can be referred directly to the Medical Assessment Unit, by-passing the emergency department.

Medicare Locals

Medicare Locals are a network of primary health care organisations established to help improve delivery of services and access to afterhours care. They have strong links to local hospital networks, local communities, health professionals and service providers including General Practitioners, allied health professionals and Aboriginal Medical Services.

Melanoma

A tumour arising from the skin, consisting of dark masses of cells with a tendency to metastasis. It is the most aggressive form of skin cancer.

Memorandum of Understanding

A written but noncontractual agreement between two or more agencies or other parties to take a certain course of action.

Meningococcal disease

An infection caused by meningococcal bacteria which invade the body through respiratory tract. The infection develops quickly and is often characterised by fever, vomiting, an intense headache, stiff neck and aversion to bright lights.

Multipurpose Services

Provide a flexible service model for regional and rural communities with access to a range of integrated health services such as acute care, subacute care, allied health, oral health, aged care, primary and community services.

Mumps

An acute, inflammatory, contagious disease caused by a paramyxovirus and characterised by swelling of the salivary glands, especially the parotids, and sometimes of the pancreas, ovaries, or testes. This disease can be prevented by vaccination.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a generational reform that will deliver a national system of disability support focused on the individual needs and choices of people with disability. The NDIS will provide people with disability support to live life their way, achieve their goals and participate in social and economic life. The NDIS will be rolled out across NSW between 1 July 2016 and 30 June 2018.

National Emergency Access Target

The National Emergency Access Target (NEAT) aims to ensure all patients leave the Emergency Department within four hours either through discharge, being admitted to hospital or transferred to another hospital for treatment.

National Elective Surgery Target

The National Elective Surgery Targets (NEST) are a component of the National Partnership Agreement (NPA) on Improving Public Hospital Services and aim to ensure that surgical patients are treated within their recommended clinical priority timeframe. As a signatory of the NPA, NSW is committed to achieving this aim.

Non-specialist doctors

A doctor without postgraduate medical qualifications who receives a government salary for the delivery of non-specialist health care 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.

Oncology

The study, knowledge and treatment of cancer and tumours.

Outcomes

As used in the Australian Government's Outcomes Framework, these are the results, consequences or impacts of Government actions on the Australian community.

Palliative Care

Care provided to achieve the best possible quality of life for patients with a progressive and far-advanced disease, with little or no prospect of cure.

Pandemic

An epidemic affecting a wide geographic area.

Patient Flow Portal

Provides user friendly tools to support NSW Health workers improve patient flow within a hospital or a Local Health District resulting in improved patient experiences.

Pathology

The study and diagnosis of disease through the examination of organs, tissues, cells and bodily fluids.

Perinatal

The period shortly before and after birth. The term generally describes the period between the 20th week of gestation and one to four weeks after birth.

Pillars

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

- Agency for Clinical Innovation
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education and Training Institute
- NSW Kids and Families

Pressure area

Are areas of damage to the skin and underlying tissue caused by constant pressure or friction. This type of skin damage can develop quickly in anyone with reduced mobility, such as older people or those confined to a bed or chair.

Primary Care

Provides the patient with a broad spectrum of care, both preventive and curative, over a period of time and coordinates all of the care the person receives.

Primary Health Networks

Primary Health Networks have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Prosthesis

An artificial device that replaces a missing body part lost through trauma, disease or congenital conditions.

Quaternary care

The term quaternary care is sometimes used as an extension of tertiary care in reference to advanced levels of medicine which are highly specialised and not widely accessed. Experimental medicine and some types of uncommon diagnostic or surgical procedures are considered quaternary care.

Radiation Oncology (Radiotherapy)

The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.

Remote

Used for centres with a population up to 4999 as identified by the Australian Institute of Health and Welfare.

Rubella (German Measles)

A contagious viral disease which spreads through contact with discharges from the nose and throat of an infected person. Although rubella causes only mild symptoms of low fever, swollen glands, joint pain and a fine red rash in most children and adults, it can have severe complications if contracted by women in their first trimester of pregnancy. Complications include severe birth defects or death of the foetus.

Rural

Used for centres with populations between 5000 and 99,999 as identified by the Australian Institute of Health and Welfare.

Specialty Health Networks

Two specialist networks operate across NSW with a focus on Children's and Paediatric Services, and Forensic Mental Health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health.

Stoma

Artificial body opening in the abdominal region, for the purpose of waste removal.

NSW Stroke Reperfusion Service

This service aims to shorten the patient journey from onset of acute stroke symptoms to an Acute Stroke Thrombolysis service for definitive treatment.

Telehealth

The delivery of health services using different forms of communications technology, such as video conferencing, giving access to health care services to people in rural and remote areas.

Tertiary care

Tertiary care is specialised consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment. Examples of tertiary care services are cancer management, neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions.

Transfer of Care

Transfer of Care measures the percentage of patients arriving by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival.

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.

Tumour

An abnormal growth of tissue in which cell multiplication is uncontrolled and occurs faster than normal tissue growth.

Unwarranted Clinical Variation

Where patients with similar diagnoses get treated differently when there is no clinical reason for this to happen.

Varicella (Chickenpox)

A very contagious disease, an affected child or adult may develop hundreds of itchy, fluid-filled blisters that burst and form crusts. Varicella is caused by a virus, varicella-zoster.

Viral Hepatitis

Inflammation of the liver caused by a virus.

Viral Haemorrhagic Fever (Ebola)

Viral hemorrhagic fevers (VHFs) are a group of illnesses caused by four families of viruses. These include the Ebola and Marburg, Lassa fever, and yellow fever viruses. VHFs have common features: they affect many organs, they damage the blood vessels, and they affect the body's ability to regulate itself.

Visiting Medical Officer

A Visiting Medical Officer (VMO) is a medical practitioner in private practice who also provides medical services in a public hospital. VMOs are not hospital employees but are contracted by the local health district to provide specific medical services in nominated health facilities.

Whole of Hospital Program

A centrally facilitated and locally led program to improve the connectivity of the patient journey through a hospital and back into the community so that it is not only safe and effective, but also seamless.

Index