

# MINISTER FOR HEALTH, AND MINISTER FOR THE CENTRAL COAST

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## OVERVIEW

<i>Agency</i>	<i>2008-09 Budget \$m</i>	<i>2009-10 Budget \$m</i>	<i>Variation %</i>
<b>Department of Health</b>			
Total Expenses .....	13,150.7	14,487.9	10.2
Capital Expenditure .....	779.5	602.9	-22.7
<b>Health Care Complaints Commission</b>			
Total Expenses .....	10.8	10.9	0.5
Capital Expenditure .....	0.2	0.1	-26.7
<b>Cancer Institute NSW</b>			
Total Expenses .....	153.0	141.2	-7.7
Capital Expenditure .....	3.0	3.0	...
<b>Total, Minister for Health, and Minister for the Central Coast *</b>			
Total Expenses .....	<b>13,166.7</b>	<b>14,500.8</b>	<b>10.1</b>
Capital Expenditure .....	<b>782.7</b>	<b>606.0</b>	<b>-22.6</b>

\* *The Ministerial total has been reduced to exclude grant payments from the Department of Health to the Cancer Institute NSW.*

In addition to the agencies listed above, the Minister is also supported by the Department of Premier and Cabinet (Section 2) for the Central Coast portfolio area.

## DEPARTMENT OF HEALTH

The Department of Health is responsible for State-wide policy and planning, performance management and monitoring, and strategic financial and asset management for the NSW public health system. The NSW public health system comprises the Ambulance Service of NSW, eight Area Health Services, four statutory health corporations, 18 affiliated health organisations and a range of health support and health infrastructure services provided by the Health Administration Corporation. The Department and the NSW public health system are known collectively as NSW Health.

The Department is also responsible for supporting the NSW Minister for Health in the administration of around 40 Acts allocated to the Health portfolio. This includes undertaking licensing, regulatory and enforcement functions, under Acts such as the *Health Services Act 1997*, *Mental Health Act 2007*, *Private Hospitals and Day Procedure Centres Act 1988*, *Poisons and Therapeutic Goods Act 1966*, *Public Health Act 1991* and *Smoke-free Environment Act 2000*.

## RESULTS AND SERVICES

The Department has lead agency responsibility for coordinating with partner agencies to ensure the delivery of the following State Plan priorities:

- ◆ S1: Improved access to quality healthcare.
- ◆ S2: Improved survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care.
- ◆ S3: Improved health through reduced obesity, smoking, illicit drug use and risk drinking.
- ◆ F3: Improved outcomes in mental health.
- ◆ F5: Reduced avoidable hospital admissions.

NSW Health's overarching vision of "Healthy People - Now and in the Future" is being advanced through the State Health Plan by working towards the following results:

- ◆ Prevention is made everybody's business.
- ◆ Better experiences are created for people using health services.
- ◆ Primary health and continuing care in the community is strengthened.
- ◆ A fair and sustainable health system is ensured.

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The services NSW Health provides to achieve these results include:

- ◆ health care to patients admitted to hospitals
- ◆ ambulatory, primary and community-based services in outpatient clinics and community health centres, and in the home
- ◆ emergency transport and emergency treatment
- ◆ community-based and admitted mental health services
- ◆ rehabilitation and long-term care services
- ◆ public health promotion and regulation to protect health and
- ◆ professional training and investment in research.

The key services provided by the Department of Health and the way in which they are expected to contribute to results are set out in the following table:

Service Groups	2009-10 Budget Expenses  \$m	Results			
		Make prevention everybody's business	Create better experiences for people using health services	Strengthen primary health and continuing care in the community	Ensure a fair and sustainable health system
Primary and Community Based Services	1,117.3	✓	✓	✓	✓
Aboriginal Health Services	93.0	✓	✓	✓	✓
Outpatient Services	1,443.5		✓		✓
Emergency Services	1,577.1		✓		✓
Overnight Acute Services	5,869.5		✓		✓
Same Day Acute Services	942.8		✓		✓
Mental Health Services	1,170.5		✓	✓	✓
Rehabilitation and Extended Care Services	1,122.5		✓	✓	✓
Population Health Services	511.7	✓			✓
Teaching and Research	639.8	✓	✓	✓	✓
<b>Total Expenses Excluding Losses</b>	<b>14,487.9</b>				

## RECENT ACHIEVEMENTS

The total expenditure for the Department of Health in 2008-09 is expected to be \$13.8 billion.

As shown in Table 12.1, performance in key areas has improved considerably in the last three years at the same time as significant increases in activity.

Although emergency department attendances grew by an average of 5.5 per cent per year over the four years to 2008-09, performance against key indicators was generally maintained or improved. The Triage Category 1 national performance benchmark of 100 per cent of the most seriously ill patients receiving care within two minutes has consistently been achieved.

Elective surgery has become more accessible. The proportion of urgent patients seen within their recommended waiting times has increased from 77 per cent in 2005-06 to 94 per cent in 2008-09 for urgent cases and from 84 per cent to 94 per cent for non-urgent cases. Over the same period, overnight acute weighted separations have increased by an average of 2.8 per cent per year and same day acute weighted separations have increased by an average of 3.3 per cent per year.

**Table 12.1: Key Result and Activity measures for NSW Health**

	2005-06 Actual	2006-07 Actual	2007-08 Actual	2008-09 Revised	2009-10 Forecast
Attendances in emergency departments					
number (thousand)	2,180	2,300	2,380	2,380	2,430
growth (per cent)	9.0	5.5	3.5	0.0	2.1
Admissions from emergency departments					
number (thousand)	465	495	512	525	538
growth (per cent)	10.2	6.5	3.4	2.5	2.5
Acute weighted separations					
number (thousand)	1,216	1,275	1,300	1,335	1,367
growth (per cent)	7.3	4.9	2.0	2.7	2.4
Emergency department cases treated within benchmark times (per cent)					
Triage 1 (100 per cent within 2 mins)	100	100	100	100	100
Triage 2 (80 per cent within 10 mins)	80	87	86	82	82
Triage 3 (75 per cent within 30 mins)	61	71	76	69	69
Triage 4 (70 per cent within 60 mins)	66	74	74	72	72
Triage 5 (70 per cent within 120 mins)	86	89	89	89	89
Booked surgical patients seen within recommended waiting time (per cent)					
Urgent (within 30 days)	77	87	90	95	95
Non-Urgent (within 12 months)	84	96	95	95	95

## **Better Integrated Healthcare**

### ***After-Hours General Practice Services***

In accordance with the Government's 2007 election commitment, nine after-hours GP clinics are now operational, with more to follow. The after-hours clinics are co-located with or in close proximity to hospitals to help relieve the pressure on Emergency Departments (EDs) by offering people choice of being treated at a GP clinic or the ED.

### ***NSW Transitional Aged Care Program***

The NSW Transitional Aged Care Program is jointly funded by the State and Australian Governments. The State contributed \$21.4 million in 2008-09. The program has resulted in 80 per cent of clients improving or maintaining their functional capacity.

### ***National Health Call Centre Network***

In accordance with the COAG decision in 2006 to establish a national health call centre service, the NSW Government committed \$25.6 million to this project over four years to 2009-10. The call centre service, which is available 24 hours a day, commenced in August 2008 with full state-wide rollout completed in May 2009.

### ***Aboriginal Health***

The "Building Strong Foundations for Aboriginal Children Families and Communities" strategy is delivering cooperation between NSW Office of Aboriginal and Torres Strait Islander Health and Area Health Services to map and analyse programs across NSW. The strategy is focusing on Aboriginal maternal and child health to avoid service duplication and inequity, and establishing a training and support unit to assist staff.

## **Increased Capacity**

### ***Mental Health Improvements***

Implementation of the "A New Direction in Mental Health" Plan continued as an important focus area in 2008-09. Achievements include:

- ◆ the recruitment of 21 full-time equivalent clinicians to provide delivery of mental health services for older people
- ◆ the delivery of community mental health emergency care and improving emergency responses for patients with co-morbid mental health and drug and alcohol problems

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- ◆ the delivery of community rehabilitation services that support vocational and educational outcomes for patients in recovery as well as improving the rehabilitation pathways subsequent to discharge from acute services and
- ◆ the delivery of outpatient child and adolescent mental health services and recruitment of an additional 17.5 full-time equivalent clinicians across New South Wales.

### **Increased Access**

#### ***Emergency Department Services***

Implementation of a comprehensive planned approach to improving Emergency Department (ED) throughput and reducing hospital access block progressed in 2008-09. The whole-of-system response involves clinicians and managers and includes:

- ◆ the introduction of new ED models of care such as Fast Track
- ◆ the introduction of workforce models such as nurse practitioners to enhance emergency nursing services and ensure timely patient care
- ◆ the establishment of Medical Assessment Units (MAUs) and
- ◆ the introduction of state of the art information systems such as the First Net Emergency Department software program.

#### ***Elective Surgery Funding***

In 2008-09 additional funding of \$18.5 million from the State and \$33.6 million from the Australian Government was provided for Elective Surgery.

Access to elective surgery was maintained despite an increase in demand. Overall, the average waiting time for elective patients decreased from 2.9 months in June 2008 to 2.6 months in February 2009. The proportion of elective surgery patients admitted within their clinically recommended times improved from 89 per cent in June 2008 to 92 per cent in February 2009.

There has been a significant improvement in Category 2 (admission required within 90 days) surgical patients. In December 2008, there were 178 surgical patients recorded as overdue for surgery. This compares with 6,188 overdue patients in January 2008.

### ***Investing in Oral Health***

In 2008-09 NSW Health provided capital subsidies for local councils and water supply authorities to expand water fluoridation in NSW communities. In addition, Area Health Services were funded to recruit and retain public oral health practitioners State-wide.

### ***Expanded Renal Services***

The 2008-09 Budget provided \$5.1 million for the enhancement of renal services across the state. This provided additional renal dialysis chairs and places, improved home dialysis support, increased satellite services, training and patient support, and in-centre care.

### ***Better Ambulance Services***

In 2008-09 the NSW Ambulance Service received funding to recruit an additional 95 FTE staff in the Sydney area. This enhancement funding for the Sydney area brings on-road staff to 2,954 which is an increase of 15 per cent since the commencement of the recruitment program.

### **Sustainable Workforce**

#### ***Investment in Nurses***

Area Health Services will receive \$14 million initial funding over four years from 2008-09 to create a further 80 Clinical Nurse Educator positions across the State, increasing nursing workforce skills and enhancing patient safety.

As part of the Government's continued commitment to the rollout of the ten-hour night shift funding has been provided to Blacktown, Mt Druitt, Gladesville/Macquarie, Dubbo and Macksville hospitals.

### **STRATEGIC DIRECTIONS**

The future development of the NSW health system will be guided by three interrelated policy reforms and plans:

- ◆ *Caring Together: The Health Action Plan for NSW* targets acute care services in public hospitals with a broad range of initiatives that will deliver safer and better quality care and ensure that patients remain at the centre of the health care system.

- ◆ The *State Health Plan* provides an integrated strategic plan and objectives to guide the NSW health system over the next ten to twenty years.
- ◆ COAG reforms provide a new framework for Commonwealth funding of State health systems, introducing common objectives, improved accountability, and targeted joint initiatives to improve the public health system.

These policy reforms and plans will be supported by an additional \$1.3 billion in expenditure in 2009-10 over the 2008-09 Budget. This increased expenditure will contribute to immediate improvements in the quality of health services and making the NSW health system more efficient and sustainable.

The implementation of episode funding and enhancements to financial management systems will drive significant internal reforms that encourage better resource management in the health system.

These reforms will ensure that NSW Health can deliver high quality services to a growing population within a sustainable level of expenditure growth.

### **Caring Together: The Health Action Plan for NSW**

In March 2009, the NSW Government released *Caring Together: The Health Action Plan for NSW* in response to the *Special Commission of Inquiry into Acute Care in NSW Public Hospitals*. Acute care services are at the core of the NSW public health system. *Caring Together* provides a renewed focus on creating better experiences for patients and building a sustainable healthcare workforce.

The Special Commission of Inquiry resulted in 139 recommendations and the NSW Government responded by accepting 134 of them. The Government response will be progressed through a three stage approach.

During Stage 1, NSW Health will act immediately to put patients at the centre of the health care system by providing services that are safe, competent and compassionate. The first stage is supported by an additional \$485 million over 4 years including \$117 million in 2009-10.

Over the next four years, funding of \$176 million will provide approximately 500 additional ward based Clinical Support Officers to relieve doctors and nurses of paperwork and administrative duties to allow them to return to patient care.

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An additional \$34.4 million over four years will employ an extra 64 clinical pharmacists in hospital wards. Expanding the role of clinical pharmacists within hospitals will increase patient safety by improving the advice provided to doctors and nurses on the best use of medicines.

Patient care within metropolitan and major regional emergency departments will be improved through \$14.8 million over four years for an additional 30 Clinical Initiative Nurses. The extra nurses will assist in reducing waiting times for patients in emergency departments.

Infection control within public hospital wards will be improved through an additional \$6.3 million a year for extra cleaning staff in metropolitan and regional hospitals. Patients will also benefit from an additional \$12 million over four years implementation of gender based wards wherever possible.

In Stage 2 the Government will report on progress in six months and signal a series of actions to allow sustainable change to build a stronger health care system.

In Stage 3 the Government will report on progress in 18 months and detail an intergenerational plan to develop the thinking and culture that will shape the future health system.

### **COAG Reforms**

At the November 2008 COAG meeting, the Commonwealth and States and Territories successfully negotiated a new National Health Care Agreement (NHCA), which included a base funding adjustment of \$500 million nationally (NSW share is \$166 million in 2008-09) and a higher indexation rate.

The key objectives and outcomes of the new NHCA cover prevention, primary and community health, hospital and related care, aged care, patient experience, Indigenous health and sustainability. A new performance framework to improve the accountability of both States and the Australian Government is embedded in the new NHCA. It will include performance benchmarks, progress measures and outputs that will be publicly reported annually.

Under the new NHCA, the Australian Government will provide New South Wales funding of \$16.2 billion over the four years from 2009-10. This is around \$1 billion more than the previous Australian Health Care Agreement would have provided over the same period. In 2009-10, the Australian Government's funding to New South Wales is estimated to be \$3.7 billion.

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In addition, the Australian Government under new National Partnership (NP) Agreements will provide funding to the states to deliver agreed health care reforms in the following areas.

- ◆ Under the Hospital and Health Workforce Reform NP, the Australian Government will provide New South Wales funding of \$454 million over four years. New South Wales has committed to implement a nationally consistent approach to activity based funding, expand sub-acute care activity by 5 per cent per annum over four years, improve the capacity of public hospital emergency departments, and provide funding for workforce reforms.
- ◆ Under the Preventative Health NP, NSW will receive funding of \$72 million over the next four years to deliver initiatives targeting healthy children, healthy workforce and healthy communities.
- ◆ Under the Indigenous Health NP, the Australian Government and the States have committed to closing the gap in health outcomes between Indigenous and non-Indigenous Australians. New South Wales will spend \$180 million over four years in five priority areas: tackling smoking, primary healthcare services, improving patient journeys, transitions to adulthood, and making Indigenous health everyone's business.

NSW Health will also receive Australian Government funding to implement the following NPs with funding over the next four years of:

- ◆ \$21 million for Indigenous Early Childhood (health component).
- ◆ \$74 million for Health Services such as bowel cancer screening, helping public patients in hospitals waiting for nursing home places and planning for perinatal depression.
- ◆ \$10 million for Health Infrastructure such as a PET scanner for Westmead Hospital and a contribution towards the Lismore Integrated Cancer Centre.
- ◆ \$122 million for the Elective Surgery Reduction Plan.

### **Episode Funding**

Episode funding was introduced in 2008-09 as a funding and performance management tool in NSW Health. Episode funding assists in the efficient allocation and management of health resources within the available budget. Episode funding also provides opportunities for benchmarking within Area Health Services and across the State.

The NSW episode funding model will be enhanced in 2009-10 to strengthen its governance and performance accountability framework. This enhancement will be consistent with the COAG decision for all States and Territories to move to a more nationally consistent approach to activity-based funding.

The NSW episode funding model will continue to focus on inpatient acute, emergency department and sub-acute services, and will progressively expand its coverage to include non admitted services in outpatient and community settings.

To support episode funding a range of improvements to financial management systems are being implemented, including standardised mandatory financial reporting, system-wide staff scheduling, budget control tools and improved performance measurement.

### **2009-10 BUDGET INITIATIVES**

#### **Total Expenses**

In 2009-10 the NSW Government will continue to deliver first class health care to the people of New South Wales by providing a comprehensive range of health services.

The 2009-10 NSW Health recurrent expenditure budget will be \$14.5 billion, an increase of 10.2 per cent over the 2008-09 Budget. In per capita terms, health expenditure in the 2009-10 Budget equates to approximately \$2,065 for every person in New South Wales.

In addition to meeting cost and demand pressures, the 2009-10 Budget includes funding to achieve the initiatives undertaken for *Caring Together: The Health Action Plan for NSW* and the new COAG NPs. These initiatives will drive further improvements in service quality and productivity, allowing expenditure by NSW Health to grow sustainably in the medium to long-term.

#### ***Keep Them Safe: A shared approach to child wellbeing***

*'Keep Them Safe: A shared approach to child wellbeing'* is the NSW Government's five year plan (2009-2014) that aims to re-shape the way family and community services are delivered in New South Wales so that children, young people and their families receive the services they need. This will include an investment of \$89.2 million by the Government over four years in NSW Health.

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Commencing in 2009-10, the Government will invest \$14.4 million over four years in the establishment of a Child Wellbeing Unit within NSW Health to advise, support and educate mandatory reporters, including how to assess whether a child meets the new child protection statutory threshold and ways to assist other vulnerable children who do not. In 2009-10, \$3.6 million will be allocated to this initiative.

Major NSW Health initiatives (in addition to the Child Wellbeing Unit), over 2009-10 to 2012-13 are:

- ◆ \$8 million for further trials of sustained health home visiting for vulnerable families and refining of the target group by 2010
- ◆ \$12 million for out-of-home care health coordinators and assessments for children and young people
- ◆ \$8 million for drug and alcohol intensive interventions for parents, young people and families
- ◆ \$14 million, for further services for families with mental health, drug and alcohol difficulties
- ◆ \$6.7 million to expand services for young people aged 10 to 17 years who display sexually abusive behaviour, including Aboriginal young people
- ◆ \$904,000 to expand services for children aged less than 10 years who display inappropriate sexualised behaviour, including Aboriginal children and
- ◆ \$23.5 million for regional intake and referral services.

### ***E-Health***

As part of its continued commitment to e-Health, the Government will invest \$35.7 million over the next three years to continue its support of the National E-Health Transition Authority. This investment will commence with the allocation of \$9.4 million in 2009-10.

### ***Mental Health***

Under the *NSW: A new direction for Mental Health*, an additional \$10 million is allocated in 2009-10 for a range of programs, including:

- ◆ Specialist Mental Health Services for Older People
- ◆ 24-hour community mental health emergency care
- ◆ State wide 24-hour mental health access by telephone and
- ◆ community rehabilitation programs.

### ***Aboriginal Health - Strong Foundations***

The 2009-10 Budget provides the second year of funding for the Building Strong Foundations for Aboriginal Children Families and Communities program. Funding will increase from \$2.7 million in 2008-09 to \$5.5 million in 2009-10.

This increased funding will enable dedicated Child and Family Health Nurses and Aboriginal Health Workers to link Aboriginal families to early childhood health services; including a Universal Health Home Visit and ongoing child health and development screening and surveillance.

The child and family workers will work closely with existing NSW Aboriginal maternal and infant health services including the Aboriginal Maternal and Infant Health Service (AMIHS). This will assist to ensure continuity of healthcare for babies and children and support for mothers, families and their communities.

### ***Acute Care Beds***

An additional \$9.4 million will be provided in 2009-10 to increase acute bed capacity across the State in selected hospitals to meet population increases. These new beds will provide enhanced access to both surgical and medical care.

### ***Community Acute Post Acute Care***

The Community Acute Post Acute Care program will receive an additional \$11.9 million in 2009-10 to expand capacity of acute community services across NSW by an additional 7,900 patients. This proven model of care is expanding across NSW, and provides patients with acute care in the community for lower complexity conditions. These services will be accessible to patients following care in the emergency department or following discharge from hospital.

### ***Medical Assessment Units***

The Medical Assessment Unit (MAU) program will receive an additional \$17.7 million in 2009-10. The MAU model of care is an alternative pathway to the emergency department for assessment of complex non-critical medical patients. Care is provided by senior multidisciplinary clinicians who provide rapid assessment, diagnosis and treatment within 48 hours. After this time some patients are sent home, with community support if needed, while the other patients are sent to the ward if further care is required.

The 2009-10 enhancement of 69 beds will see seven new MAUs opened and an expansion of seven established units. This will result in an increase of 321 MAU beds across the State since 2007-08.

### ***Elective Surgery Waiting Lists***

In 2009-10 an additional \$49.6 million will be invested in reducing elective surgery waiting lists. The Elective Surgery Waiting List Reduction Plan is a three stage process. Stage One was completed in 31 December 2008 and Stages Two and Three will be completed in 2010 and 2011 respectively. Systemic improvements to the public hospital system are being made with Stage Two funding and discussions to finalise the Stage Three plan will commence shortly with the Australian Government.

### ***Intensive Care Beds***

Intensive care unit (ICU) bed capacity will be increased in 2009-10 with an investment of \$8.2 million to provide three additional adult ICU beds, one additional Paediatric ICU bed, and three Neo-natal Intensive Care cots. This funding will also be used to increase Clinical Nurse Educator capacity, enhance Clinical Nurse staffing, and enable the establishment of a Clinical Emergency Response Team.

### **Capital Expenditure**

The NSW Government is committed to a capital works program for NSW Health of \$2.4 billion over the next four years. The capital expenditure in 2009-10 totals \$602.9 million and includes:

- ◆ commencement of major new works for the redevelopment of Nepean, Narrabri and Grafton Hospitals and continuation of the Liverpool Hospital redevelopment
- ◆ continuation of the redevelopments at Orange Base / Bloomfield Hospital and Royal North Shore Hospital through Public Private Partnerships

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- ◆ commencement of new Information and Communication Technology programs including the implementation of a new Community Health and Outpatients Information System, the upgrade of infrastructure, and further development of the department's corporate information systems. These projects will enhance clinical and corporate information management and deliver improved service
- ◆ investment in mental health services with the construction of the Forensic and Tertiary Mental Health Units at Bloomfield Hospital, and mental health facilities at James Fletcher Hospital, Newcastle, and at Wollongong, Bega, Gosford and Shellharbour Hospitals. In addition, funds in 2009-10 will support planning for a child and adolescent unit at the Sydney Children's Hospital and a Psychiatric Emergency Care Centre at Prince of Wales Hospital
- ◆ continuing investment in rural and regional health facilities including the upgrade of hospitals at Lismore, Maitland and Port Macquarie; the construction of new Multi Purpose Service (MPS) health facilities at Balranald, Coonamble, Eugowra and Manilla; and planning for Tamworth hospital and new MPS facilities at Werris Creek, Lockhart and Gundagai, and
- ◆ the Ambulance Service will continue its program of ambulance station upgrades, fleet replacement and radio network upgrades.

The NSW Government will work with the Australian Government to deliver the Health and Hospitals Fund contribution of \$141 million towards a number of NSW Health infrastructure projects including the redevelopment of Nepean and Narrabri Hospitals and development of a proposed clinical school in Blacktown. New South Wales will also tender for a share of the \$532 million available for up to 10 regional cancer centres to be funded by the Commonwealth Government.

## RESULT INDICATORS

### Make prevention everybody's business

	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	2009-10 Forecast
<u>Result Indicators:</u>						
Adult immunisation - People aged 65 yrs and over immunised against: <sup>(a)</sup>						
Influenza	%	75	73	76	76	<b>76</b>
Pneumococcal	%	61	59	60	60	<b>60</b>
Fall injuries -						
Hospitalisations for people aged 65 yrs and over (age adjusted hospital separation rate per 100,000 population): <sup>(b)</sup>						
Males	no.	2,279	2,326	2,326	2,334	<b>2,334</b>
Females	no.	3,087	3,089	3,089	3,173	<b>3,173</b>
Children fully immunised - at 1 year <sup>(c)</sup>	%	92	92	> 90	> 90	<b>&gt; 90</b>
Chronic Disease Risk Factors (16+ yrs): <sup>(d)</sup>						
Alcohol (risk drinking behaviour)	%	33	32	30	34	<b>29</b>
Smoking (daily or occasionally)	%	18	19	17	18	<b>16</b>
Illicit drug use	%	n.a.	12	n.a.	12	<b>12</b>
Overweight or obese	%	50	52	50	53	<b>50</b>
Potentially avoidable deaths -						
People aged <75 yrs (age adjusted rate per 100,000 population): <sup>(e)</sup>						
Aboriginal persons	no.	380	370	377	355	<b>341</b>
Non-Aboriginal persons	no.	155	151	146	146	<b>140</b>

(a) Reduced illness and death from vaccine-preventable diseases in adults by targeting 80 per cent immunisation rate for people aged 65 yrs and over against influenza and 60 per cent against pneumococcal.

(b) Reduced injuries and hospitalisations from fall-related injury in people aged 65 years and over. The definition of a fall related injury has been changed since the 2008-09 Budget. All figures have been recalculated using the new definition.

(c) Reduced illness and death from vaccine-preventable diseases in children by targeting over 90 per cent rate of full immunisation.

(d) These indicators contribute to the measurement of State Plan Priority S3. The targets are to reduce smoking rates by one per cent per annum to 2010, then by 0.5 per cent per annum to 2016; reduce total binge drinking to below 25 per cent by 2012; hold illicit drug use in New South Wales below 15 per cent; and reduce childhood obesity to 22 per cent by 2016.

(e) This indicator contributes to the measurement of State Plan Priority S2. The target is to reduce the number of potentially avoidable deaths for people under 75 to 150 per 100,000 population by 2016.

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### RESULT INDICATORS (CONT)

#### Create better experiences for people using health services

Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>	
<u>Result Indicators:</u>						
Ambulance response time - Potentially life threatening cases: <sup>(a)</sup>						
50th percentile Response Times	mins	9.6	9.8	9.9	10.3	<b>10.5</b>
Off-Stretcher time < 30 minutes <sup>(b)</sup>	%	78	81	80	73	<b>75</b>
Emergency department cases treated within benchmark times: <sup>(c)</sup>						
Triage 1 (within 2 mins)	%	100	100	100	100	<b>100</b>
Triage 2 (within 10 mins)	%	87	86	84	82	<b>82</b>
Triage 3 (within 30 mins)	%	71	76	75	69	<b>69</b>
Triage 4 (within 60 mins)	%	74	74	73	72	<b>72</b>
Triage 5 (within 120 mins)	%	89	89	89	89	<b>89</b>
Emergency admission performance - patients transferred to an inpatient bed within 8 hours <sup>(d)</sup>						
	%	78	79	78	73	<b>75</b>
Booked surgical patients seen within recommended waiting time: <sup>(e)</sup>						
Urgent (within 30 days)	%	87	90	100	95	<b>95</b>
Non-urgent (within 12 months)	%	96	95	100	95	<b>95</b>
Unplanned and unexpected hospital readmissions within 28 days of separation - all admissions <sup>(f)</sup>						
	%	6.2	6.1	6.0	6.1	<b>6.1</b>

- (a) Reduced response times for cases requiring urgent pre-hospital treatment and transport, resulting in improved survival, quality of life and patient satisfaction.
- (b) Transfer of 90 per cent of patients from ambulance to hospital emergency departments within 30 minutes, resulting in improved survival, quality of life and patient satisfaction, as well as improved ambulance operational efficiency.
- (c) These indicators contribute to the measurement of State Plan Priority S1. The targets are to achieve benchmarks for timely access to emergency departments and surgical treatment by 2008 and maintain them to 2016 in the face of increasing demand.
- (d) These indicators contribute to the measurement of State Plan Priority S1. The targets are to achieve benchmarks for timely access to emergency departments and surgical treatment by 2008 and maintain them to 2016 in the face of increasing demand.
- (e) These indicators contribute to the measurement of State Plan Priority S1. The target is for 100 per cent of patients whose clinical condition warrants surgery within 30 days, or 12 months, to be admitted within their respective time frames by 2008, and this level to be maintained.
- (f) Minimal rate reflecting improved clinical outcomes, quality of life, convenience and patient satisfaction.

**RESULT INDICATORS (CONT)****Strengthen primary health and continuing care in the community**

	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	2009-10 Forecast
<u>Result Indicators:</u>						
Antenatal visits - Percentage of confinements where first antenatal visit was before 20 weeks gestation: <sup>(a)</sup>						
Aboriginal women	%	70	73	75	75	<b>78</b>
Non-Aboriginal women	%	89	89	89	89	<b>90</b>
Low birth weight babies - Weighing less than 2,500g: <sup>(b)</sup>						
Aboriginal babies	%	12.4	12.2	11.8	11.8	<b>11.5</b>
Non-Aboriginal babies	%	6.2	5.9	6.0	6.0	<b>6.0</b>
Postnatal home visits - families offered a Families NSW visit within 2 weeks of the birth <sup>(c)</sup>						
	%	n.a.	n.a.	n.a.	95	<b>95</b>
Avoidable hospital admissions relating to the 8 conditions identified in the State Plan: <sup>(d)</sup>						
Aboriginal persons	no.	2,115	2,192	1,975	1,983	<b>1,895</b>
Non-Aboriginal persons	no.	45,896	47,682	44,655	47,269	<b>44,790</b>
Mental health acute adult readmission within 28 days to any facility <sup>(e)</sup>						
	%	14.3	14.5	14.4	14.4	<b>14.3</b>

(a) Improved health of mothers and babies through increased antenatal visits.

(b) Reduced rates of low weight births and subsequent health problems.

(c) To solve problems that might arise with children before they become entrenched, resulting in the best possible start in life.

(d) This indicator contributes to the measurement of State Plan Priority F5. The target is to reduce the rate of hospital admissions by 15 per cent for Aboriginal people, and Non-Aboriginal people, who have conditions that can be appropriately treated at home.

(e) This indicator contributes to the measurement of State Plan Priority F3. The target is to reduce re-admissions, of people with mental illness, within 28 days to the same facility. The data source and definitions have been revised since the 2008-09 Budget. All figures have been recalculated using the new definition.

## RESULT INDICATORS (CONT)

### Ensure a fair and sustainable health system

	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	2009-10 Forecast
<u>Result Indicators:</u>						
Resources distribution formula - average variation from target for all Area Health Services	%	1.6	< 2.0	< 2.0	< 2.0	<b>&lt; 2.0</b>

Meet the health needs of populations in the various geographic areas of the State on an equitable basis by ensuring the average variation from target for all AHS is less than 2 per cent.

### Build a sustainable health workforce

	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	2009-10 Forecast
<u>Result Indicators:</u>						
Staff Turnover - Permanent staff separation rate <sup>(a)</sup>	%	14.9	14.5	14.0	10.4	<b>10.4</b>
Workplace injuries <sup>(b)</sup>	%	5.9	5.9	5.5	5.5	<b>5.2</b>
Clinical staff - i.e. medical, nursing, allied health and Ambulance clinicians as a proportion of total <sup>(c)</sup>	%	72.3	72.6	73.0	73.0	<b>74.0</b>
Aboriginal staff - as a proportion of total <sup>(d)</sup>	%	1.1	1.7	1.8	1.1	<b>2.2</b>

- (a) Increase staff stability and minimise unnecessary staff turnover.
- (b) Minimise workplace injuries as far as possible. Workplace injuries data for 2006-07 is for the period July to December 2006 only.
- (c) Increase proportion of total salaried staff employed that provide direct services or support the provision of direct care. The definition of clinical staff has changed since the 2008-09 Budget. All figures have been recalculated using the new definition.
- (d) Increase the number of Aboriginal staff in the NSW Health workforce and create an environment that respects Aboriginal heritage and cultural values.

## 29 DEPARTMENT OF HEALTH

### SERVICE GROUP STATEMENTS

#### 29.1 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.

Linkage to Results: 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.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Age standardised mortality rate in females aged 50-69 for breast cancer per 100,000	no.	46.6	45.1	43.2	44.4	<b>43.0</b>
Two-yearly participation rate of women within breast cancer screening target group (50-69)	%	56.5	58.0	57.0	54.3	<b>55.0</b>
Two-yearly participation rate of women within cervical cancer screening target group (20-69)	%	58.5	59.7	60.5	61.0	<b>62.0</b>
<u>Employees:</u>	FTE	2,972	3,036	3,025	3,049	<b>3,178</b>

2008-09	<b>2009-10</b>
Budget \$000	Revised \$000
Budget \$000	<b>Budget \$000</b>

Financial Indicators:

Total Expenses Excluding Losses	391,057	585,726	<b>511,740</b>
Total expenses include the following:			
Employee related expenses	230,214	269,433	<b>284,615</b>
Other operating expenses	133,562	288,854	<b>197,648</b>
<b>NET COST OF SERVICES</b>	<b>377,751</b>	<b>551,545</b>	<b>470,708</b>

## 29 DEPARTMENT OF HEALTH

### SERVICE GROUP STATEMENTS (CONT)

#### 29.2 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.

Linkage to Results: 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.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Dental health non-inpatient occasions of service	thous	1,331	1,297	1,297	1,298	<b>1,299</b>
Home nursing occasions of service	thous	288	290	292	292	<b>294</b>
Methadone treatment places	no.	16,320	16,370	16,370	16,370	<b>16,370</b>
Withdrawal management (detoxification) people treated	no.	12,853	12,853	12,853	12,853	<b>12,853</b>
Hospital in the Home episodes	no.	3,578	8,691	10,000	10,000	<b>11,500</b>
<u>Employees:</u>	FTE	8,113	8,287	8,513	8,581	<b>8,871</b>

2008-09		<b>2009-10</b>
Budget	Revised	<b>Budget</b>
\$000	\$000	<b>\$000</b>

Financial Indicators:

Total Expenses Excluding Losses	1,024,120	1,059,946	<b>1,117,311</b>
Total expenses include the following:			
Employee related expenses	662,074	691,440	<b>726,402</b>
Grants to voluntary organisations	119,027	112,416	<b>118,976</b>
<b>NET COST OF SERVICES</b>	<b>954,756</b>	<b>970,693</b>	<b>1,021,990</b>
<b>CAPITAL EXPENDITURE</b>	<b>5,632</b>	<b>5,632</b>	<b>22,505</b>

## 29 DEPARTMENT OF HEALTH

### SERVICE GROUP STATEMENTS (CONT)

#### 29.3 Aboriginal Health Services

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

Linkage to Results: 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.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Antenatal visits - confinements for Aboriginal women where first antenatal visit was before 20 weeks gestation	%	70	73	75	75	<b>78</b>
<u>Employees:</u>	FTE	402	410	393	396	<b>560</b>

2008-09	<b>2009-10</b>
Budget \$000	Revised \$000 <b>Budget \$000</b>

Financial Indicators:

Total Expenses Excluding Losses	63,824	62,998	<b>93,037</b>
Total expenses include the following:			
Employee related expenses	28,372	27,622	<b>38,577</b>
Other operating expenses	18,802	18,614	<b>21,883</b>
<b>NET COST OF SERVICES</b>	<b>61,689</b>	<b>59,826</b>	<b>89,608</b>
<b>CAPITAL EXPENDITURE</b>	<b>2,105</b>	<b>2,105</b>	<b>2,000</b>

**29 DEPARTMENT OF HEALTH**

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**SERVICE GROUP STATEMENTS (CONT)**

**29.4 Outpatient Services**

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

Linkage to Results: 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.

	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
<u>Service Measures:</u>						
Outpatient clinics occasions of service	thous	7,170	7,250	7,450	7,450	<b>7,600</b>
Diagnostics occasions of service	thous	2,041	2,112	2,160	2,160	<b>2,200</b>
<u>Employees:</u>	FTE	11,458	11,705	11,801	11,896	<b>12,327</b>

2008-09		<b>2009-10</b>
Budget	Revised	<b>Budget</b>
\$000	\$000	<b>\$000</b>

Financial Indicators:

Total Expenses Excluding Losses		1,373,433	1,378,867	<b>1,443,465</b>
Total expenses include the following:				
Employee related expenses		850,121	871,022	<b>920,104</b>
Other operating expenses		378,682	385,930	<b>393,685</b>
Grants to third schedule hospitals		80,198	59,897	<b>59,897</b>
<b>NET COST OF SERVICES</b>		<b>1,265,781</b>	<b>1,238,326</b>	<b>1,087,113</b>
<b>CAPITAL EXPENDITURE</b>		<b>7,800</b>	<b>15,600</b>	<b>6,300</b>

**29 DEPARTMENT OF HEALTH**

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**SERVICE GROUP STATEMENTS (CONT)**

**29.5 Emergency Services**

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

Linkage to Results: 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.

		2006-07	2007-08	2008-09	2008-09	<b>2009-10</b>
<u>Service Measures:</u>	Units	Actual	Actual	Forecast	Revised	<b>Forecast</b>
Patient separations	thous	181	185	189	189	<b>193</b>
Number of attendances in emergency departments	thous	2,300	2,380	2,560	2,380	<b>2,430</b>
Attendances admitted	thous	495	512	530	525	<b>538</b>
Emergency road transport cases	thous	468	504	520	512	<b>519</b>
<u>Employees:</u>	FTE	9,591	9,795	9,765	9,843	<b>10,247</b>

	2008-09	<b>2009-10</b>
	Budget	Budget
	\$000	\$000

Financial Indicators:

Total Expenses Excluding Losses	1,401,628	1,488,225	<b>1,577,143</b>
Total expenses include the following:			
Employee related expenses	944,187	1,020,525	<b>1,078,028</b>
Other operating expenses	378,879	386,144	<b>410,724</b>
NET COST OF SERVICES	1,228,992	1,309,690	<b>1,382,929</b>
CAPITAL EXPENDITURE	13,940	21,740	<b>17,466</b>

## 29 DEPARTMENT OF HEALTH

### SERVICE GROUP STATEMENTS (CONT)

#### 29.6 Overnight Acute Inpatient Services

Service Description: This service group covers the provision of health care to patients admitted to public hospitals with the intention that their stay will be overnight, including elective surgery and maternity services.

Linkage to Results: 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.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Acute weighted separations	thous	760	770	788	785	<b>804</b>
Patients charged for admission	%	14.2	14.2	14.2	14.2	<b>14.2</b>
 <u>Employees:</u>	 FTE	 34,712	 35,462	 35,206	 35,489	 <b>36,390</b>

2008-09	<b>2009-10</b>
Budget \$000	Revised \$000 <b>Budget \$000</b>

Financial Indicators:

Total Expenses Excluding Losses	5,353,004	5,573,543	<b>5,869,513</b>
Total expenses include the following:			
Employee related expenses	3,021,810	3,241,735	<b>3,397,666</b>
Other operating expenses	1,629,436	1,586,496	<b>1,730,243</b>
Grants to third schedule hospitals	171,692	197,681	<b>197,737</b>
Cross border payments	97,988	135,686	<b>132,580</b>
 NET COST OF SERVICES	 4,486,354	 4,784,701	 <b>5,026,957</b>
 CAPITAL EXPENDITURE	 576,620	 436,387	 <b>517,746</b>

**29 DEPARTMENT OF HEALTH**

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**SERVICE GROUP STATEMENTS (CONT)**

**29.7 Same Day Acute Inpatient Services**

Service Description: This service group covers the provision of health care to patients who are admitted to public hospitals with the intention that they will be admitted, treated and discharged on the same day.

Linkage to Results: 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.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Acute weighted separations	thous	515	530	542	550	<b>563</b>
<u>Employees:</u>	FTE	4,291	4,662	4,625	4,662	<b>4,659</b>

-----2008-09-----		<b>2009-10</b>
Budget	Revised	<b>Budget</b>
\$000	\$000	<b>\$000</b>

Financial Indicators:

Total Expenses Excluding Losses	783,951	897,117	<b>942,836</b>
Total expenses include the following:			
Employee related expenses	432,939	469,089	<b>486,521</b>
Other operating expenses	289,678	371,977	<b>396,362</b>
<b>NET COST OF SERVICES</b>	<b>716,609</b>	<b>732,141</b>	<b>765,309</b>
<b>CAPITAL EXPENDITURE</b>	<b>4,680</b>	<b>9,360</b>	<b>3,300</b>

## 29 DEPARTMENT OF HEALTH

### SERVICE GROUP STATEMENTS (CONT)

#### 29.8 Mental Health Services

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

Linkage to Results: 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.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Acute mental health service overnight separations	no.	28,480	29,400	36,212	31,549	<b>34,543</b>
Non-acute mental health inpatient days	no.	253	267	279	279	<b>285</b>
<u>Employees:</u>	FTE	9,621	9,828	9,969	10,049	<b>10,561</b>

2008-09		<b>2009-10</b>
Budget	Revised	<b>Budget</b>
\$000	\$000	<b>\$000</b>

Financial Indicators:

Total Expenses Excluding Losses	1,092,351	1,101,812	<b>1,170,532</b>
Total expenses include the following:			
Employee related expenses	789,900	797,480	<b>848,755</b>
Other operating expenses	208,058	209,372	<b>229,903</b>
NET COST OF SERVICES	1,024,470	1,034,887	<b>1,096,646</b>
CAPITAL EXPENDITURE	162,674	281,516	<b>23,559</b>

**29 DEPARTMENT OF HEALTH**

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**SERVICE GROUP STATEMENTS (CONT)**

**29.9 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 Department's services for the aged and disabled, with those provided by other agencies and individuals.

Linkage to Results: 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.

		2006-07	2007-08	2008-09	2008-09	<b>2009-10</b>
	Units	Actual	Actual	Forecast	Revised	<b>Forecast</b>
<u>Service Measures:</u>						
Admitted patients discharged to home/hostel care	%	58.7	59.0	59.0	59.0	<b>59.0</b>
Admitted patients discharged to a nursing home	%	10.2	10.0	10.0	10.0	<b>10.0</b>
Total non-inpatient occasions of service	thous	3,182	3,200	3,220	3,220	<b>3,380</b>
<u>Employees:</u>	FTE	9,991	10,124	10,124	10,205	<b>11,217</b>

2008-09		<b>2009-10</b>
Budget	Revised	<b>Budget</b>
\$000	\$000	<b>\$000</b>

Financial Indicators:

Total Expenses Excluding Losses		1,100,763	1,062,308	<b>1,122,523</b>
Total expenses include the following:				
Employee related expenses		718,421	671,605	<b>733,447</b>
Other operating expenses		189,317	182,246	<b>200,751</b>
Grants to third schedule hospitals		141,008	138,238	<b>138,238</b>
<b>NET COST OF SERVICES</b>		<b>881,493</b>	<b>866,938</b>	<b>914,626</b>
<b>CAPITAL EXPENDITURE</b>		<b>6,012</b>	<b>6,012</b>	<b>5,200</b>

## 29 DEPARTMENT OF HEALTH

### SERVICE GROUP STATEMENTS (CONT)

#### 29.10 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.

Linkage to Results: 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.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Interns	no.	562	729	672	679	<b>717</b>
First year Resident Medical Officers	no.	420	424	613	588	<b>645</b>
Graduates from the Public Health Officer Training Program in the past five years currently employed in Health system	%	80	82	80	80	<b>80</b>
<u>Employees:</u>	FTE	4,927	4,993	5,008	5,048	<b>5,250</b>

2008-09	<b>2009-10</b>
Budget \$000	Revised \$000
Budget \$000	<b>Budget \$000</b>

Financial Indicators:

Total Expenses Excluding Losses	566,566	586,756	<b>639,780</b>
Total expenses include the following:			
Employee related expenses	412,612	425,110	<b>449,063</b>
Other operating expenses	95,282	102,758	<b>129,871</b>
NET COST OF SERVICES	373,798	426,183	<b>446,965</b>
CAPITAL EXPENDITURE	...	...	<b>4,835</b>

## 29 DEPARTMENT OF HEALTH

	2008-09		2009-10
	Budget	Revised	Budget
	\$000	\$000	\$000
<b>OPERATING STATEMENT</b>			
<b>Expenses Excluding Losses</b>			
Operating expenses -			
Employee related	8,090,650	8,485,061	<b>8,963,178</b>
Other operating expenses	3,524,780	3,720,989	<b>3,911,672</b>
Depreciation and amortisation	459,894	485,799	<b>545,086</b>
Grants and subsidies	944,892	954,562	<b>902,344</b>
Finance costs	15,201	15,201	<b>33,020</b>
Other expenses	115,280	135,686	<b>132,580</b>
<b>Total Expenses Excluding Losses</b>	<b>13,150,697</b>	<b>13,797,298</b>	<b>14,487,880</b>
Less:			
<b>Retained Revenue</b>			
Sales of goods and services	1,299,867	1,368,867	<b>1,442,974</b>
Investment income	75,040	53,040	<b>65,894</b>
Grants and contributions	348,389	372,808	<b>543,858</b>
Other revenue	87,244	59,189	<b>152,845</b>
<b>Total Retained Revenue</b>	<b>1,810,540</b>	<b>1,853,904</b>	<b>2,205,571</b>
Other gains/(losses)	(31,536)	(31,536)	<b>(20,542)</b>
<b>NET COST OF SERVICES</b>	<b>11,371,693</b>	<b>11,974,930</b>	<b>12,302,851</b>
<b>RECURRENT FUNDING STATEMENT</b>			
Net Cost of Services	11,371,693	11,974,930	<b>12,302,851</b>
Recurrent Services Appropriation	10,826,608	11,214,279	<b>11,701,281</b>
<b>CAPITAL EXPENDITURE STATEMENT</b>			
Capital Expenditure	779,463	778,352	<b>602,911</b>
Capital Works and Services Appropriation	436,061	522,461	<b>405,446</b>

## 29 DEPARTMENT OF HEALTH

	2008-09		<b>2009-10 Budget \$000</b>
	Budget \$000	Revised \$000	
<b>BALANCE SHEET</b>			
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash assets	853,093	684,125	<b>694,036</b>
Receivables	253,355	369,143	<b>361,643</b>
Other financial assets	131,173	125,900	<b>125,900</b>
Inventories	115,361	106,113	<b>108,246</b>
Assets held for sale	26,450	26,624	<b>68,334</b>
<b>Total Current Assets</b>	<b>1,379,432</b>	<b>1,311,905</b>	<b>1,358,159</b>
<b>Non Current Assets</b>			
Receivables	6,132	9,380	<b>9,380</b>
Other financial assets	39,233	35,324	<b>35,324</b>
Property, plant and equipment -			
Land and building	8,201,044	8,754,441	<b>8,725,402</b>
Plant and equipment	771,365	718,373	<b>716,221</b>
Infrastructure systems	381,424	332,774	<b>332,774</b>
Intangibles	65,578	82,884	<b>95,403</b>
Other	13,210	15,081	<b>15,081</b>
<b>Total Non Current Assets</b>	<b>9,477,986</b>	<b>9,948,257</b>	<b>9,929,585</b>
<b>Total Assets</b>	<b>10,857,418</b>	<b>11,260,162</b>	<b>11,287,744</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	647,610	944,008	<b>917,852</b>
Borrowings at amortised cost	5,044	174,740	<b>174,621</b>
Provisions	2,341,703	2,481,313	<b>2,578,060</b>
Other	10,522	13,325	<b>13,325</b>
<b>Total Current Liabilities</b>	<b>3,004,879</b>	<b>3,613,386</b>	<b>3,683,858</b>
<b>Non Current Liabilities</b>			
Borrowings at amortised cost	271,669	96,853	<b>95,146</b>
Provisions	124,769	96,785	<b>100,558</b>
Other	31,698	48,847	<b>48,847</b>
<b>Total Non Current Liabilities</b>	<b>428,136</b>	<b>242,485</b>	<b>244,551</b>
<b>Total Liabilities</b>	<b>3,433,015</b>	<b>3,855,871</b>	<b>3,928,409</b>
<b>NET ASSETS</b>	<b>7,424,403</b>	<b>7,404,291</b>	<b>7,359,335</b>
<b>EQUITY</b>			
Reserves	1,633,098	2,002,955	<b>2,002,955</b>
Accumulated funds	5,791,305	5,401,336	<b>5,356,380</b>
<b>TOTAL EQUITY</b>	<b>7,424,403</b>	<b>7,404,291</b>	<b>7,359,335</b>

## 29 DEPARTMENT OF HEALTH

	2008-09		<b>2009-10 Budget \$000</b>
	Budget \$000	Revised \$000	
<b>CASH FLOW STATEMENT</b>			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee related	7,931,101	8,099,542	<b>8,693,646</b>
Grants and subsidies	869,892	897,562	<b>879,344</b>
Finance costs	15,201	15,201	<b>33,020</b>
Other	4,253,731	4,441,175	<b>4,689,052</b>
<b>Total Payments</b>	<b>13,069,925</b>	<b>13,453,480</b>	<b>14,295,062</b>
<b>Receipts</b>			
Sale of goods and services	1,291,794	1,360,794	<b>1,440,208</b>
Interest	75,040	53,040	<b>65,894</b>
Other	998,831	952,905	<b>1,262,094</b>
<b>Total Receipts</b>	<b>2,365,665</b>	<b>2,366,739</b>	<b>2,768,196</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>(10,704,260)</b>	<b>(11,086,741)</b>	<b>(11,526,866)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of property, plant and equipment	48,280	18,566	<b>34,787</b>
Purchases of property, plant and equipment	(588,621)	(654,391)	<b>(579,235)</b>
Other	(20,000)	(20,000)	<b>(20,000)</b>
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<b>(560,341)</b>	<b>(655,825)</b>	<b>(564,448)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Proceeds from borrowings and advances	3,171	3,171	...
Repayment of borrowings and advances	(3,582)	(3,582)	<b>(5,383)</b>
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>	<b>(411)</b>	<b>(411)</b>	<b>(5,383)</b>
<b>CASH FLOWS FROM GOVERNMENT</b>			
Recurrent appropriation	10,826,608	11,214,279	<b>11,701,281</b>
Capital appropriation	436,061	522,461	<b>405,446</b>
Cash transfers to Consolidated Fund	...	(12,425)	...
<b>NET CASH FLOWS FROM GOVERNMENT</b>	<b>11,262,669</b>	<b>11,724,315</b>	<b>12,106,727</b>
<b>NET INCREASE/(DECREASE) IN CASH</b>	<b>(2,343)</b>	<b>(18,662)</b>	<b>10,030</b>
Opening Cash and Cash Equivalents	855,436	702,668	<b>684,006</b>
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	<b>853,093</b>	<b>684,006</b>	<b>694,036</b>

## 29 DEPARTMENT OF HEALTH

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2008-09		2009-10
Budget	Revised	Budget
\$000	\$000	\$000

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### CASH FLOW STATEMENT (CONT)

#### CASH FLOW RECONCILIATION

Net cost of services	(11,371,693)	(11,974,930)	<b>(12,302,851)</b>
Non cash items added back	658,643	672,545	<b>696,254</b>
Change in operating assets and liabilities	8,790	215,644	<b>79,731</b>
<b>Net cash flow from operating activities</b>	<b>(10,704,260)</b>	<b>(11,086,741)</b>	<b>(11,526,866)</b>

## HEALTH CARE COMPLAINTS COMMISSION

The Health Care Complaints Commission is an independent statutory body reporting directly to the Minister for Health and to the Joint Parliamentary Committee on the Health Care Complaints Commission. The Commission is responsible for dealing with complaints against all health practitioners, hospitals, institutions and health programs in New South Wales to protect the health and safety of the public. The Commission's governing legislation is the *Health Care Complaints Act 1993*.

### RESULTS AND SERVICES

The Commission contributes to protecting the health and safety of the public by working towards the following results:

- ◆ The community has confidence that health care complaints reported are being properly investigated and effectively prosecuted.
- ◆ Consumers and health providers have a positive and active role in health care complaint outcomes.
- ◆ Systemic health care issues are addressed through recommendations to health care organisations.

Key services provided by the Commission that contribute to these results include:

- ◆ providing complaints assessment and community-based resolution services including facilitated conciliation processes and
- ◆ investigating and prosecuting serious cases of inappropriate health care.

## 30 HEALTH CARE COMPLAINTS COMMISSION

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The key services provided by the Commission and the way in which they are expected to contribute to these results are set out in the following table:

Service Groups	2009-10 Budget Expenses  \$m	Results		
		Confidence that health care complaints are being properly investigated and serious cases effectively prosecuted	Consumers and health providers have an active role in health care complaint outcomes	Systemic health care issues are addressed through recommendations to health care organisations
Complaints Assessment and Resolution	4.5	✓	✓	
Investigation and Prosecution of Serious Cases	6.4	✓		✓
<b>Total Expenses Excluding Losses</b>	<b>10.9</b>			

### RECENT ACHIEVEMENTS

The Commission continued to improve its assessment and resolution functions and investigate serious complaints about health service providers. It has substantially improved the handling and investigation of complaints through improved business and investigative processes, training and an upgraded case management system.

The Commission has also expanded its promotion and education activities to promote improvement in the quality of health care through provision of information about the nature of complaints and the use of complaint data as a quality improvement mechanism.

### STRATEGIC DIRECTIONS

In 2009-10, the Commission will focus on:

- ◆ continuing to improve and develop its complaint resolution, investigative and prosecution services
- ◆ further developing its capacity to make effective recommendations to improve the delivery of health services
- ◆ developing effective processes to manage complaints about unregistered health practitioners

## 30 HEALTH CARE COMPLAINTS COMMISSION

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- ◆ improving the Commission's business processes, particularly in the area of case management and performance tracking through enhancements to its Casemate computer system and
- ◆ developing a promotion strategy to encourage lodgement of complaints and their use by health service providers as a quality improvement mechanism.

The Commission's service level agreement for the provision of corporate services is currently being reviewed to improve its effectiveness.

### **2009-10 BUDGET INITIATIVES**

#### **Total Expenses**

Estimated total expenses of the Commission in 2009-10 are \$10.9 million. The Commission will continue to improve its current level of activities.

#### **Capital Expenditure**

Total capital expenditure in 2009-10 is estimated at \$140,000 for the upgrade of the Commission's complaints management system (Casemate) and replacement of computer equipment.

## 30 HEALTH CARE COMPLAINTS COMMISSION

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### RESULT INDICATORS

#### The community has confidence that health care complaints reported are being properly investigated and serious cases prosecuted

	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	2009-10 Forecast
<u>Result Indicators:</u>						
Complaints assessed that are subject to a request for review <sup>(a)</sup>	%	10.5	8.0	8.0	8.6	<b>8.5</b>
Investigations completed within 12 months <sup>(b)</sup>	%	70	68	80	84	<b>80</b>
Prosecutions proved/upheld <sup>(c)</sup>	%	85	91	90	93	<b>90</b>

(a) This indicator is a benchmark for the effectiveness of the HCCC in handling complaints. The percentage should reduce over time.

(b) This indicator is a proxy for investigations being conducted in a proper and timely manner.

(c) This indicator is a benchmark for the effectiveness of the HCCC in prosecuting serious complaints.

#### Consumers and health providers have a positive and active role in health care complaint outcomes

	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	2009-10 Forecast
<u>Result Indicators:</u>						
Complaint resolution clients satisfied with resolution service	%	74	72	80	83	<b>80</b>

This indicator shows the effectiveness of the HCCC in assisting the complainant and health provider to actively participate in the resolution process to achieve a satisfactory complaint resolution outcome.

## 30 HEALTH CARE COMPLAINTS COMMISSION

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### RESULT INDICATORS (CONT)

#### Systemic health care issues are addressed through recommendations to health care organisations

	2006-07	2007-08	2008-09	2008-09	2009-10
Units	Actual	Actual	Forecast	Revised	Forecast
Result Indicators:					
Recommendations implemented to improve health care services arising from investigation cases in the previous year	%	80	97	80	<b>80</b>

This indicator shows the effectiveness of the HCCC in providing sound and practical recommendations that improve long term health care services.

## 30 HEALTH CARE COMPLAINTS COMMISSION

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### SERVICE GROUP STATEMENTS

#### 30.1 Complaints Assessment and Resolution

Service Description: This service group covers processing, assessment and resolution of complaints about health care which are dealt with by assisted resolution, facilitated conciliation or referral for investigation.

Linkage to Results: This service group contributes towards the improved protection of the health and safety of the public by working towards a range of intermediate results that include the following:

- ◆ confidence that health care complaints are being properly investigated and
- ◆ consumers have an active role in health care complaint outcomes.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Complaints received	no.	2,722	3,218	2,750	3,251	<b>3,557</b>
Complaints assessed within 60 days	%	84	88	85	90	<b>87</b>
Complaints resolved through assisted resolution	%	87	81	80	80	<b>83</b>
Conciliations held where agreement or partial agreement reached	%	78	77	80	54	<b>70</b>
 <u>Employees:</u>	 FTE	 34	 34	 35	 35	 <b>33</b>

2008-09		<b>2009-10</b>
Budget	Revised	<b>Budget</b>
\$000	\$000	<b>\$000</b>

Financial Indicators:

Total Expenses Excluding Losses	4,330	4,824	<b>4,475</b>
NET COST OF SERVICES	4,271	4,620	<b>4,303</b>
CAPITAL EXPENDITURE	76	299	<b>64</b>

## 30 HEALTH CARE COMPLAINTS COMMISSION

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### SERVICE GROUP STATEMENTS (CONT)

#### 30.2 Investigation and Prosecution of Serious Cases

Service Description: This service group covers investigation and prosecution of serious cases of inappropriate health care, including recommendations to health organisations to address systemic health care issues.

Linkage to Results: This service group contributes to the improved protection of the health and safety of the public by working towards a range of intermediate results that include the following:

- ◆ Systemic health care issues are addressed through recommendations to health care organisations.
- ◆ The community regards the Commission as the most effective means to prosecute serious health care cases.

<u>Service Measures:</u>	Units	2006-07 Actual	2007-08 Actual	2008-09 Forecast	2008-09 Revised	<b>2009-10 Forecast</b>
Complaint investigations completed	no.	381	338	260	257	<b>290</b>
Referrals for disciplinary action or prosecution	no.	150	129	110	105	<b>100</b>
Disciplinary or appeal cases run	no.	86	78	80	93	<b>91</b>
<u>Employees:</u>	FTE	43	43	40	40	<b>39</b>

	2008-09		<b>2009-10</b>
	Budget \$000	Revised \$000	<b>Budget \$000</b>
Total Expenses Excluding Losses	6,488	6,006	<b>6,402</b>
NET COST OF SERVICES	6,175	5,826	<b>6,200</b>
CAPITAL EXPENDITURE	115	245	<b>76</b>

## 30 HEALTH CARE COMPLAINTS COMMISSION

	2008-09		2009-10
	Budget	Revised	Budget
	\$000	\$000	\$000
 <b>OPERATING STATEMENT</b>			
<b>Expenses Excluding Losses</b>			
Operating expenses -			
Employee related	7,487	7,519	<b>7,674</b>
Other operating expenses	3,038	2,949	<b>2,948</b>
Depreciation and amortisation	293	362	<b>255</b>
<b>Total Expenses Excluding Losses</b>	<b>10,818</b>	<b>10,830</b>	<b>10,877</b>
Less:			
<b>Retained Revenue</b>			
Sales of goods and services	2	2	<b>2</b>
Investment income	80	95	<b>82</b>
Other revenue	290	287	<b>290</b>
<b>Total Retained Revenue</b>	<b>372</b>	<b>384</b>	<b>374</b>
<b>NET COST OF SERVICES</b>	<b>10,446</b>	<b>10,446</b>	<b>10,503</b>
 <b>RECURRENT FUNDING STATEMENT</b>			
Net Cost of Services	10,446	10,446	<b>10,503</b>
Recurrent Services Appropriation	9,743	9,737	<b>9,873</b>
 <b>CAPITAL EXPENDITURE STATEMENT</b>			
Capital Expenditure	191	544	<b>140</b>
Capital Works and Services Appropriation	191	191	...

## 30 HEALTH CARE COMPLAINTS COMMISSION

	2008-09		<b>2009-10 Budget \$000</b>
	Budget \$000	Revised \$000	
<b>BALANCE SHEET</b>			
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash assets	1,862	922	<b>746</b>
Receivables	396	651	<b>651</b>
<b>Total Current Assets</b>	<b>2,258</b>	<b>1,573</b>	<b>1,397</b>
<b>Non Current Assets</b>			
Property, plant and equipment -			
Land and building	74	102	<b>52</b>
Plant and equipment	245	639	<b>660</b>
Intangibles	287	307	<b>221</b>
<b>Total Non Current Assets</b>	<b>606</b>	<b>1,048</b>	<b>933</b>
<b>Total Assets</b>	<b>2,864</b>	<b>2,621</b>	<b>2,330</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	457	204	<b>225</b>
Provisions	807	545	<b>545</b>
<b>Total Current Liabilities</b>	<b>1,264</b>	<b>749</b>	<b>770</b>
<b>Non Current Liabilities</b>			
Provisions	4	4	<b>4</b>
<b>Total Non Current Liabilities</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Total Liabilities</b>	<b>1,268</b>	<b>753</b>	<b>774</b>
<b>NET ASSETS</b>	<b>1,596</b>	<b>1,868</b>	<b>1,556</b>
<b>EQUITY</b>			
Accumulated funds	1,596	1,868	<b>1,556</b>
<b>TOTAL EQUITY</b>	<b>1,596</b>	<b>1,868</b>	<b>1,556</b>

## 30 HEALTH CARE COMPLAINTS COMMISSION

	2008-09		2009-10 Budget \$000
	Budget \$000	Revised \$000	
<b>CASH FLOW STATEMENT</b>			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee related	7,143	7,235	7,321
Other	3,355	3,829	3,260
<b>Total Payments</b>	<b>10,498</b>	<b>11,064</b>	<b>10,581</b>
<b>Receipts</b>			
Sale of goods and services	2	(70)	2
Interest	80	62	82
Other	593	472	588
<b>Total Receipts</b>	<b>675</b>	<b>464</b>	<b>672</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>(9,823)</b>	<b>(10,600)</b>	<b>(9,909)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchases of property, plant and equipment	(140)	(444)	(140)
Other	(51)	(100)	...
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<b>(191)</b>	<b>(544)</b>	<b>(140)</b>
<b>CASH FLOWS FROM GOVERNMENT</b>			
Recurrent appropriation	9,743	9,737	9,873
Capital appropriation	191	191	...
<b>NET CASH FLOWS FROM GOVERNMENT</b>	<b>9,934</b>	<b>9,928</b>	<b>9,873</b>
<b>NET INCREASE/(DECREASE) IN CASH</b>	<b>(80)</b>	<b>(1,216)</b>	<b>(176)</b>
Opening Cash and Cash Equivalents	1,942	2,138	922
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	<b>1,862</b>	<b>922</b>	<b>746</b>
<b>CASH FLOW RECONCILIATION</b>			
Net cost of services	(10,446)	(10,446)	(10,503)
Non cash items added back	602	703	573
Change in operating assets and liabilities	21	(857)	21
<b>Net cash flow from operating activities</b>	<b>(9,823)</b>	<b>(10,600)</b>	<b>(9,909)</b>

## **CANCER INSTITUTE NSW**

The Cancer Institute NSW was established in July 2003 by the *Cancer Institute (NSW) Act 2003* as a response to the need to further decrease the devastating impact of cancer on our society. The lifetime risk of cancer is one in two for men and one in three for women. Under this legislation, the Cancer Institute NSW is charged with substantially improving cancer control in New South Wales.

As a general government non-budget dependent agency, funding for the Cancer Institute NSW is predominantly derived from a grant from the Department of Health.

### **RESULTS AND SERVICES**

The Cancer Institute NSW contributes to decreasing the impact of cancer on our society by working towards the following results:

- ◆ The incidence of cancer in the community is reduced.
- ◆ The likelihood of cure and longer survival is increased.
- ◆ Quality of life for cancer patients and their carers is improved.
- ◆ Research discoveries are translated into effective clinical practice, preventative and early detection measures.

Key services provided by the Cancer Institute NSW to contribute to these results include:

- ◆ preventative campaigns targeting reductions in risky life style behaviours, such as developing and funding of programs to support smokers seeking to quit smoking and to reduce inappropriate sun exposure
- ◆ managing screening services to effectively detect breast, bowel and cervical cancers early to enable early intervention and treatment
- ◆ promoting improvements in clinical practice by developing, coordinating and funding strategic programs to redesign clinical care and to monitor and report on clinical outcomes
- ◆ funding research programs to enable translation of research discoveries into more effective clinical practice and policy and
- ◆ collecting and analysing cancer information to support improvements in cancer control and clinical practice.

## CANCER INSTITUTE NSW

The key services provided by the Institute and the way in which they are expected to contribute to results are set out in the following table:

Service Groups	2009-10 Budget Expenses  \$m	Results			
		Reduced incidence of cancer in the community	Increased likelihood of cure and longer survival	Improved quality of life for cancer patients and their carers	Improved health outcomes from the translation of research discoveries into practice
Cancer Services and Education	31.1		✓	✓	✓
Cancer Information and Registries	13.4	✓	✓	✓	
Prevention	18.5	✓			
Research	31.5		✓		✓
Screening	46.7	✓	✓	✓	
<b>Total Expenses Excluding Losses</b>	<b>141.2</b>				

### RECENT ACHIEVEMENTS

Additional funding and effective management of screening programs have resulted in:

- ◆ an increase of 8 per cent since July 2005 in the proportion of women aged 50-69 who have had a mammogram using the BreastScreen NSW facility. This is an increase of over 52,000 NSW women participating in biennial screening
- ◆ a reduction of 14 per cent in breast cancer and 38.3 per cent in cervical cancer mortality rates over the last 10 years, mainly due to screening and advances in treatments
- ◆ the development of a clinical network across northern New South Wales called CanNet that has resulted in a 12 per cent increase in Multi Disciplinary Teams across three Area Health Services from 2006 to 2008 and
- ◆ high levels of cancer outpatient satisfaction of 97 per cent were achieved from 2007 to 2009.

## CANCER INSTITUTE NSW

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The Cancer Prevention Division's Tobacco Program continues to contribute to tobacco control in New South Wales and deliver significant results.

- ◆ Smoking rates in New South Wales continue a downward trend. The New South Wales Population Health Survey estimated that in 2007 around 18.6 per cent of NSW adults smoked.
- ◆ Since 2003 there are approximately 184,000 fewer smokers.
- ◆ Since 2005, social marketing campaigns have contributed to an increased demand by smokers for the NSW Quitline. In 2008, more than 36,000 calls were received, up 36 per cent on 2005.

### STRATEGIC DIRECTIONS

A NSW Cancer Plan for 2007-10 has been developed by the Cancer Institute NSW following a wide consultative process with relevant stakeholders. The initiatives from this plan will enable the Cancer Institute NSW to achieve the planned results in cancer services and outcomes. Key initiatives include:

- ◆ a continued strong focus on proven tobacco control programs with savings in health costs
- ◆ expansion of other cancer prevention programs with an increased focus on sun exposure risk
- ◆ continued promotion of the benefits of screening for breast and cervical cancers
- ◆ development of smarter care models and a Cancer Services Monitoring and Reporting Program to improve cancer outcomes and the quality and efficiency of cancer services
- ◆ establishment of the NSW Cancer Trials Network to increase the numbers of cancer patients in trials and apply new research discoveries directly to more effective treatment as quickly as possible
- ◆ expansion and linkage of cancer information databases to include cancer screening and hereditary cancers, and improved dissemination of information to researchers, government and practitioners and
- ◆ increased partnering with the private sector to leverage their skills, report their outcomes and use their capacity to reduce health costs.

### 2009-10 BUDGET INITIATIVES

#### Total Expenses

Total expenses for the Cancer Institute NSW in the 2009-10 Budget are \$141.2 million with 88 per cent or \$123.9 million of these expenses used to fund clinical initiatives in the Area Health Services and hospitals. Significant areas of expenditure in 2009-10 will include:

- ◆ \$18.5 million for prevention programs developed and coordinated by the Cancer Institute NSW
- ◆ \$46.7 million for screening programs
- ◆ \$31.1 million for cancer services and education, including approximately \$10.8 million for approved ongoing funding for positions such as lead clinicians, care coordinators and cancer service development managers in the Area Health Services for improved cancer treatments, \$500,000 for rural patient transport subsidies and \$5 million for radiotherapy in public hospitals
- ◆ \$31.5 million for translation of new cancer research discoveries into more effective clinical practice and
- ◆ \$13.4 million allocated to cancer information and registries, including the Central Cancer Registry, the Pap Test Registry, Clinical Cancer Registry and the Hereditary Cancer Registry.

The 2009-10 Budget will see the continued rollout of the Government's commitment to expand BreastScreen services. The introduction of digital mammography imaging technology and the Business Information System will provide faster results and improve breast cancer detection. The new technology will enable an x-ray or mammogram to be electronically sent across the state or elsewhere to ensure the doctor or patient can get the images and subsequent results as quickly as possible.

#### Capital Expenditure

The proposed capital expenditure for the Cancer Institute NSW in 2009-10 is \$3 million with:

- ◆ \$2 million for the redesign of the NSW Cancer Registry, enabling electronic transmission and recording of incidences to provide quicker, accurate and more enhanced information
- ◆ \$400,000 for an enhanced Cancer Institute NSW website and
- ◆ \$600,000 for various minor works.

**CANCER INSTITUTE NSW**

	2008-09		<b>2009-10 Budget \$000</b>
	Budget \$000	Revised \$000	
<b>OPERATING STATEMENT</b>			
<b>Retained Revenue</b>			
Investment income	1,270	2,573	<b>2,060</b>
Grants and contributions	148,365	147,669	<b>139,895</b>
Other revenue	350	770	<b>350</b>
<b>Total Retained Revenue</b>	<b>149,985</b>	<b>151,012</b>	<b>142,305</b>
Less:			
<b>Expenses Excluding Losses</b>			
Operating Expenses -			
Employee related	16,378	18,043	<b>18,204</b>
Other operating expenses	30,905	31,923	<b>30,615</b>
Depreciation and amortisation	877	884	<b>1,012</b>
Grants and subsidies	104,850	103,487	<b>91,390</b>
<b>Total Expenses Excluding Losses</b>	<b>153,010</b>	<b>154,337</b>	<b>141,221</b>
<b>SURPLUS/(DEFICIT)</b>	<b>(3,025)</b>	<b>(3,325)</b>	<b>1,084</b>

## CANCER INSTITUTE NSW

	2008-09		<b>2009-10 Budget \$000</b>
	Budget \$000	Revised \$000	
<b>BALANCE SHEET</b>			
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash assets	20,097	25,650	<b>24,746</b>
Receivables	5,365	5,365	<b>5,365</b>
<b>Total Current Assets</b>	<b>25,462</b>	<b>31,015</b>	<b>30,111</b>
<b>Non Current Assets</b>			
Property, plant and equipment - Plant and equipment	4,286	2,366	<b>4,354</b>
<b>Total Non Current Assets</b>	<b>4,286</b>	<b>2,366</b>	<b>4,354</b>
<b>Total Assets</b>	<b>29,748</b>	<b>33,381</b>	<b>34,465</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	6,043	6,043	<b>6,043</b>
Provisions	1,954	1,954	<b>1,954</b>
<b>Total Current Liabilities</b>	<b>7,997</b>	<b>7,997</b>	<b>7,997</b>
<b>Non Current Liabilities</b>			
Provisions	43	43	<b>43</b>
Other	229	229	<b>229</b>
<b>Total Non Current Liabilities</b>	<b>272</b>	<b>272</b>	<b>272</b>
<b>Total Liabilities</b>	<b>8,269</b>	<b>8,269</b>	<b>8,269</b>
<b>NET ASSETS</b>	<b>21,479</b>	<b>25,112</b>	<b>26,196</b>
<b>EQUITY</b>			
Accumulated funds	21,479	25,112	<b>26,196</b>
<b>TOTAL EQUITY</b>	<b>21,479</b>	<b>25,112</b>	<b>26,196</b>

## CANCER INSTITUTE NSW

	2008-09		<b>2009-10 Budget \$000</b>
	Budget \$000	Revised \$000	
<b>CASH FLOW STATEMENT</b>			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Receipts</b>			
Interest	1,270	2,294	<b>2,060</b>
Other	163,015	163,542	<b>154,545</b>
<b>Total Receipts</b>	<b>164,285</b>	<b>165,836</b>	<b>156,605</b>
<b>Payments</b>			
Employee related	16,378	18,357	<b>18,204</b>
Grants and subsidies	104,850	103,487	<b>91,390</b>
Other	45,205	53,262	<b>44,915</b>
<b>Total Payments</b>	<b>166,433</b>	<b>175,106</b>	<b>154,509</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>(2,148)</b>	<b>(9,270)</b>	<b>2,096</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchases of property, plant and equipment	(3,000)	(1,544)	<b>(3,000)</b>
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<b>(3,000)</b>	<b>(1,544)</b>	<b>(3,000)</b>
<b>NET INCREASE/(DECREASE) IN CASH</b>	<b>(5,148)</b>	<b>(10,814)</b>	<b>(904)</b>
Opening Cash and Cash Equivalents	25,245	36,464	<b>25,650</b>
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	<b>20,097</b>	<b>25,650</b>	<b>24,746</b>
<b>CASH FLOW RECONCILIATION</b>			
Surplus/(deficit) for year	(3,025)	(3,325)	<b>1,084</b>
Non cash items added back	877	884	<b>1,012</b>
Change in operating assets and liabilities	...	(6,829)	...
<b>Net cash flow from operating activities</b>	<b>(2,148)</b>	<b>(9,270)</b>	<b>2,096</b>