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Central Sydney Area Health Service

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Welcome

Dr Diana Horvath
Chief Executive Officer
Central Sydney Area Health Service

Central Sydney Area Health Service (CSAHS) is a leader in the delivery of public healthcare, with world-class standards in medical treatments, technology, teaching and research.

One of 17 area health services in NSW, it manages all public hospitals and facilities within its geographic boundaries, across some 71 suburbs.

Our services are organised into 14 clinical groups that provide specialist referral services to statewide, national and international communities, as well as a local population of more than 503,210 residents. We are one of the State's most culturally diverse areas, with 39.6 per cent of residents born overseas.

Treatments are delivered from more than 70 sites, including six hospitals, family care centres, a forensic medicine centre and an extensive network of community health centres.

Our dedicated staff of more than 8,503 people performed more than 124,833 inpatient and 1.88 million non-admitted patient treatments, and delivered 5,533 babies.

CSAHS is home to the largest rebuilding scheme in the State's healthcare system: the $500-million Resource Transition Program (RTP). This year, the Royal Prince Alfred Clinical Services building and a major portion of Concord Hospital were completed and commissioned. Planning is well underway for the construction of the Marrickville Community Health Centre and most of the Croydon Health Centre construction has been completed. Refurbishment of the former King George V Hospital across the road from Royal Prince Alfred Hospital (RPA) is nearing completion. Administrative services and the Camperdown Community Health Centre will move in later this year. Through the RTP, we will continue to remain at the forefront of innovative patient care and efficiency.

The Central Sydney Area Health Service Statutory Annual Report 2003-2004 addresses annual report criteria established by NSW Health and NSW Treasury.

CENTRAL SYDNEY AREA HEALTH SERVICE

The Hon Morris Iemma MP
NSW Minister for Health
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister

We have pleasure in presenting the Statutory Annual Report of Central Sydney Area Health Service (CSAHS) for the year ending 30 June 2004.

The report documents the operations and financial statements in accordance with the provisions of the Annual Reports (Departments) Act 1985.

It is submitted on behalf of CSAHS Board of Directors.

Yours faithfully

Dick Persson
Chairman

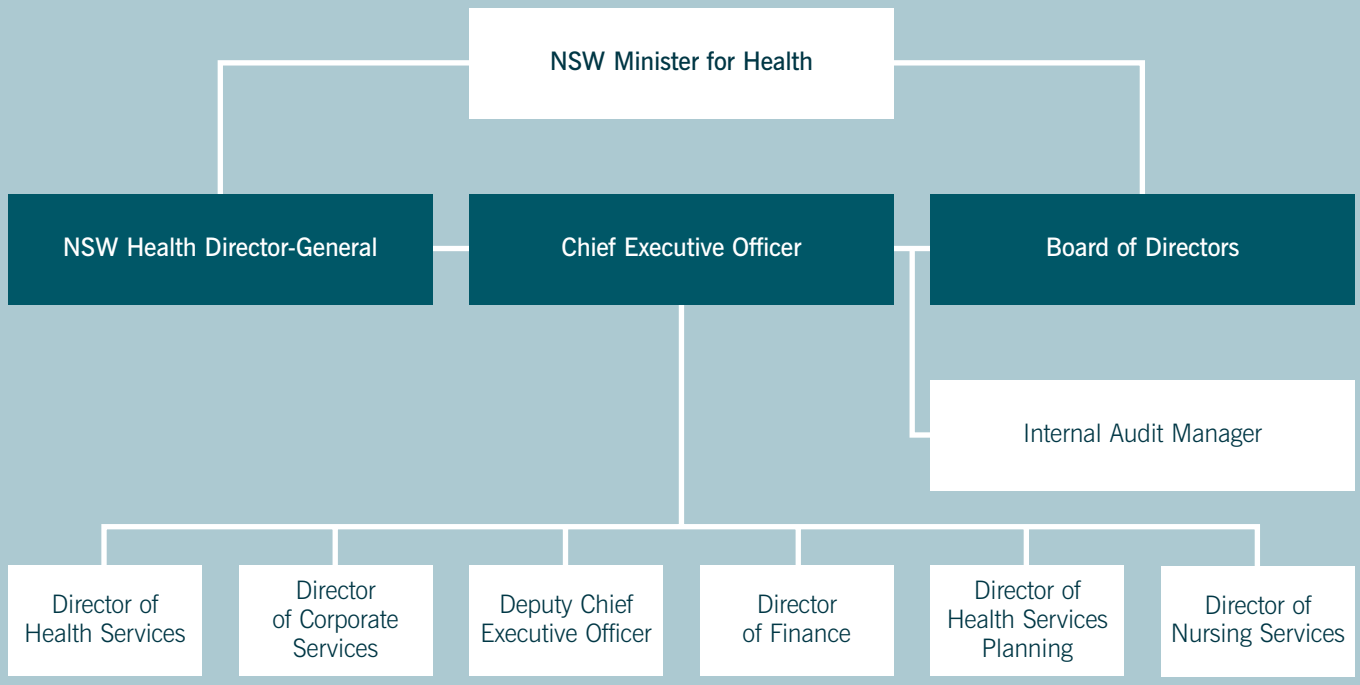
Dr Diana Horvath AO
Chief Executive Officer

Locations

Our major healthcare centres

1. Balmain Hospital
2. Canterbury Hospital
3. Concord Hospital
4. Department of Forensic Medicine
5. Royal Prince Alfred Hospital
5A. Dame Eadith Walker Hospital
6. Rozelle Hospital
6A. Rivendell (Thomas Walker Hospital)
7. Sydney Dental Hospital
8. Tresillian Family Care Centre

Organisation chart



Key service areas	Hospitals that offer key services					
	Royal Prince Alfred Hospital	Concord Hospital	Canterbury Hospital	Balmain Hospital	Sydney Dental Hospital	Rozelle Hospital
Allied Health Services	■	■	■	■		■
Bone, Joint and Connective Tissue Service	■	■	■			
Cancer Services	■	■	■			
Cardiovascular Services	■	■	■			
Central Sydney Laboratory Service	■	■	■	■		
Gastroenterology and Liver Services	■	■	■			
General, Geriatric and Rehabilitation Medicine	■	■	■	■		
Medical Imaging Services	■	■	■	■		
Mental Health Services	■	■	■			■
Neurosciences	■	■	■			■
Oral Health Services	■	■	■		■	■
Population and Drug Health Services	■	■	■			■
Respiratory and Critical Care Service	■	■	■			
Women's and Children's Health	■	■	■			

■ Service offered at location □ Service not offered at location

Chairman's Report

Dick Persson
Chairman

This has been a challenging year for Central Sydney Area Health Service (CSAHS) as we continued to work towards the completion of our building program, met the increasing demand for our services and managed an extremely complex budget, ending the year with a small surplus.

Since I was appointed as Chairman of the Board, a major goal has been to refocus the Board on its governance role. I began the process of strategic development and planning in the areas of workforce development, financial performance, community involvement, systems of monitoring quality issues and compliance with statutory obligations.

CSAHS has performed admirably in providing healthcare services to its population of approximately half a million, in what is one of the most culturally diverse areas of the State.

We have completed stage one of the Resource Transition Program at our major hospitals. Stage two and the redevelopment of our community health services are now underway. Staff have reported tremendous advantages from the co-location of medical and surgical services on single floors at Royal Prince Alfred and Concord Hospitals.

Mental Health Services are being relocated from Rozelle to a state-of-the-art purpose-built facility at Concord Hospital.

In my first year as Chair, I made it a priority to visit facilities and talk to staff. I was at all times struck by their commitment and pride in their work.

Health services generally have received adverse media coverage over the past year.

As a service, we have taken it upon ourselves to promote the good news. Much of the work and research that we carry out is groundbreaking and we have been able to promote the positive: the Australian-first *domino* liver transplant at RPA, the world-first metabolic rehabilitation clinic at Concord, the pioneering work of our Burns Unit and international research revealing that heart disease affects obese children as young as 10.

This is my final message as Chairman of the Board of Central Sydney Area Health Service (CSAHS).

On 27 July I was advised that the Board of CSAHS was to be dissolved along with the boards of all Area Health Services in the State as part of the reforms of the health service, which will merge the existing 17 Area Health Services into eight new "super services".

CSAHS will amalgamate with South Western Sydney Area Health Service on 1 January 2005. In the period of transition, the CEO of CSAHS, Dr Diana Horvath, was appointed as the administrator.

Area Health Advisory Councils will replace the Board and will provide direct input to the CEO.

I would like to take this opportunity to thank my fellow board members and the staff of CSAHS for a wonderful effort throughout the year, and to wish Diana and the new Area Health Service the very best for the future.

Dick Persson

Our vision, mission and commitment

CSAHS is dedicated to protecting, promoting and maintaining the health and independence of our residents and the wider community.

We work as a healthcare organisation which, through our achievements, sets standards that are emulated by others.

CSAHS is committed to:

- working with the people of central Sydney to promote, protect and maintain their level of wellbeing
- fulfilling statewide and national responsibilities to provide a high level of quality specialist services
- providing, in conjunction with the tertiary education sector, professional health education and training
- encouraging and fostering research

CSAHS is primarily funded by NSW Health. It was formed on 1 August 1988 and charged with full responsibility for the effective management of the health service. CSAHS operates under the Health Services Act 1997.

Guarantee of service

CSAHS aims to offer the best quality services to all patients by providing:

- information about their health condition and services
- world-class standards in healthcare and technology
- a friendly and cooperative approach to service delivery
- access to a range of hospital and community based health services
- staff who care
- training for the future generations of healthcare professionals
- a sound research base to extend our knowledge of illness, its treatment and prevention

CSAHS offers a wide range of health services in different care settings, requiring different skills, resources and management.

Our services cover:

- community services and domiciliary care
- ambulatory care
- in-patient care
- convalescent support care
- long-term care
- health promotion and illness prevention activities
- public health activities

Each setting has staff especially selected for their expertise to assist in every way.

CSAHS ensures that staff are competent, confident and well trained to provide care and services in a secure and safe environment.

CSAHS's commitment is to:

- recognise individuals and include where appropriate family, friends and carers
- respect cultures, beliefs and conscientious convictions
- provide services in a non-discriminatory manner regardless of race, age, gender, sexual preference, marital status, intellectual or physical impairment
- discuss with patients options for treatment, indicating benefits and risks, enabling informed decisions
- include patients in all aspects of their care by ensuring ongoing communication
- respect patients' privacy and maintain all information as confidential
- arrange interpreter services to assist if needed

Staff at CSAHS welcome comments and suggestions that would help improve the care and services provided.

Goals and objectives

CSAHS is committed to healthier people, fairer access, quality healthcare and better value. These philosophies build on and extend current levels of achievement and orientate us towards continuing to meet the community's needs. Determined by NSW Health, these core goals guide the provision of services and the setting of standards across the state.

The following key focus areas have been identified for each goal.

Healthier People

Mental Health

To implement *Caring for Mental Health – A Framework for Mental Health Care in NSW* and to improve and maintain care. The focus is on developing partnerships, emergency mental health responses, prevention, promotion and early intervention, providing better mental health care, and quality and effectiveness.

Chronic and complex and other care

To improve the integration of chronic care services to patients in hospitals, community settings and the home. Priority healthcare programs will target chronic cardiac failure, chronic obstructive pulmonary disease, diabetes and stroke patients.

Public health protection and health promotion

To use health promotion to improve well being in the areas of cardiovascular disease, diabetes, cancer, asthma and injury. To protect the community's vitality by managing the health risks associated with the environment, infectious diseases and food safety, using tools such as immunisation and surveys.

Fairer Access

Aboriginal health

To improve the health of Aboriginal and Torres Strait Islander communities through closer collaboration with residents, ensuring better access and more effective services. The focus is on cultural awareness, developing partnerships and employment initiatives.

Service access strategies

To direct and ensure equity of access to services and the provision of appropriate models of care which address the issues of waiting times, continuity of care, targeted population groups and outreach specialist support services.

Quality Healthcare

Initiatives in quality management

To improve the quality of health services and provide direction for their management.

Community engagement and working in partnerships

To involve local residents and groups in the development of health services and oversee inter-agency collaboration for service planning and provision.

Skilled, valued workforce

To improve occupational health and safety and provide direction for effective human resources systems, appropriate training and support for staff.

Better Value

Activity, financial management and efficiency strategies

To ensure current health services are delivered in an effective and efficient manner utilising the funds available, focusing on activity, financial management, day surgery, utilisation rates and efficiency.

Service development and asset strategies

To provide strategic direction for major initiatives, guide the implementation of the CSAHS health plan and ensure the appropriate use and management of physical resources.

Information management

To manage effective information systems and technologies to support quality healthcare service delivery.

For examples of programs under these goals refer to the performance indicators section on page 15 of this report.

Corporate governance

In 2003/04 the CSAHS Board had 12 members who served up to a four-year term and were accountable for the affairs of the organisation in accordance with the Health Services Act 1997. Each member is appointed by the NSW Health Minister.

Board membership consists of a Chair, nine non-executive members, a staff-elected member, and the chief executive officer, as an *ex-officio* member. Board meetings are usually held on the first Wednesday of every month.

On July 27 2004 the Board of CSAHS was dissolved as part of the announcement by the NSW Health Minister of a reorganisation of health services, merging the 17 existing health services into eight areas. CSAHS will merge with the South Western Sydney Area Health Service. Dr Diana Horvath was appointed as administrator and the new Sydney South West Health will come into effect on January 1, 2005.

Future corporate goverance will be managed by a Chief Executive and their management team. This will be accompanied by clear lines of accountability from the Chief Executives, the Director-General to the Minister.

Dick Persson BA FAIM
Chair

Appointed as Chair of the CSAHS Board in September 2003, Dick is the administrator of Warringah Council. He had previously held chief executive positions in the Queensland and New South Wales Public Service including the Queensland Department of Housing and Local Government and Planning, Queensland Health and the NSW Department of Public Works and Services. Dick is a board member for HealthQuest and The Women's College (University of Sydney).

Professor John Young AO DSc MD FAA FRACP
Deputy Chairman

A Board member since 1989, Professor Young continued to serve as Deputy Chair of the CSAHS Board up until his death in February 2004. Professor Young was the Pro-vice Chancellor of the College of Health Sciences at the University of Sydney and was a member of the National Health and Medical Research Council and the Medical Board of NSW.

Maria Pethard BSc(Hons) DipCompSc FASCT AIBF (Aff) ASIA
Treasurer

Maria has been a Board member since 1997. An investment banker, she serves on the boards of various public companies and is a foundation member of the Finance and Treasury Association.

Dr Diana Horvath AO MB BS(Hons) MHP FRACMA FAFPHM FCHSE

Diana has been the chief executive officer of CSAHS since 1992. She has chaired the National Health and Medical Research Council and served as President of the Australian Hospital Association, in addition to a five-year term as a commissioner with the Health Insurance Commission. She has been an active member of the Trade Policy Advisory Council.

Charles Linsell BA DipEd GradDipBusStudies IR RN

Charles has been the staff-elected representative on the Board since 1992. The staff education manager for CSAHS Mental Health Services, he has worked at Rozelle Hospital for 29 years, having trained as a nurse. Charles is vice president of the NSW Nurses' Association and a member of the NSW Nurses Registration Board.

Nea Goodman LLB (Hons 1) LLM

A lawyer, Nea was appointed to the Board in 1998. She is the former President of the Women's Lawyers Association of NSW and of the City of Sydney Law Society. Currently she is a member of the Council of the Law Society of NSW. Nea chairs the CSAHS Audit Committee and was a member of the RPA Ethics Committee.

Frances Carolan

Frances works as a registered nurse in the Emergency Department at Canterbury Hospital and has been a Board member since 1996. She is a Board representative on the Management Committee of the Research Centre for Adaptation in Health and Illness. Frances is a member of the Canterbury branch of the Justices Association and a member of the Campsie branch of Rotary Inner Wheel.

Jon Isaacs BA (Hons) FAICD FAIM

Appointed in 2000, Jon is a director of the Sydney Harbour Foreshore Authority and the Ambulance Service of NSW. Jon is the independent Chair of the NSW Auditor-General's Audit Committee. He is an executive coach, and the Independent Chairman, Joint Management Committee of the Rouse Hill Regional Centre Development, a joint venture between the NSW Government and Lend Lease.

Olwyn Mackenzie BA (Hons)

Olwyn joined the Board in 1996. She is a member of the Consumer's Health Forum, Kings Cross Community Drug Advisory Team, NSW Council on the Ageing, Older Women's Network, University of the Third Age, Country Women's Association and Women's Electoral Lobby. Olwyn is also an executive member of the Board of Directors of the Warrina Women's and Children's Centre.

Dr John Meadth MBBS

John has been a Board member since 1997, and works as a general practitioner in Concord. He has a Ministerial appointment as an official visitor under the Mental Health Act 1990.

Glenn Wran MBA Grad Dip Comm Law

Glenn joined the Board in 2000. He is divisional manager NSW Businesslink, founding trustee of the Australian Cord Blood Bank, director of the Rotary Club of Haberfield, director of Rotary Overseas Medical Aid for Children and member of the Variety Club of Australia. He is a former director of the Australian Rotary Health Research Fund, chairman of the Children's Cochlear Implant Centre and treasurer of Telstra Child Flight.

Dr Roger J Garsia MBBS PhD FRACP FRCPA

Roger was appointed to the CSAHS Board on 30 June 2002 when he was deputy chairman of the RPA Medical Board. He is a senior staff specialist in the RPA Department of Clinical Immunology where he works as a physician and pathologist. He is a senior clinical lecturer in the Faculty of Medicine at the University of Sydney. He is a long-standing member of the Clinical Trials Subcommittee of the CSAHS Human Ethics Review Committee (RPA Zone) and chairs the CSAHS Animal Welfare Committee. He advises NSW and Commonwealth Departments of Health through a number of committees including the NSW Ministerial Advisory Committee on the AIDS strategy, which he chairs.

Board Meetings

Eleven Board meetings were held this year, on the following dates:
2 July 2003, 30 July 2003, 3 September 2003, 8 October 2003, 5 November 2003, 10 December 2003, 4 February 2004, 3 March 2004, 7 April 2004, 5 May 2004, 2 June 2004.

Attendance was as follows:

Prof John Young (Acting Chairman until September 2003)	5
Dick Persson (Chairman, appointed September 2003)	8
Frances Carolan	9
Dr Roger Garsia	11
Nea Goodman	11
Dr Diana Horvath	11
Jon Isaacs	8
Charles Linsell	10
Olwyn Mackenzie	11
Dr John Meadth	8
Maria Pethard	7
Glenn Wran	11

The Board is committed to better practices contained in the Corporate Governance in Health – Better Practice Guide, May 1999.

Committees of the Board

The Board had a committee structure to enhance its corporate governance role. These committees met regularly and operate in accordance with their terms of reference.

Finance and Budget Committee

Chaired by Maria Pethard, this committee made recommendations on budget allocation and financial performance. Meetings were usually held on the fourth Wednesday of every month and there were 12 meetings held during the year.

Board Members on the Committee: Marie Pethard, Dr Diana Horvath AO, Charles Linsell, Frances Carolan, Glenn Wran (appointed June 2004)

Attendance:

Maria Pethard

Dr Diana Horvath

Frances Carolan

Charles Linsell

Mike Wallace (acting for Diana Horvath)

Glenn Wran (joined June 2004)

Medical and Dental Appointments Advisory Committee

Chaired by Dr Diana Horvath, this committee made recommendations on all CSAHS medical and dental appointments. Meetings were held quarterly and there were four meetings held during the year.

Board members on the committee: Dr Diana Horvath and Charles Linsell

Attendance:

Dr Diana Horvath

Michael Wallace for Dr Diana Horvath

Dr Peter Kennedy

Charles Linsell

Dr Roy Donnelly

Dr Christopher Benness

Dr Chris Clarke

Prof Richard Jeremy

Dr Margaret Sanger

A/Prof Paul Torzillo

Prof Phil Harris for Dr Andrew Child

A/Prof Brian McCaughan

Prof Les Bokey

A/Prof Peter Stewart

Prof John Young

CSAHS Audit Committee

Chaired by Nea Goodman, this committee managed matters arising from internal and external audit reviews. There were five meetings held during the year.

Board members on the committee: Nea Goodman, Jon Isaacs, Dr John Meadth

Attendance:

Nea Goodman

Jon Isaacs

Dr John Meadth

Clinical Quality Council

Chaired by Dr Diana Horvath, the Clinical Quality Council reviewed clinical practices through sentinel event and clinical indicator reporting and made recommendations on issues regarding the quality of service delivery. The Council met every two months and held six meetings during the year.

Board members on the committee: Dr Diana Horvath

Attendance:

A/Professor B McCaughan

Professor C O'Brien

A/Professor J Englert AM

A/Professor M Fulham

A/Professor P Sainsbury

A/Professor P Stewart

A/Professor P Torzillo

Dr A Chalasani

Dr A Child

Dr C Hespe

Dr D Horvath AO (Chair)

Dr G Szonyi

Dr J Bleasel

Dr J Cullen

Dr M Sanger

Dr P Kennedy

Dr R Donnelly

Dr R Herkes

Dr S Buchanan

Dr S Weaver

Dr V Storm

Professor L Bokey

M C Edwards

B Czerniec

C Rissel

G Miller

M Shepherd

M Wallace

M Wallace (chair)

P Lawrie

R Gilbert

A Kelly

B Loughnane

C Edwards

C Farmer

D Gill

G O'Loughlin

J Bowen Jones

Ethics Review committees

The CSAHS Human Research Ethics committees are constituted under the guidelines of the National Health and Medical Research Council National Statement on Ethical Conduct in Research Involving Humans. The committees met 11 times during the year. The Concord Hospital committee is chaired by Dr Garry Pearce and the RPA committee is chaired by Dr Robert Loblay. The RPA committee also oversees the Sydney Dental Hospital (formerly known as United Dental Hospital).

If a member was unable to attend meetings at which research proposals were considered, procedures were in place to obtain their input as appropriate. This allowed for a full complement of the necessary categories of committee members to consider research proposals.

Board members on the committees: Nea Goodman, Dr Roger Garsia.

CSAHS Ethics review committee (Royal Prince Alfred Zone)

Attendance:

Dr Robert Loblay (Chairman)
Lesley Townsend (Secretary)
Alexander Bolton
Professor David Cook
Anthony Eyers
Dr Paul Glare
Dr Valerie Levy
Rev Shirley Maddox
Alan Morrison
Paul Power
Dr Ingrid Rieger
Maureen Ryan
Doug Talbert
Dr Barbara Taylor
Kristina Vesk
Dr Peter White
Dr Jane Young

Retired committee members:

Nea Goodman
John Lutman
Rev Graham McKay
Hamish Milne

Alternative committee members:

Sr Doreen Brine
Dr Roger Garsia
John Kell
Rev Dr Robert McFarlane
Rev Ross Saunders
David Scarlett

CSAHS Human research ethics committee (Concord Hospital zone)

Attendance:

Dr Garry Pearce
Dr Ghauri Aggarwal
Jan Bell
Yvonne Baldwin
A/Professor David Brieger
Elizabeth Buckpitt
Professor Bob Cumming
Dr John Donnelly
Dr Charles George
Dr George Lau
Dr Frank Li
John Lutman
Dr Helen McCathie
Caroline Marsh (resigned)
Dr Gail Molland
Dr Rob Neurath
Dr Matt Rickard
Lucy Nigro
Dr Edward Spence
Dr Cameron Stewart
Dr Anne Sullivan
Leo Turner
Reverend Paul Watkins
Reverend Paul Weaver
Virginia Turner
Rodger Lomberg

Dr Cameron Stewart is on approved leave of absence.

Resources available

The Board and its members have access to various sources of independent advice including the Auditor-General, the internal auditor who is free to give advice direct to the Board and professional advice.

Engaging independent professional advice is subject to the approval of the Board or of a committee of the Board.

Strategic direction

The Board has in place processes for the effective planning and delivery of health services to the community and patients. These include setting strategic directions for the organisation and the health services it provides.

Performance appraisal

Each year the Board undertakes a performance review with NSW Health. The review allows the Board to report on progress in the previous year, for NSW Health to identify any matters it wishes to see the Board give special attention to in the year ahead and for both parties to identify areas where cooperation can be strengthened.

Ethical behaviour

As part of a commitment to integrity, conduct of the Board is bound by the CSAHS by-laws which cover such matters as responsibilities to the community, compliance with regulations and ethical responsibilities.

The Board has also endorsed the CSAHS Code of Conduct, which determines the acceptable standards of behaviour by staff. All employees must observe the code as part of their conditions of employment. A complete copy of the code can be found at www.cs.nsw.gov.au/corporate/code.

Risk management

The Board is responsible for supervising and monitoring risk management by CSAHS, including the system of internal controls. It has mechanisms for monitoring the organisation's operations and financial performance.

Specific strategies have been developed and implemented to control the risks associated with manual handling, hazardous substances, security and critical incidents.

The Board receives and considers all of CSAHS's external and internal audits and, through the audit committee, ensures the implementation of recommendations. A risk management plan is in place.

Snapshot of Area Health Service

CSAHS has responsibility for the provision of public healthcare to more than 503,210 residents (as at December 2003) in 10 local government areas, a diverse population in terms of socioeconomic status, ethnicity, housing and income.

Compared to the State average, the age profile of residents in CSAHS is characterised by a smaller percentage of residents aged 0-19 and a larger percentage aged 20-39. CSAHS is the most multiculturally diverse area health service in NSW with 39.6 per cent of residents (NSW 23.1 per cent) born overseas while 41.3 per cent (NSW 18.8 per cent) speak a language other than English at home, including Chinese, Arabic, Greek, Italian, Vietnamese and Korean. There are significant Aboriginal and Torres Strait Islander communities in and around Redfern, Waterloo and Marrickville. There are also significant problems of homelessness, increased use of drugs and alcohol and mental illness within CSAHS communities.

In some parts of CSAHS there is a high rate of unemployment, resulting in many low income families and associated socioeconomic related health risks.

The socioeconomic conditions of some CSAHS residents impact on their health status and risk behaviour. They have worse health outcomes than the NSW average in terms of overall age adjusted death rates and for death rates in cardiovascular disease and stroke. Incidence rates for new cases of lung and cervical cancer are higher in CSAHS. The rates of sexually transmitted and blood borne viral transmittable diseases such as hepatitis B, C and HIV/AIDS are significantly higher in CSAHS. There is a higher incidence of illicit drug use, tobacco smoking and excessive alcohol use among males. Self-rated health status is poorer and there are higher self-reported levels of psychological distress.

Age composition – NSW Health population projections for CSAHS

	December 2003		July 2006	
Age	Male	Female	Male	Female
00-04	14,864	13,859	14,310	13,510
05-09	12,982	12,383	12,990	12,220
10-14	12,687	11,953	13,130	12,120
15-19	14,069	14,042	14,490	14,320
20-24	19,830	20,813	19,720	20,150
25-29	23,863	24,099	22,330	21,730
30-34	25,559	25,700	22,670	22,590
35-39	22,363	21,040	21,590	21,600
40-44	20,298	19,735	21,610	21,200
45-49	17,189	17,285	20,050	18,830
50-54	15,423	15,560	17,050	16,690
55-59	13,417	12,745	15,400	14,770
60-64	10,195	9,997	11,730	11,220
65-69	8,553	8,743	9,170	9,230
70-74	7,479	7,882	7,340	7,720
75-79	5,857	6,992	6,050	6,770
80-84	3,351	5,317	3,630	5,150
85+	2,133	4,976	2,090	4,710
Total	**250,093**	**253,121**	**255,350**	**254,530**
Total Population	**503,214**		**509,880**	

Healthcare services in CSAHS are provided from 70 different sites, including six hospitals and an extensive range of community health and primary care facilities. CSAHS is undertaking a major facilities redevelopment project, the Resource Transition Program (RTP), to provide infrastructure to facilitate high quality healthcare for residents of CSAHS and those referred from other areas. The RTP will mean existing services are consolidated into more efficient functional units, ensuring that the volume, range and quality of service provision can be expanded to meet future expectations, within CSAHS's projected resources.

The population growth rate is estimated at 0.7 per cent per year (NSW Health March 2000).

Mortality rates and life expectancy

The age adjusted death rate per 100,000 people in CSAHS is 806.8 for males and 482.3 for females. This is higher than the NSW rate of 768.5 for males and 475.9 for females.

Major causes of death for persons aged 0-74 years in 1996:

Males

> circulatory diseases – 30.6 per cent
> cancers – 27.1 per cent
> injury or poisoning – 10.5 per cent
> respiratory diseases – 7.3 per cent
> infectious diseases – 6.9 per cent
> mental disorders – 4.4 per cent.

Females

> cancers – 39.5 per cent
> circulatory diseases – 26.5 per cent
> respiratory diseases – 7.9 per cent
> injury or poisoning – 6.2 per cent
> endocrine diseases – 4.0 per cent
> digestive diseases – 3.7 per cent

(Note: most recent data available is 1996).

In the report *Suicide in NSW*, published by NSW Health in 2000, suicide deaths in CSAHS for males are 14 per 100,000 and five per 100,000 for females (1996 census data).

Population health indicator – Immunisation rates from Australian Childhood Immunisation Register for CSAHS on 12-15 months of age coverage

Date	CSAHS	NSW
June 2001	91%	91%
September 2001	89%	91%
December 2001	87%	90%
March 2002	88%	91%
June 2002	89%	90%
September 2002	90%	91%
December 2002	90%	91%
March 2003	91%	91%
June 2003	90%	91%
June 2004	90%	91%

Resource Transition Program

The Resource Transition Program (RTP) is CSAHS' $480-million capital works redevelopment program bringing together the latest technology and innovations in modern, state-of-the-art healthcare facilities. The program has transformed the way we work by co-locating departments to facilitate better communication and a more efficient, flexible environment.

Royal Prince Alfred Hospital

The $325-million redevelopment continued over the financial year with the staged completion and commissioning of the Clinical Services building and refurbishment of the King George V building.

The Kerry Packer Auditorium was officially opened in December 2003, with the assistance of a generous donation. Located in the Clinical Services building, the auditorium has a capacity for over 240 people. The state-of-the-art video conferencing equipment allows clinical staff to hold conferences and seminars with colleagues across the world.

In February 2004, Cardiovascular Services relocated to the new 132-bed cardiovascular floor in the Clinical Services building. With a wide range of services, the spacious floor accommodates a Coronary Care Unit, four cardiac catheter laboratories, a coronary day-stay unit and comprehensive ambulatory care facilities. This specialised floor is complemented by five new cardiovascular operating theatres adjacent a new Cardiovascular Intensive Care Unit on the hot floor of the hospital. The relocation of these services has improved patient flow and reduced travelling time for clinicians.

The RPA Helipad was opened in February 2004, with a successful test flight by the Westpac Lifesaver helicopter. The helipad, located on the roof of the Clinical Services building, has halved patient retrieval time and greatly improved access to the Emergency Department. The NSW Medical Retrieval Service has rated the RPA Helipad as the best in the Sydney metropolitan area.

The challenges posed by major construction and refurbishment works being undertaken within a working hospital environment have been tirelessly met by all staff concerned without detriment to activity levels or quality of service provided.

Concord Repatriation General Hospital

A major portion of construction of Concord Repatriation General Hospital (CRGH) was completed and commissioned in 2003/04.

The Statewide Severe Burns Service was opened in September 2003 on the top level of the refurbished Multi-Block. The unit includes a 17-bed ward, a dedicated burns operating theatre, ambulatory care services and a skin laboratory.

The General, Geriatric and Rehabilitative Medicine project at CRGH has seen the staged completion of several ward refurbishments. The project brings together a number of disparate health services into one location, enhancing the level of care for this patient group.

The next phase of the CRGH redevelopment will commence in 2005 with the construction of a 174-bed Mental Heath facility. Old and outmoded wards will be demolished.

Croydon Health Centre

The majority of the building has been completed. The centre will accommodate nine different community health services, bringing together clinical experience and expertise, as well as providing a wide range of health services to the local community. A 67-bed aged-care facility and 60-bed special care nursing home will be operated by the Catholic Health Care Services. It was completed in September 2004.

Marrickville Community Health Centre

Design, development consent and tenders for the construction of a Community Health Centre at Marrickville have been completed in 2003/04. Construction is anticipated to start in late 2004. The centre will house a range of health services including dental, early childhood and family services, sexual health, mental health and community nursing.

Each year CSAHS signs a performance agreement with NSW Health to achieve targets and better health outcomes for our patients. Some targets are mandated by NSW Health while others are agreed after consultation.

Performance indicators are grouped under the four goals of NSW Health, Healthier people, Fairer access, Quality healthcare, Better value.

Performance indicators

Healthier People

Percentage of confinements where first antenatal visit was before 20 weeks gestation

	2003/04 Target	Actual 2003
Aboriginal	> 57.5%	70%
Non-Aboriginal	> 84.9%	89%

Child immunisation coverage – percentage of infants fully immunised at 12 to less than 15 months

Target 2003/04	Actual 2000/01	Actual 2001/02	Actual 2002/03	Actual 2003/04
92%	91%	89%	90%	90%

Mental Health

Mental Health has made significant improvements in data capture over the past financial year. As a result some activity figures have risen dramatically. However detailed analysis of adult in-patient activity and actual number of clients seen reveals that there has also been an increase in demand for services. There has been consistent demand in community ambulatory care and acute in-patient settings. Increased ambulatory contacts in the adolescent mental health services has kept demand for acute in-patient care at a slightly lower level.

Mental Health

Service type		Age group	Target 2003/04	Actual 2000/01	Actual 2001/02	Actual 2002/03	Actual 2003/04
Ambulatory contacts		0-17	13,000	14,733	9,249	12,675	19,965
		18-64	120,000	114,203	61,940	98,248	131,757
		65+	8,500	9,124	6,851	7,849	7,337
	Total		141,500	138,060	78,040	118,772	159,059
Acute in-patient separations from overnight stays	Total		2,740	2,599	2,684	2,746	2,675*
Non-acute in-patient days in overnight stays	Total		28,200	32,260	30,048	28,949	29,467**
Mental Health clinical workforce level (FTEs) excludes non-clinical staff	Total		554.00	541.98	548.00	551.49	557.78

NB: The definitions and methodology for the Mental Health Services Performance Agreement have been adopted in processing the data for the Performance Indicators. As such, the data related to the same-day activities (except same day with ECT service provisions) and the Drug Health Activities have not been included in the report.

* Thomas Walker Hospital was transferred from acute to non-acute status in 2003/04. There were 288 separations.

** Thomas Walker Hospital was transferred from acute to non-acute status in 2003/04. There were 2,097 occupied bed days.

Fairer access

Emergency and critical care

The benchmarks for triage categories 2 – 4 remain difficult to achieve, despite a number of initiatives within the Emergency Departments. Last year's senior medical staffing issues have been addressed with the recruitment of new staff. Benchmark times have improved in all triage categories 2-5 from 2002/2003 to current financial year. The Access Block Improvement program was initiated at Canterbury Hospital to reduce access block and off-stretcher times for ambulances arriving at the Emergency Department (ED).

At the end of June 2004, CSAHS had opened 25 additional beds, as part of the sustainable access program, in addition to the staged winter bed increases.

During the last year the average length of stay has increased by 0.3 days for each overnight admission. This trend is statewide and particularly reflects an increase in the number of older people who require a longer hospital stay.

Handover to hospital within 30 minutes of ambulance arrival (Sydney area) – % of cases

	Actual 2002/03	Actual 2003/04
30 September	73	72
31 December	76	69
31 March	81	69
30 June	69	58

Cases treated within benchmark times as a % of all cases at EDIS site emergency departments (ED)

	Target 2003/04	Actual 2000/01	Actual 2001/02	Actual 2002/03	Actual 2003/04
Triage category T1					
Immediately life threatening % treated in two minutes	100%	100%	100%	100%	100%
Triage category T2					
Imminently life threatening % treated in 10 minutes	78%	79%	73%	69%	69%
Triage category T3					
Potentially life threatening % treated in 20 minutes	55%	47%	41%	37%	42%
Triage category T4					
Potentially serious % treated in 60 minutes	55%	52%	46%	47%	53%
Triage category T5					
Less urgent % treated in 120 minutes	75%	77%	77%	79%	84%
The percentage of ED patients not admitted to an in-patient bed within eight hours of commencement of active treatment	31%	33%	39%	42%	48%

Acute service access

RPA and Concord Hospitals are tertiary referral centres providing a range of complex and urgent surgical procedures for patients across the State, for example, tumour removal. There remains a high demand for these surgical procedures, which usually require an overnight stay. Canterbury Hospital focuses on providing day surgery services and has met the target (60.4 per cent).

Measure	Target 2003/04	Actual 2000/01	Actual 2001/02	Actual 2002/03	Actual 2003/04
Number of medical and surgical (categories one and two) patients waiting more than 30 days	210	324	343	332	428
Number of medical and surgical patients (categories one, two, seven and eight) waiting more than 12 months	0	613	426	322	494
% booked surgery patients admitted and discharged on the same day	60%	47%	48%	48%	47.1%
% booked surgery patients admitted on the day of surgery (DOSA)	80%	74%	81%	85%	89%

Number of in-patient separations*

Target 2003/04	Actual 2003/04
130,211	123,353

* All facilities

Number of case-weighted in-patient separations*

Target 2003/04	Actual 2003/04
111,294	112,020 (estimate)

* Acute hospitals – Royal Prince Alfred, Institute of Rheumatology and Orthopaedics, Concord and Canterbury

Service activity

Number of non-admitted patient occasions of service (NAPOOS)*

The increase in NAPOOS reflects the increasing emphasis on ambulatory care.

Target 2003/04	Actual 2000/01	Actual 2001/02	Actual 2002/03	Actual 2003/04
1,610,593	1,741,628	1,840,478	1,747,146	1,887,259

* All facilities including Thomas Walker, Central Sydney Scarba Service and Department of Forensic Medicine

% of booked admissions experiencing a single delay

Target 2003/04	Actual 2003/04
2.5	4.7%

% of booked admissions experiencing multiple delays

Target 2003/04	Actual 2003/04
0.00	0.07%

Quality healthcare

Incidence rate (%) of acute separations where there is:

	Target 2003/04	Average over three years
an unplanned overnight re-admission* to hospital following booked surgery within 28 days** of discharge (average of previous three years)	less than or equal to 2.27	2.2 (April 2001 – March 2004)
an unplanned re-admission to ICU within 72 hours of discharge from an ICU (average of previous three years)	less than or equal to 2.5	2.6 (2001/02 – 2003/04)
an unplanned return to an operating room (booked surgery admissions only) (average of previous three years)	less than or equal to 0.91	1.2 (2001/02 – 2003/04)

* Transfers were excluded

** Readmissions less than four hours were excluded

Note: March to April data has been used due to uncoded clinical data (from April 2004 onwards for some areas), which would result in under-enumeration of surgical discharges.

Total age-adjusted rates of potentially avoidable hospital admissions for ambulatory sensitive conditions per 100,000 population

CSAHS has implemented chronic care programs.

	1998/99	1999/00	2000/01	2001/02	2002/03
Vaccine-preventable conditions	137.2	103.4	120.5	71.5	78.7
Chronic conditions	1654.0	1438.0	1547.8	1577.6	1492.7
Acute conditions	652.3	698.6	672.9	655.2	701.3
Total	2421.7	2223.6	2319.6	2285.0	2248.2

Better value

Financial management

CSAHS has met the set financial management goals.

	Target 2003/04	Actual 2000/01	Actual 2001/02	Actual 2002/03	Actual 2003/04
Net cost of service – General Fund (general)					$0.9 million favourable
percentage variance against budget	0	Achieved	Achieved	Achieved	0.14% favourable against budget

Total general creditors profile monthly average (days)

Target 2003/04	Actual 2003/04
45	44

Creditors > 45 days at end of year ($000)

Target 2003/04	Actual 2003/04
0	0

Operating within total Area capital allocation as issued (major and minor works) – % variance against approved total Area capital allocation

Target 2003/04	Actual 2003/04
0	favourable 1.35%

Highlights

New buildings open at RPA and Concord

The remaining services at RPA moved into the clinical services building as part of the $300-million redevelopment of the hospital.

Cardiovascular services relocated to the 132-bed cardiovascular floor, comprising a coronary care unit, four cardiac catheter labs, a coronary day-stay unit and ambulatory care facilities.

Cardiovascular intensive care relocated to the intensive care service on Level 3, which also comprises a general intensive care unit, high dependency and neurosciences as part of a larger *hot floor* with neonatal intensive care and operating theatres.

A major portion of Concord Repatriation General Hospital (CRGH) was also completed this year and the Statewide Severe Burns Service was opened on the top level of the refurbished Multi-Block. Several new wards were refurbished and completed as part of the General Geriatric and Rehabilitative Medicine project at CRGH, enhancing the level of care for this group. See page 14.

Balmain celebrates 10 years in aged care

In September, Balmain Hospital opened its doors to the public to commemorate the hospital's first 10 years as a specialist aged care and rehabilitation facility.

To celebrate this milestone, the hospital held an open day with talks by our medical practitioners on topics relating to the wellbeing of the elderly including diabetes, osteoporosis, falls and rehabilitation and a presentation from the head of the hospital's 24-hour GP casualty.

Some of the specialist services offered for elderly patients include a homoeopathic clinic, an aged care assessment team linking patients to other community services, physiotherapy and the STRONG program providing supervised strength training.

The facility targets the specific needs of the local population, which is predominantly aged, and focuses on returning patients to their own homes. See page 50.

Neonatal Intensive Care Unit

Survival rates of babies at RPA's Neonatal Intensive Care Unit remain among the best in the state. Over 99 per cent of babies born at 30/31 weeks survived compared with a statewide average of 90.5 per cent and 97.5 per cent of babies born at 28/29 weeks survived compared with a state-wide average of 91.5 per cent for the year 2002/03.

Since the relocation of all maternity services from King George V to RPA Women and Babies the service has become increasingly popular and there has been a 19 per cent increase in the number of births at RPA. There has also been a shift towards more antenatal day stay services and women with diabetes and blood pressure present once or twice a week instead of being admitted. See page 36 and 39.

Drink spiking awareness

Following reports of a perceived rise in drug-assisted sexual assault in young people aged 17 to 26 years, CSAHS Women's Health Unit launched an ongoing awareness campaign last year. Campaign resources and key messages were distributed via popular youth websites, licensed premises, other media, local networks and to schools in a *End of Year Celebration Kit* for school leavers. See page 54.

RPA Foundation Medal

The RPA Foundation Medal is the result of various appeals held throughout the year and is given to an individual for excellence in medical research.

This year, former medal winner Associate Professor Susan Clark has won one of Europe's most prestigious scientific awards, the Preis Biochemische Analytik. It is the first time that the German United Association for Clinical Chemistry and Laboratory Medicine has presented their award to anyone outside of Europe or the US and many previous recipients have gone on to win a Nobel prize.

Associate Professor Clark has been honoured for her outstanding achievements over the past ten years in DNA methylation analysis. Associate Professor Clark's research has shown that abnormal DNA methylation is one of the earliest indicators of cancer. See page 94.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1 Paediatric services for children in purpose-built facilites
2 Associate Professor Susan Clark, a world leader in DNA methylation analysis
3 Managers inspect plans for Croydon Health Centre
4 Physiotherapy, another service offered by CSAHS
5 RPA's Dr Lynne Pressley, President of the NSW Heart Foundation
6 Mural Mudi Dungarra Mudang (Youth Dance of Life)
7 Balmain Hospital offers general medicine, geriatric and rehabilitation services
8 Professor Henderson-Smart – neonatal intensive care

Cultural focus on antenatal care

Canterbury Hospital's aim to improve the quality of maternity services for Moslem women have come to fruition during 2003/04. The hospital aimed to provide more culturally specific antenatal care to Moslem women and, as part of that strategy, introduced a range of measures, including development of midwives' clinical skills. The success of these strategies is reflected in the increasing numbers of Moslem women using Canterbury Hospital, rising from 28.8% of all women giving birth in 2000 to 34.4% in 2003. See page 51.

Oral Health

Child dental services at Sydney Dental Hospital, in partnership with the Multicultural Health service and the Migrant Health Team developed a pamphlet aimed at improving the oral health of children from a Vietnamese background.
The pamphlet will be distributed through local Vietnamese GPs, early childhood centres, community health centres and private dentists. See page 58.

Dance of life

As part of an ongoing Aboriginal health campaign to discuss issues of passive smoking and nutrition, a mural was designed by Glebe after school childcare and Indigenous Young Artists and Friends in conjunction with the Health Promotion Unit.

Called Mudi Dungarra Mudang (Youth Dance of Life), the mural illustrates life as a puzzle. When the spirit and life of the people is broken, so too are the important pieces of the puzzle. The hands signify the children embracing the old ways by recognising their spirit and drawing on all good aspects of their lives to build a brighter future.

The mural was used as the cover image for the CSAHS 2003 Christmas card.

NSW Heart Foundation President

RPA's Dr Lynne Pressley was appointed President of the NSW Heart Foundation in 2003 and is also the first woman to hold the position of Deputy National President of the National Heart Foundation.

Appointed a consultant to RPA's cardiology team in 1986, Dr Pressley performs cardiac angiograms and ultrasounds of the heart and is one of four cardiologists operating a special clinic for adolescents with heart disease and has recently researched high performance athletes.

As president of the Foundation, Dr Pressley's role includes increasing community awareness of heart disease and seeking avenues of funding for research. See page 26.

RPA Helipad

RPA now has its own dedicated helipad on Level 11 of the Clinical Services building, which replaces the need for medical retrieval services to land on the Oval of St John's College and then take an ambulance to the hospital. It has reduced the time taken to hand patients over to the hospital from approximately half an hour to five to ten minutes. See page 14 and 55.

Renal services

Capacity to transplant kidneys from voluntary donors has increased by 12 per cent following the appointment of a living related kidney transplant co-ordinator and publicity in the media leading to greater public awareness.

The purchase of 50 new haemodialysis machines has increased by 16 per cent our capacity to meet the demands of patients with end stage renal failure.

All kidney transplant surgical and medical services are now co-located following the opening of the Nick Ross Clinic. The clinic was developed with funds from a $10-million donation by Kerry Packer. It provides ambulatory and follow-up care for patients and donors and was named after the helicopter pilot who donated his organ to his friend Kerry Packer. The example of Nick Ross and the subsequent publicity has encouraged many more people to come forward as living donors. See page 26.

Clinical Groups

Bone, Joint and Connective Tissue Service

Clinical Director Dr Peter Holman MBBS (Syd) FRACS FAOrthA

The Bone, Joint and Connective Tissue Service (BJCT) incorporates the clinical specialties of orthopaedics, rheumatology, sports medicine, immunology and allergy, burns, plastics and reconstructive surgery, HIV, infectious diseases and sexual health services.

Summary of business activity

The opening of new facilities in CSAHS has led to an increase in non-admitted patient occasions of service. The Statewide Severe Burns Service at Concord Hospital opened in 2003/04 as well as two new sexual health clinics.

Major goals and outcomes

As part of the Resource Transition Program, the ambulatory care facilities at Concord Hospital were co-located this year. Hospital clinicians have reported that the new wards have enabled them to collaborate in a more timely manner.

The new Statewide Severe Burns Service was opened at Concord Hospital in September 2003. The service includes a skin laboratory, which supplies cells to the Burns Units at Royal North Shore and Westmead Children's Hospitals. During 2003/04, using skin cells grown in the laboratory, the Burns Service engineered a new technique which was used successfully on a three-year old patient with 85 per cent burns.

It has now been clearly established that once a patient has had one low-trauma osteoporotic fracture, they are at greatly increased risk of a further fracture. In response to this research, the Rheumatology team at RPA has developed the First Fracture project. All patients presenting with their first fracture are screened for secondary causes of osteoporosis and, if appropriate, treated with medication. The medication supplied can reduce the risk of further fracture by up to 50 per cent. Patients are also encouraged to exercise and receive a regular follow-up by the project team.

The Institute of Rheumatology and Orthopaedics (IRO) is participating in the National Medication Safety Breakthrough Collaborative. A review of IRO's current use of non-steroidal anti-inflammatory drugs has proven to be safe and a newly implemented incident reporting system is attracting a high participation rate. Drug omissions were found to be the most frequently reported incident and subsequently IRO has introduced a *Nurse call-card* system. Subsequently, the medication omission caused by patient absence from the ward has been reduced to zero by the system of leaving a card on the absent patient's pillow.

Patients requiring intravenous immunoglobulin now have increased access to this treatment, following the opening of an after-school and after-work infusion clinic by the Immunology Department.

Key issues and events

Clinicians within the Burns Service are now able to make more informed decisions following the acquisition of a new Laser Doppler flow meter which determines the depth of burns.

Two staff were awarded scholarships to spend three months at the Burns Unit, St James Hospital, Dublin. Patient outcomes in both units should be improved as a result of the exchange of skills, ideas and management styles.

Future direction

Plan a Bone Sarcoma Unit to treat patients with bone tumours.

Continue to assess and implement ideas gathered from visit to Burns Unit, St James Hospital, Dublin.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	319.0	296.9	311.33	306.21
Total admissions	8,829	8,845	12,020	9,116
Same-day admissions	3,338	3,193	4,648	3,412
Occasions of service	45,800*	52,919*	55,405	71,152

* Change due to construction work and the Resource Transition Program

Cancer Services

Clinical Director Professor Christopher O'Brien MBBS MS FRACS

CSAHS Cancer Services operate under the banner of the Sydney Cancer Centre (SCC). The Centre provides comprehensive, integrated clinical services at Royal Prince Alfred, Concord and Canterbury Hospitals along with a large, long-standing outreach program at Dubbo Base Hospital. Core units of SCC are the Sydney Melanoma Unit, BreastScreen NSW (Central and Eastern Sydney) and the Departments of Radiation Oncology, Medical Oncology, Head and Neck Surgery, Breast Surgery, Urology, Gynaecological Oncology, Palliative Care, Dermatology and Haematology. These departments are supported by a number of institutes and foundations including the Sydney Melanoma Foundation, The Sydney Head and Neck Cancer Institute and The Sydney Breast Cancer Institute.

Clinical practice is based on world's best practice evidence and care is delivered by a multidisciplinary team with expertise in key types of cancer.

Summary of business activity

Overall admissions are slightly reduced in 2003/04, reflecting the trend of increasing use of ambulatory treatments for cancer patients. The increase in outpatient occasions of service also reflects this trend.

Major goals and outcomes

Following the launch of the *Clinical Service Framework for Optimising Cancer Care in NSW* (2003) and the NSW Cancer Plan, SCC modified its committee structure. The new structure has four key committees. Appropriate emphasis can be given to key areas by separating administrative issues, clinical care, staff and GP education, and research. This allows for better evaluation of effectiveness in these areas.

The establishment of Tumour Specific Multidisciplinary Teams strengthened the integrated multidisciplinary care provided by SCC. Using evidence-based best practice and clinically relevant research, the teams will coordinate area services based on individual patient requirements.

As part of a comprehensive Cancer Support Program, a business plan has been developed for the establishment of a Psychosocial Counselling Unit. The unit will screen for the psychosocial needs of patients in all Tumour Specific Multidisciplinary Teams.

SCC is consolidating numerous departmental databases into a single Centre-wide database. Once complete it will form the basis of our Clinical Cancer Registry. A single database for all SCC patients will be invaluable for quality control and research.

Cancer Services beds at RPA have been consolidated on Level 7 of E block. This will contribute to a more efficient use of beds and resources. It will also allow medical, nursing and allied health staff to share ideas and techniques.

Key issues and events

A new linear accelerator was installed and commissioned in the Department of Radiation Oncology. It will allow SCC to treat more patients and reduce waiting times. In addition, as the delivery of radiation to the target tumour is more focused, more sophisticated, effective treatment can be provided.

A full-time academic medical oncologist has been appointed to Concord Hospital.

SCC's research output for 2001-2003 inclusive was audited. The audit has highlighted areas of research strength which can be promoted in public and private arenas. The audit will also assist in identifying the key areas to direct future resources and effort.

Future direction

Secure funding from the Cancer Institute NSW for key staff, in particular Care Coordinators (CNS or CNC nurses) and staff for the Psychosocial Counselling Service.

Complete consolidation of the Cancer Services databases in line with the Cancer Institute NSW minimum dataset requirements.

Continue implementation of the *Clinical Service Framework for Optimising Cancer Care in NSW* (2003) and the NSW Cancer Plan.

Continue fundraising campaign to raise $5 million to refurbish and to add another floor to the SCC building at Gloucester House, RPA.

Expand telemedicine activities. With sponsorship from Telstra, SCC aims to maximise the use of available technology, to care for rural and regional patients.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	398.2	412.6	436.8	416.39
Total admissions	14,799	12,059	16,434	11,612
Outpatient occasions of service*	129,022	136,663	148,983	177,530

* Total public and private, including outreach clinics and BreastScreen

Cardiovascular Services

A/Clinical Director Professor Phillip J Harris MBBS DPhil FRACP FACC

The Cardiovascular Service is a multi-disciplinary service which incorporates the clinical specialties of cardiology, endocrinology, nephrology, cardiothoracic and vascular surgery. The service also administers the consultative units of the National Poisons Register and Clinical Pharmacology.

Summary of business activity

The 8.6 per cent increase in admissions via Emergency Department this financial year mainly occurred at Concord Hospital. One contributing factor is the implementation of the *Towards a Safer Culture* guidelines which provide faster assessment and triage of cardiac patients with acute chest pain. The reduction in staff has been due to greater efficiencies following the Resource Transition Program. For example, the larger floor at RPA has allowed for improved nurse patient ratios due to larger ward sizes.

Major goals and outcomes

The relocation of RPA's Cardiothoracic Surgical Unit into the new Clinical Services building has improved bed flexibility and enhanced both continuity of care and access. One significant improvement is that patients do not need to be moved around as much to access treatment.

The service also provides safer and more reliable care due to an upgrade of equipment and a new cardiac monitoring system.

There has been a 90 per cent increase in patients being treated for diabetic foot disease at CSAHS' High Risk Foot Clinic following the introduction of an area-wide high risk program two years ago. Despite the increase in patients, there has been a five per cent reduction in major amputation performed in the same period due to earlier diagnosis.

Angioplasty procedures (treatment for blocked heart arteries) have increased by 19 per cent and electrophysiology (study of heart electrical impulses) by 18 per cent following the opening of a cardiovascular day stay and ambulatory care facility at RPA. This has enabled the department to be flexible with beds and resources to meet demands.

Improved laboratory processes at Concord Hospital has led to a 45 per cent increase in Canterbury Hospital patients undergoing angioplasty at Concord Hospital this financial year.

We now provide basic diagnostic cardiac services across non-tertiary level hospitals and Canterbury Hospital has access to Concord's angioplasty services, in addition to echocardiograph staff and equipment. As a result, angioplasties increased by 45 per cent at Canterbury.

A research partnership between a private manufacturer and the Department of Cardiothoracic Surgery has seen patients discharged from hospital earlier. In a promising medical breakthrough, patients were instructed in the use of the "blood thinning" medication Warfarin so they can independently manage their medication.

Key issues and events

Capacity to meet the demand of patients with end stage renal failure has increased by 16 per cent following the purchase of 50 new haemodialysis machines. As a result, dialysis (filtering of the blood for impurities normally removed by the kidneys) at the patient training facility has also increased (by 17.5 per cent).

Capacity to transplant kidneys from voluntary donors has increased by 12 per cent, primarily through the employment of a living related kidney transplant coordinator at RPA. The increase has also been achieved through early donor recognition by doctors, greater public awareness and a pre-transplant education workshop for end stage renal patients and their families to demystify the donor and transplant process.

Future direction

Increase collaboration in patient management to develop one stop 'polyclinics' for cardiovascular services.

Continue with commitment to enhance services in non-tertiary level hospitals.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	534.3	540.0	505.4*	487.25
Average available beds	N/A	169	187	189
Total admissions	27,935	28,893	29,564	29,971
Same day admissions	19,332	20,679	21,152	21,255
Same day admissions % of total	40.8	41.7	41.8	41.4
Admissions via emergency department	N/A	4,448	4,587	4,969
Emergency admissions % of total	N/A	15.3	15.5	16.57
Bed occupancy rate (%)	N/A	N/A	93.3	94.22
Non-in-patient occasions of service	34,344	40,313	44,579	42,261

* Cardiothoracic intensive care unit transferred to Respiratory and Critical Care Service July 2002

Gastroenterology and Liver Services

Clinical Director Professor Les Bokey MBBS MS FRACS

Gastroenterology and Liver Services provide a multidisciplinary approach to the care of patients requiring medical and surgical treatment in the areas of gastroenterology, colorectal, hepatobiliary, upper gastrointestinal, liver transplant and general surgery at Concord Repatriation General Hospital (CRGH), Royal Prince Alfred Hospital (RPA) and The Canterbury Hospital (TCH).

Summary of business activity

The expansion of ambulatory services has reduced the need to admit patients into hospital. This change in clinical practice has influenced total admissions (down by 17 per cent) and occasions of service (increased by 6.1 per cent).

Major goals and outcomes

In 2004, the Ambulatory Care and Endoscopy Unit (ACE) expanded ambulatory and ancillary services to include breath tests, the Liver Clinic, clinical trials, and Cancer Family Clinics. The breath test services have been co-located, with dedicated resources and single phone number for bookings. It is intended that the new centralised service will be more accessible and will attract more consumers. Next year, the unit will create a referral form for GPs in the Inner West, which will promote the new centralised service.

The Colorectal Department at Concord Hospital is developing a Colorectal Cancer Risk Scale. The risk scale aims to predict outcomes for current patients by analysing the outcomes of over 3,000 patients over 30 years after various bowel cancer treatments. Once completed, the department intends to make the scale an international resource.

It has been a long-term goal to identify the protein profile of bowel cancer. During 2003/04 a Colorectal Cancer Proteomics Laboratory was established with grant funding. This unique laboratory aims to develop its existing knowledge into a screening program, an early detection program and perhaps also into therapy to treat bowel cancer.

Key issues and events

The Upper Gastrointestinal Department at CRGH continues to see more patients with oesophageal cancer surviving for at least five years. In 2003/04 the department reported a 45 per cent overall survival rate compared to the National Cancer Institute figure of 20 per cent.

The department also reported this year that it has the least number of common bile duct injuries during laparoscopic cholecystectomy in the world. Only 0.06 per cent of patients suffer this injury at CRGH compared to current world figures of 0.3 per cent.

Liver transplants have doubled during 2003/04 following the publicity generated by the establishment of the David Hookes Foundation and Commonwealth Health Minister Tony Abbott's involvement in Donor Awareness Week. The Liver Transplant Unit now needs to develop strategies to maintain the momentum in donor activity.

RPA's Gastroenterology Department completed the first trial internationally to find a means of preventing osteoporosis following a liver transplant. The department demonstrated that use of the drug Zolendronate totally prevents bone loss following a liver transplant.

Future direction

Establish the University of Sydney / College of Surgeons Skills Facility (Eastern Collaborative Health Training Education Centre - ECHTEC). Management at the RPA Upper Gastrointestinal Department is assisting in the development of the statewide facility, which will allow practical anatomical experience in complex procedures for surgeons and other healthcare professionals.

Key indicator	1999/00	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time (actual)	261.5	242.4*	259.1	286.16	262.05
Total admissions	16,398	3,253*	14,389	14,929	12,390
Day-only admissions	6,402	1,048*	6,958	5,807	5,271
Occasions of service	10,730	9,304**	5,953*	16,126	17,117

* Decrease due to change in ward/clinic configurations as part of the Resource Transition Program

** Does not include Canterbury Hospital

General, Geriatric and Rehabilitation Medicine

Clinical Director Dr John Cullen MBBS FRACP

The General, Geriatric and Rehabilitation Medicine (GGRM) provides services for the elderly, people with disabilities and those with general medical problems. Staff in the hospital and community setting deliver a range of in-patient, ambulatory care and community services. The Centre for Education and Research on Ageing (CERA) is also an important component of GGRM.

Summary of business activity

Due to the completion of RPA wards and transition beds at Balmain Hospital, the number of admissions has grown by 11.1 per cent. Same day admissions have also increased (47.5 per cent) due to the increased number of beds available. In addition to the increase in beds, General Practice Casualty day-only patients at Balmain Hospital are now included in these figures.

Occasions of service have increased by 30.5 per cent because of an increase in the area of some GGRM clinics and amended counting methods requested by NSW Health.

Major goals and outcomes

Quality of patient care and staff efficiency has been improved since the consolidation of GGRM patients into one ward at RPA.

Another phase of the Resource Transition Project (RTP) has been completed, with three of the GGRM wards at Concord Hospital moving to their final location.

The *Safety in the Community* risk management policy introduced last year has been expanded to incorporate all community activities. The rate of adverse incidents in the community for GGRM clients and staff has dropped further in 2003/04 from 0.69 per cent to 0 per cent. Staff now have clear direction in identifying, assessing and minimising risk to themselves and their clients.

The newly funded Aged Care Services in Emergency Team (ASET) aims to minimise the wait for older people who present to the Emergency Department, but do not need to be admitted. People who may require a service such as Meals on Wheels or physiotherapy are assessed by a designated aged-Care staff member who completes a comprehensive assessment and draws up a care plan. They provide short-term follow-up in the community or refer the person to other agencies.

Key issues and events

The capacity to integrate CSAHS patient care was developed in the CERNER system in 2003/04. The system now facilitates continuity of care regardless of the hospital that a patient is admitted to or the community services that a patient may use. A community mandatory reporting module is now also being developed within the CERNER system.

CERA was successful in obtaining two large NHMRC grants this financial year. The first was for the Concord Health and Ageing Male Project, studying older men living in the community. One of the study's main goals is to investigate if there is a relationship between lower levels of testosterone and osteoporosis or dementia. The second grant is for a neuropathological investigation into frontotemporal dementia.

The new Kalparrin Day Centre for people suffering from dementia was opened on the Dame Eadith Walker Estate. It provides a safe environment for clients and staff in the beautifully restored, heritage listed Magnolia Cottage.

Future Direction

Primarily GGRM will focus on commissioning new premises (such as the Geriatric Rehabilitation wards and the ASET offices at King George V building) and implementing new business practices made possible by the new premises.

GGRM aims to obtain approval to develop a range of human resource and service development goals including implementing new recruitment practices in order to attract more experienced aged-care staff.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	459.0	466.8	455.0	453.72
Admissions	13,916	8,134	12,448	13,828
Same-day admissions	3,054	3,368	3,333	4,916
Occasions of service	100,971	104,353	122,921	160,451

Central Sydney Laboratory Service

Clinical Director A/Professor Peter Stewart MBBS BSc(Med) MBA FRACP FRCPA

The Central Sydney Laboratory Service (CSLS) incorporates laboratories at Royal Prince Alfred, Canterbury and Concord Hospitals. The prime focus of the CSLS is to provide timely and quality test results and to provide expert interpretation. This includes a wide range of routine and specialised testing for patients both internal and external to CSAHS. CSLS is also heavily involved in research, teaching and training activities. All CSLS laboratories have NATA/RCPA accreditation.

Summary of business activity

The restructuring of the laboratories, particularly at Royal Prince Alfred (RPA), resulted in a 2 percent staffing reduction. Although activity continues to increase, the efficiencies generated through restructuring has allowed staff numbers to continue to fall.

Major goals and outcomes

CSLS continues to ensure that there is no unnecessary duplication of service testing and staff between RPA and Concord Hospitals. It achieves this by maintaining an approval process for all new testing and by regular review.

CSLS continues to attract high quality applicants for training positions due to the prestige of the institutions and the reputations of current department heads. For example, the director of the Institute of Haematology is world renowned for his expertise in myeloma.

CSLS performs better than the Australian Council of Healthcare Standards (ACHS) in most indicators. See Quality Clinical Indicators page 41.

Key issues and events

CSAHS laboratories now operate on one laboratory computer system, Cerner PathNet Millennium. The system allows online ordering of pathology tests from all facilities. As the online order form is completed, a barcode is generated which is used at all steps of the blood collection and analysis process. This new system has improved turnaround times.

During 2003/04 NSW Health appointed Paxton's to review NSW pathology services. Paxton's recommended an alliance between Pacific Laboratory Medicine Service (PaLMS), South Eastern Area Laboratory Service (SEALS) and the CSLS in order to increase efficiency.

The CSLS has formed a Quality and Business Committee, to discuss quality issues that effect customer service delivery.

Future direction

Investigate tendering for new immunoassay and high volume biochemistry testing laboratory equipment. This equipment will provide a wider repertoire of text, improved turnaround times and cost efficiencies.

Adopt molecular testing for infectious diseases. Molecular, rather than bacteriological and virology, testing improves turnaround times. Consolidate immunoassay testing services.

Continue to monitor and improve turnaround times. CSLS is currently only 0.68 per cent behind ACHS in urgent haemoglobin reports during working hours. This result will improve when the Haematology Unit is relocated.

In the May State Budget funding was allocated within the RTP to develop new laboratories at RPA. Building will commence in October 2004.

Key Indicators	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	415	404	396	388
Occasions of service	1,181,491	1,220,716	1,274,980	1,290,294

Medical Imaging Services

Clinical Director A/Professor Michael Fulham MBBS FRACP

Medical Imaging (MI) Services use highly specialised, sophisticated and state-of-the-art imaging technology to provide pictures of the structure and function of the body for diagnosis, and, increasingly, treatment of a variety of medical and surgical conditions This information enables doctors in CSAHS to make the correct diagnosis and management decisions for patients.

Summary of business activity

Occasions of service include simple procedures such as X-rays and more complicated scans such as PET-CT, MR and CT studies. The number of X-rays has not increased over the past financial year but there has been an increasing number of more complicated scans. As a result, while occasions of service figures have changed very little, the complexity of the workload (and number of staff required) has increased.

The introduction of the baby cyclotron in January 2003 and a new PET-CT scanner in June 2003, has had a dramatic effect on MI's output. The scanner reduces scan time by 50 to 80 per cent. The number of patients undergoing a PET scan increased by 30 per cent during 2003/04, and the number of patients scanned within one week of request increased dramatically from 31.7 per cent in 2002/03 to 74.18 per cent in 2003/04.

Major goals and outcomes

To improve report turnaround time and to reduce costs, voice recognition software was installed at the Royal Prince Alfred (RPA) PET Department. Following installation, 97.78 per cent of patient reports have been finalised within 24-hours of the patient being scanned.

RPA is one of only eight sites in Australia providing PET medicine services. The Federal Government has initiated a national data collection in order to assess the value of PET in patient management. RPA is the leading contributor to the data collection, recruiting more than 50 per cent of patients, compared to the next closest site's contribution of 12 per cent.

ISIS, the radiology information system was rolled out to Canterbury Hospital, which will improve tracking of all patient radiology data within the hospital.

Key issues and events

Concord Hospital has purchased a 3.0 tesla MR scanner, the first to be installed in a NSW public teaching hospital for routine patient management. The scanner will provide faster, more accurate assessments of conditions such as neurological emergencies and musculoskeletal disorders.

A digital fluoroscopic suite was also commissioned to aid interventional procedures - the suite shortens the time needed to perform these procedures, directly benefiting patients.

As an extension of the Picture Archival and Communication System (PACs) at RPA, images are now being burned to CD so that film does not need to be printed for referring doctors, which represents a major reduction in costs.

Future direction

Benchmark RPA's clinical indicators for PET and Nuclear Medicine with Liverpool Hospital, Newcastle's Mater Hospital and interstate sites.

Implement a remote viewing system to allow radiology staff to view imaging studies, such as head CT scans, off site, and after hours.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	231.0	231.0	220.7	231
Occasions of service	215,434	218,246	217,661	217,927

Mental Health Services

Clinical Director Dr Victor Storm MBBS MPA FRANZCP FAFPHM

The Area Mental Health Service (AMHS) provides clinical in-patient and community-based services and conducts extensive training, education and research activities.

These activities are provided in conjunction with community partners such as consumers and carers, non-government organisations (NGOs), community centres, general practitioners, local schools, and other government departments.

Summary of business activity

The number of equivalent full-time staff has risen slightly over 2003/04 as AMHS overcame recruitment difficulties experienced in the previous financial year.

Same-day admissions have dropped by 9 per cent during 2003/04, in part due to the number of people in the Veterans day program progressively decreasing.

Major goals and outcomes

During 2003/04, AMHS continued to provide specific services to people of all ages.

In order to increase the capacity of the service to assess new parents, Perinatal Mental Health appointed a Clinical Nurse Consultant. The consultant identifies parents and babies at potential risk during the ante-natal period and coordinates follow-up after birth.

Specific programs have been introduced to identify and prevent mental health problems in particular groups including,

- School Link project to educate and train school counsellors and teachers to identify mental health problems in young people
- A Family and Mental Health coordinator to ensure the needs of children of parents with a mental health problem are met
- Expo targeting older men to strengthen their community links as part of the suicide prevention project for older people

During 2003/04 the AMHS decided that the Early Intervention Program should be more inclusive of a range of mental health disorders, instead of focusing solely on psychosis. A new coordinator was appointed who is auditing current initiatives in early intervention and consolidating appropriate material and training for key staff.

Key issues and events

Ms Robyn Shields, Clinical Nurse Consultant in Aboriginal Mental Health was made a Member of the Order of Australia for her direct clinical leadership and significant educational role in the field of Aboriginal mental health issues.

International contacts with mental health professionals were maintained during the year, including the hosting of two groups of Thai mental health colleagues. The formal partnership between the Thai Ministry of Health and CSAHS has led to a shared understanding of core and cross-cultural issues in Mental Health. The CEO of CSAHS, Dr Diana Horvath, was granted a Princess award by the sister of the Thai King, in recognition of the Area's efforts within this partnership.

AMHS has enhanced its website, increasing the range of information available for patients, visitors and staff. Patients and visitors can now access information on the *Mental Health Act 1990 (NSW)* and patient rights and responsibilities. Staff can easily access a range of forms, key policies, procedures and manuals.

Future direction

Move two CSAHS community teams into new purpose-built facilities at King George V building, Camperdown and Croydon Health Centre. The co-location with other CSAHS ambulatory clinical streams will enable consumers to access a comprehensive array of services in one-setting.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	745.0	751.0	757.9	769.9
Total admissions	8,567	8,436	8,869	8,615
Same day admissions	5,277	4,897	4,993	4,532

All programs including Rozelle, RPA, Concord Hospital and Thomas Walker Hospital, Community Health and Drug Health Services located on Rozelle campus.

Oral Health Services

Clinical Director Dr Susan Buchanan BDSc MDS FRACDS FICD

Oral Health Services operates across hospital and community settings providing general dental services for eligible people who reside in Central Sydney Area Health Service (CSAHS) and the northern sector of South Eastern Sydney Area Health Service. In addition to general services, Sydney Dental Hospital is a major referral centre for tertiary oral health management.

Clinical training and education is a core activity and is provided in conjunction with the Faculty of Dentistry, The University of Sydney and TAFE. The Sydney Dental Hospital (SDH) is an opinion leader for the development of oral health policy across the State.

Summary of business activity

Dentistry has experienced difficulty recruiting professional staff and consequently staff equivalent full-time numbers have fallen. Oral Health has been addressing this workforce shortage and the changing dental requirements of the community. In the short-term a rotational and vocational training program for new graduates is being developed with rural area health services. Oral Health and the Faculty of Dentistry have discussed expanding the number of conjoint appointments in order to attract more specialists.

Many additional services have been provided in other area health services as part of rural outreach programs, with a consequent reduction of activity in CSAHS (eg adult occasions of service). Also, resources have been directed to the development of population health initiatives such as the network-wide oral health promotion working party and the education program for carers of the elderly and disabled.

Major goals and outcomes

In 2003/04 Oral Health implemented many of the recommendations from area-wide service reviews in 2002. These include improving the range of services across CSAHS, reducing duplication and improving accessibility. Tertiary services and education have been expanded at Sydney Dental Hospital and, with the opening of the Croydon Health Centre in 2004, additional general services will be provided close to peoples' residences. This centre will have a family dental clinic and will replace single-chair isolated clinics located mainly on school grounds.

SDH, in conjunction with the Westmead Centre for Oral Health and The University of Sydney's Faculty of Dentistry, is implementing new study programs to increase the size of the dental workforce, especially in rural areas. The new Bachelor of Dentistry and Bachelor of Oral Health programs are proving to be so popular, that NSW's two major teaching hospitals are investigating means of accommodating the extra students. The postgraduate periodontics course in being re-established after a six year lapse.

Oral Health has developed its data collection system to include four Australian Council on Healthcare Standards clinical oral health indicators. Quality of care can now be more closely monitored and approaches have been made to dental teaching hospitals throughout Australia to commence national benchmarking.

Outreach specialist services in orthodontics and paediatric dentistry continue to be provided to the Illawarra region and have been expanded to include regular sessions in Queanbeyan.

Key issues and events

Research has received a major boost with the relocation of the dental biomaterials research unit of the Faculty of Dentistry, The University of Sydney to The Sydney Dental Hospital.

The upgraded information system for oral health (ISOH) has been fully implemented at Concord and RPA dental clinics.

Future direction

Continue to liase with NSW Health regarding changes to the direction of the Oral Health Branch. The branch will assume a greater policy development role, including integrating services with general health and developing a more population focus.

Conduct an organisation-wide survey as part of the EQuIP process.

Key Indicator	2000/01	2001/02	2002/03	2003/04
Staff Equivalent full-time	347	336	343	327
Occasions of service - adults	148,682	177,694	134,599	126,211
Occasions of service - children	28,271	27,522	29,570	27,267
Occasions of service - specialist	n/a	46,728	46,173	42,811
Occasions of service - dentures	n/a	17,362	20,364	19,926

Neurosciences

Clinical Director A/Professor Michael Besser AM MBBS FRACS FRACS(Canada) FACS

The specialties of neurosurgery, neurology, neuropathology, otolaryngology, ophthalmology and pain management make up the Neurosciences Clinical Group.

Summary of business activity

The reduction in activity in 2003/04 is predominantly a reduction in surgical activity.

Major goals and outcomes

All Neurosciences wards and ambulatory care units have been commissioned at Royal Prince Alfred Hospital (RPA). The new clinical facilities at RPA and Concord Hospitals have optimised the delivery of patient care. The co-location of the allied health treatment rooms and the Neurosciences wards allows patients to have early access to occupational therapy and physiotherapy.

A state-of-the-art Temporal Bone Laboratory was launched at RPA in August 2003. This offers full facilities for temporal bone dissection, endoscopic sinus surgery and head and neck procedures.

A case management model of care for both stroke and neurosurgery has been introduced this year. Case managers have been appointed to coordinate care of patients from the pre-admission clinic to discharge from hospital.

Neurosurgery and neuroradiology have introduced a new treatment for benign intra-cranial hypertension. Known as venous sinus stenting, this dramatic breakthrough has been published in the prestigious *Year Book of Neurology and Neurosurgery 2004*.

The Cochlear Implant program received additional funding in 2004 allowing an additional 22 deaf people to receive cochlear implant surgery. As well, a NSW Government-sponsored program has commenced at RPA offering bone-anchored hearing aids (BAHA). This is a great advance for people with unilateral conductive deafness.

Key issues and events

Neurosciences was part of the team from the Brain and Mind Research Institute which was awarded the major Ramiaciotti Award for 2003. Part of this $1 million grant will go towards establishing a research laboratory for diseases such as Jakob-Creutzfeldt disease.

A large grant from the National Institutes of Health in the United States will enable the Brain Bank to further its research on the effects of alcoholism and poor nutrition on the human brain.

The ENT infection control guidelines review led to the procurement of additional endoscopic equipment. The new endoscopes can fully assess the upper airway, avoiding the need for general anaesthetic.

Future direction

Commission a MRI scan facility at Concord Hospital. The facility will provide a greatly enhanced service to Neurosciences patients.

Continue contributing patients to the Familial Intracranial Aneurysm study, which aims to prevent haemorrhagic stroke in the future.

Plan and implement a Model of Care for cataract surgery.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	190.0	140.5	147.6	157.96
Total admissions	6,026	6,170	8,295	5,805
Same-day admissions	2,270	2,463	3,668	2,479
Occasions of service	20,155	14,707*	22,175	21,277

* Resource Transition Program realignment of services. Concord Hospital figures not available

Population and Drug Health Services

Clinical Director A/Professor Peter Sainsbury MBBS, DObstRCOG, MHP, FRACMA, FAFPHM, PhD

Population and Drug Health Services incorporate a range of services including community health, drug health, multicultural and women's health, as well as public health and health promotion.

The Service focuses on the health needs of the individuals and communities in Central Sydney Area Health Service. It aims to protect and promote health and to treat illness, recognising the many personal, local and global factors affecting health and illness.

For Highlights of the Division of Population Health's activities during 2003-2004 see *Division of Population Health* on page 54.

Summary of business activity

The clinical service's indicators have remained steady over the past financial year.

Major goals and outcomes

Drug Health Services have increased partnerships with General Practitioners in 2003/04 to improve pharmacotherapy treatments for opioid dependent persons. As part of this initiative, GPs are regularly provided with training to maintain and improve their ability to identify and treat drug related health problems.The development of an Aboriginal Drug Health Plan aims to improve access to treatment, make services more culturally appropriate and build partnerships with Aboriginal services and the Aboriginal community. One strategy has been to expand the Magistrates Early Referral into Treatment (MERIT) program into Redfern Local Courts. MERIT aims to increase the rehabilitation prospects for perpetrators of drug related crime. To date, over 70 per cent of participants have completed the program and there is early evidence of significant improvements in lifestyle after completion.

Key issues and events

The Redfern Waterloo Street Team identifies and engages with children and young people who are involved in risk-taking or anti-social behaviour. In 2003/04 the team enhanced their program to incorporate regular activities, which many people would take for granted. For example, the team holds regular beach picnics for up to 16 children each trip.

This year has seen the establishment of Perinatal and Family Drug Health Services in partnership with Maternity, Social Work, Neonatal, Early Childhood, Mental Health and Aboriginal Health services. The service provides comprehensive care from pregnancy and birthing to outreach services assisting the mother and new baby at home. Last year over 100 clients were seen, one-third of whom were Aboriginal or Torres Strait Islander.

Future direction

Respond to evidence that the rate of psychiatric disorders among people with a substance use disorder is much higher than that found in the general population. In 2004/05 Drug Health Services plans to trial a new process so that patients have access to a standardised thorough assessment, time-limited psychological intervention/treatment and referral for medical review/psychotropic medication if required.

Key indicators	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	430	461+	449.5	459
Occasions of service	467,854	444,591	424,797	418,438

* financial year average
\+ increase due to NSW Drug Summit funding

Respiratory and Critical Care Service

Clinical Director A/Professor Paul Torzillo AM MBBS FRACP

The Respiratory and Critical Care Service incorporates emergency services, intensive care, respiratory medicine and anaesthetic services across CSAHS.

Summary of business activity

As is the case across metropolitan Sydney, patients seen within the CSAHS Emergency Departments and Ambulatory Services have increased (by 10 per cent). The CSAHS percentage of patients not-admitted to an in-patient bed within eight hours of commencement of treatment has increased from 40.6 per cent in 2002/03 to 47.7 per cent in 2003/04 due to the increasing pressure on in-patient services. The Area-wide Integrated Bed Management Committee initiates and monitors a range of activities and policies, such as the Access Block Improvement Program project at Canterbury Hospital, which aim to deal with the long-term problems of access block.

Major goals and outcomes

The completion of the Resource Transition Program at Royal Prince Alfred Hospital (RPA) has meant that the *hot floor* now provides critical care service for cardiovascular/thoracic, general surgical, general medical and neuroscience patients in both Intensive Care and High Dependency Units. The co-location facilitates best practice nursing and medical protocols.

Critical burns patients treated in Concord Hospital (CRGH) Intensive Care Unit (ICU) through the Statewide Severe Burns Service has increased by 39 per cent from 2002 to 2003.

More burns patients are surviving their initial injury, largely due to the improved assessment of burns patients within four hours of the injury occurring and a decision on the most appropriate type of medical and nursing services, for example, allocation to ICU or direct admission to a burns unit. The contribution of ICU at CRGH is reflected in the increased survival of these major cases contributing to an increased length of stay in ICU from 7.4 days in 2002 to 10.6 days in 2003.

Key issues and events

The Clinical Initiative Nursing (CIN) Program has been established at CRGH and RPA. It aims to improve access to first line assessment and treatment for patients in the Emergency Department. Following the introduction of the program at CRGH, triage times have improved in categories three, four and five by 4.3 per cent, 6 per cent and 0.3 per cent respectively.

Future direction

Expand the Australian Council on Healthcare Standards and local Clinical Indicator Program to all special units within the service.

Refine the Area Emergency Department Network Program to examine sentinel events and serious incidents.

Key Indicators	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	663.6	694.3	740.2*	826.52
Clinical group admissions – including ED and direct to in-patient services	11,924	13,602	31,569	24,968
Same-day admissions	8,720	10,604	9,991	4,696+
Admissions via Emergency Department	31,514	35,607	28,351+	21,902+
Occasions of service**	117,475	108,121	103,465	114,005

* This increase in full-time equivalent is due to inclusion of the Neurosciences ICU/HDU and Cardiothoracic ICU/HDU within the Respiratory & Critical Care Clinical Group on the RPA site and minus Infectious Diseases.

** Includes presentations to emergency departments and ambulatory clinics within this clinical group minus the Livingston Road Clinics that were included prior to 2002/03.

\+ Criteria for admission to Emergency Department has been adjusted and standardised across the area.

Women's and Children's Health

Clinical Director Dr Andrew Child MBBS FRCOG FRANZCOG

Women's and Children's Health incorporates the clinical specialties of perinatology, gynaecology and paediatrics. Perinatology includes the departments of obstetrics, ultrasound and foetal medicine and neonatology. Gynaecology includes the departments of gynaecological oncology, reproductive endocrinology and infertility and general gynaecology (which includes the sub units of urogynaecology and endo-gynaecology). Canterbury Hospital offers services in obstetrics, gynaecology and paediatrics. Concord Hospital has a specialty gynaecology service.

Summary of business activity

Despite falling birth rates across Australia, the number of births within CSAHS is increasing. Since the new Women and Babies facility opened in November 2002, there has been a significant increase in the number of women selecting RPA Hospital. From May 2002 to May 2004 there has been a 19 per cent increase in the number of births at RPA.

The number of gynaecological surgical procedures has continued at the same rate of approximately 6,600 per year.

Since the move to Women and Babies, CSAHS has been shifting its emphasis towards more antenatal day stay services. As more pregnant women with conditions such as diabetes and blood pressure present to the hospital once or twice a week instead of being admitted, the number of admissions has decreased and the occasions of services and same-day admissions has increased.

The number of equivalent full-time staff has fallen in 2003/04. Despite the increase in births, RPA has been able to provide a more efficient service due to reduction in antenatal admissions, co-locating the service with the main hospital and increased staff productivity.

Major goals and outcomes

Over the year 2003/04 the main focus of Women's and Children's Health has been settling into the new facilities at RPA. Patient feedback regarding the new facilities has been extremely positive.

Key issues and events

Women's and Children's Health has developed an ongoing staff education program. The regular sessions continually review all practices and address issues as they are identified through the Sentinel Event program. The program has proven to be successful not only in improving patient care, but in reducing staff turnover and attracting a high calibre of new staff interested in ongoing skills development.

Future direction

Develop a more formal incident reporting procedure, in addition to Root Cause Analysis and the Sentinel Event program.

Progress the staff education program, for example, using the results of the incident reporting procedure to inform the content of the sessions.

Introduce a midwifery research centre to strengthen existing midwife participation in research by creating a centre for education and communication.

Develop maternity services for the culturally and linguistically diverse women attending Canterbury Hospital, in particular women from a Chinese speaking background.

Reassign obstetric in-patient beds at RPA. Women and Babies to co-locate post-natal women with a similar level of dependency.

Continue to develop close links with country areas via education programs on high-risk perinatal issues. The programs aim to reduce the number of neonatal deaths across the State.

Investigate developing medical links with Darwin Hospital Obstetric and Gynaecology services for teaching/training purposes.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	393.9	391.7	396.8	382.6
Admissions	14,500	11,166	15,332	13,261
Same-day admissions	5,191	4,882	5,049	6,732
Occasions of service	35,291	35,387	39,232	45,181
Births*	5,358	4,937	5,248	5,543

* Total births on site at RPA and Canterbury Hospital

Allied Health Services

Clinical Director Katherine Moore

Allied health professionals work in partnership with clients and their families to optimise physical and psychosocial function and to develop healthy life skills following chronic or acute episodes of illness. The Allied Health Service grouping includes the eight professions of Physiotherapy, Podiatry, Psychology, Speech Pathology, Social Work, Nutrition and Dietetics, Occupational Therapy and Orthotics.

Summary of business activity

Activity statistics demonstrate that, over the past three years, there has been increased allied health services provided to in-patients, and to a lesser extent, a reduction of outpatient occasions of service. This shift towards in-patient services was not planned, but rather it reflects the need to prioritise limited services to patients with the greatest need. A strategy is under development to stabilise this shift, as outpatient services are in high demand, and are an important element in improving the function and quality of life of clients.

During 2003/2004 there was a slight increase in staff numbers within podiatry as NSW Health provided enhancement money in order to improve the availability of podiatry for the residents of CSAHS. The targeted increase in activity set for podiatry by NSW Health was exceeded by 45 per cent.

Major goals and outcomes

CSAHS Allied Health has continued to collect a comprehensive suite of clinical indicators. Many of these indicators are now being used for comparison by NSW professional groups, such as the NSW Physiotherapy Association manager's group.

The length of stay for speech pathology patients has decreased following the commencement of regular weekend services. A pilot of the service demonstrated that patient issues were identified and managed earlier which led to better clinical outcomes.

Waiting times across all facilities have become more equitable following the expansion of Podiatry's centralised intake system to include community based services. This expansion has improved access to services and efficiency of bookings for patients outside the hospital setting.

Key issues and events

Practice standards can now be monitored due to the introduction of competency based orientation and assessment for entry level allied health staff. The assessment will be progressively introduced across all allied health grades.

In response to the Cochrane Review by RPA, Social Work introduced the *Outreach Visiting Program for Drug Use in Pregnancy*. The review revealed that there are almost no studies that explore the effect of antenatal intervention on babies' outcomes. The pilot program aims to address this and an application for a seeding grant has begun.

Future direction

Launch best practice guidelines for Residential Aged Care Placement in August 2004.

Key Indicators	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	211	211	210	212
In-patient occasions of service	208,102	214,796	222,123	226,297
Outpatient occasions of service	114,312	119,148	113,074	110,512

This table only applies to Allied Health in RPA, Concord and Canterbury Hospitals. Activity figures for Balmain, Rozelle and Population Health are included elsewhere.

Quality clinical indicators

Clinical indicators (CIs) are a rate-based figure which can show where we are performing particularly well and can serve as a model for others. When we are performing at a suboptimal rate, compared to national or past data, it can act as an alert for further investigation or review of clinical practice to improve the quality of care provided to our patients. This year we have published some of our CI results comparing them to national figures.

Adult kidney transplant – patient and organ survival

Over the last six years the Statewide Renal Services (SWRS) transplant unit has had excellent outcomes compared to data for Australia and New Zealand (derived from the Australia New Zealand Dialysis and Transplant Registry). Patient survival has been superior to national figures except for the year 2000. Organ survival at 12 months has been consistently higher than it has nationally except for the year 2000 when patient death with functioning organs was unusually high. Organ survival figures count patient deaths as a graft loss. The results of SWRS are benchmarked at one year follow-up.

Adult kidney transplant patients and organs surviving after one year

	SWRS (CSAHS) patients	Australian /NZ patients	SWRS (CSAHS) organs	Australian /NZ organs
1998	98%	95%	96%	91%
1999	100%	95%	98%	90%
2000	92%	97%	91%	94%
2001	97%	96%	96%	93%
2002	98%	98%	95%	95%
2003	100%	Not available	98%	Not available

Adult liver transplant – patient and organ survival

We measure both patient survival and organ graft survival as a patient can have more than one liver graft.

Adult liver transplant patients and organ grafts surviving after one year

	RPA patients	ANZLTR* patients	RPA liver grafts	ANZLTR liver grafts
1999	89%	93%	87%	90%
2000	90%	92%	83%	90%
2001	82%	86%	79%	80%
2002	100%	96%	96%	94%
2003	97%	94%	93%	92%

* ANZLTR - Australian and New Zealand Liver Transplant Registry

Obstetrics – Delivery intervention

Obstetric services are provided at RPA and Canterbury Hospital. The RPA Mothers and Babies unit is a tertiary referral centre managing the more complicated obstetric cases. It is therefore expected that RPA will have higher intervention rates than Canterbury Hospital.

Delivery inventions

2001	Normal Delivery	Forceps Vaginal	Vacuum Extraction	Vaginal Breech	Elective Caesarean	Emergency Caesarean
Canterbury Hospital	75.3%	2.1%	7.1%	0.2%	6.6%	8.7%
RPA	65.8%	2.0%	6.7%	0.5%	13.9%	11.2%
NSW statewide rate	65.4%	4.0%	6.5%	0.5%	13.0%	10.5%

NSW statewide rate published in the *NSW Public Health Bulletin Supplement Vol 13, No S-4, Dec 2002 - NSW Mothers & Babies 2001*.

2002	Normal Delivery	Forceps Vaginal	Vacuum Extraction	Vaginal Breech	Elective Caesarean	Emergency Caesarean
Canterbury Hospital	70.6%	2.3%	8.3%	0.1%	10.1%	8.7%
RPA	62.3%	1.8%	9.2%	0.7%	13.3%	12.8%
NSW statewide rate	64.2%	3.6%	6.9%	0.4%	13.9%	11.0%

2003	Normal Delivery	Forceps Vaginal	Vacuum Extraction	Vaginal Breech	Elective Caesarean	Emergency Caesarean
Canterbury Hospital	71.1%	1.6%	6.3%	0.1%	10.4%	10.4%
RPA	61.9%	2.0%	7.7%	0.5%	14.2%	13.4%
NSW statewide rate	Not available	Not available	Not available	Not available	Not available	Not available

Neonatal Intensive Care Unit

In the RPA Neonatal Intensive Care Unit (NICU), the survival rate of babies is monitored and compared to the rates for other NICUs from the NSW Health Neonatal Intensive Care Unit Study (NICUS). Because of the small numbers in some categories, data is presented as 3-year periods. There has been no significant change in overall survival.

2002 – 2003: Percentage survival of premature babies born at different gestational ages

	24/25 weeks	26/27 weeks	28/29 weeks	30/31 weeks
RPA	52.0	86.2	97.5	99.5
NICUS	55.0	86.0	91.5	90.5

2000 – 2001: Percentage survival of premature babies born at different gestational ages

	24/25 weeks	26/27 weeks	28/29 weeks	30/31 weeks
RPA	58.8	87	97.8	99.2
NICUS	55.4	86	92.4	97

1995 – 1999: Percentage survival of premature babies born at different gestational ages

	24/25 weeks	26/27 weeks	28/29 weeks	30/31 weeks
RPA	62.3	79.3	91.3	98.2
NICUS	60.6	81.1	92.6	97.1

Respiratory medicine – documented evidence of an appropriate discharge plan

All patients with a diagnosis of acute asthma should have maintenance therapy prescribed, appropriate timely follow up with a medical practitioner and a written asthma management plan on discharge.

Patients admitted to hospital with a diagnosis of acute asthma for whom there is documented evidence of an appropriate discharge plan.

	Jan to June 2000	Jul to Dec 2000	Jan to June 2001	Jul to Dec 2001	Jan to June 2002	Jul to Dec 2002	Jan to June 2003	July to Dec 2003	Jan to June 2004
RPA	83.0%	83.0%	91.2%	89.0%	96.7%	93.2%	98.0%	89%	89%
ACHS* National Aggregate Rate Hospitals > 300 beds	56.8%	71.8%	71.3%	57.9%	65.7%	93.1%	Not available	Not available	Not available

* ACHS - Australian Council on Healthcare Standards

Orthopaedics – Post operative infection

It is important to minimise infections after surgery. We have been able to keep the infection rate under the national average but we still strive for no infections. To eliminate any bias in data collection, the infection control department at Concord Hospital collects the infection rate figures.

Total patients with late evidence of infection within 12 months post discharge following primary total hip replacement

	2001/2002	2002/2003	2003/2004
RPA	0.33%	2.9%	2%+
Concord Hospital	0%	0%	0% as at Aug 04
ACHS* National Aggregate Rate 2000	0.9%	Not available	Not available

* ACHS - Australian Council on Healthcare Standards

\+ The RPA rate of 2% for 2003/04 represents three of 148 patients. Each case was reviewed at the orthopaedic morbidity and mortality meeting. No specific contributing factor was identified. This indicator is closely monitored by the surgeons.

Day of surgery admission rate

Day of surgery admission (DOSA) rate measures how many patients are admitted to hospital on the day of their surgery compared to all patients admitted to surgery. A high DOSA rate is better for patients because:

> a decreased time in hospital means less risk of infection

> it avoids unnecessary accommodation at hospital before an operation

> it means more effective bed utilisation where hospitals can treat more patients and consequently there are shorter waiting times

> the use of pre-admission clinics better prepares patients for surgery

Our DOSA rate has been steadily increasing over time and it is now above the State target of 80 per cent and above the State average of 87.4 per cent.

	CSAHS	NSW Health Target	NSW Health Statewide Rate
1997/98	18.1%	–	Not available
1998/99	34.1%	–	Not available
1999/00	50.9%	–	Not available
2000/01	74.4%	80%	77.7%
2001/02	81.3%	80%	83.3%
2002/03	85.0%	80%	83.9%
2003/04	89.2%	80%	87.4%

Pathology – Availability of urgent haemoglobin results after hours

It is important that laboratory test results are made available to hospital staff as soon as possible so that decisions can be made about patient care. After hours, we are able to supply urgent haemoglobin results to staff within 60 minutes in 95.8 per cent of cases, which is more efficient than the national average (93.37 per cent).

Urgent haemoglobin validated reports available in less than 60 minutes, after hours

	Jan - June 2003	July - Dec 2003 *	Jan - June 2004
CSAHS Labs	95.5%	95.8%	Not available
ACHS* National Aggregate rate	65.57	93.37%	Not available

* ACHS - Australian Council on Healthcare Standards

Radiology – Non-urgent plain X-ray requests

It is important that x-rays be made available to hospital staff as soon as possible so that decisions can be made about patient care.

Non-urgent plain X-rays not available within 24 hours (Monday – Thursday)

	1999/2000	2000/01	2001/02	2002/03	2003/04
RPA	11.8%	19.8%	14.7%	20.2%	7.3%
Concord Hospital	61.0%	42.0%	34.0%	21.0%	21.4%
ACHS* National Aggregate Rates	19.4%	31.1%	41.4%	26.9%	Not available

Data collected over a two week period.
The lower the rate the more efficient the service.
* ACHS = Australian Council on Healthcare Standards

Physiotherapy – Total knee joint replacement surgery

It is important for optimal rehabilitation that patients reach movement targets of active knee flexion and extension before they are discharged from hospital after total knee joint replacement surgery.

The benchmark is a CSAHS target set by clinical experts to represent an acceptable outcome. The average range of movement target used by CSAHS hospitals is 75 degrees flexion and -10 degrees extension after seven days.

Patients reaching movement targets after total knee replacement surgery

	2001/02	2002/03	2003/04
RPA	78%	76%	75%
Concord Hospital	58%	79%	82%
Canterbury Hospital	100%	80%	80%
Benchmark	70%	70%	70%

Speech pathology – improvement in voice quality following speech pathology

A vast range of voice disorders are treated by CSAHS speech pathology including vocal nodules, vocal fold palsy, functional dysphonia (often muscle tension dysphonia), transgender voice therapy, paradoxical vocal fold motion with associated dysphonia, conversion disorders and professional voice users (speakers and singers) with organic and/or functional voice disorders.

Patients judge their voice improvement using a five point scale.

Patients who report at least a 50 per cent improvement in voice quality following completion of speech pathology intervention

	2001/02	2002/03	2003/04
CSAHS Allied Health	83.3%	87.5%	88%
NSW Benchmark (Sydney Voice Interest Group)	80%	80%	80%

Service locations

■ Service offered at this location ☐ Service not offered at this location

Bone, Joint and Connective Tissue Service

	RPA	Concord	Canterbury
Orthopaedics	■	■	■
Rheumatology	■	■	■
Plastic and reconstructive surgery	■	■	
Burns		■	
Faciomaxillary surgery*	■	■	
Trauma	■	■	
Immunology	■	■	
Sexual health	■		
NSW Institute of Sports Medicine		■	

* Oral health services also participate in the provision of oral and maxillofacial surgery at RPA and Concord Hospitals.

Cancer Services

	RPA	Concord	Canterbury
Medical oncology	■	■	
Surgical oncology	■		
Radiation oncology	■	☐	
Urology	■	■	
Breast oncology	■	■	
Breastscreen Central & Eastern Sydney	■		
Gynaecological oncology	■		
Clinical haematology	■	■	
Head and neck surgery	■	■	
Sydney Melanoma Unit	■		
Palliative care	■	■	■
Dermatology	■	■	
Bone and soft tissue sarcoma	■		

☐ Consultation service only, full treatment facility at RPA

■ Service offered at this location ☐ Service not offered at this location

Cardiovascular Services

	RPA	Concord	Canterbury
Cardiology	■	■	▪
Cardiothoracic surgery	■	▪	☐
Clinical pharmacology	■	☐	☐
Endocrinology	■	■	☐
National Poisons Register	■	☐	☐
Nephrology	■	■	☐
Vascular surgery	■	■	☐

▪ Limited specialist service

☐ Specific service managed by the facility

Gastroenterology and Liver Services

	RPA	Concord	Canterbury
Liver transplant	■	☐	☐
Gastroenterology	■	■	☐
Colorectal surgery	■	■	☐
Upper gastrointestinal tract surgery	■	■	☐
General surgery	■	■	■

General, Geriatric and Rehabilitation Medicine

	RPA	Concord	Canterbury	Balmain	Community Services
Acute in-patients	■	■	■	■	☐
Rehabilitation in-patients	☐	■	■	■	☐
Day hospital	■	■	☐	☐	☐
Outpatients	■	■	■	■	☐
Community assessment	☐	☐	☐	☐	■
Psychogeriatric	☐	■	☐	☐	■
Home therapy	☐	■	☐	☐	■
Respite and carer support	☐	■	☐	☐	■
Community options	☐	■	☐	■	☐
Provision of appliances for disabled people	☐	☐	☐	■	☐
Community podiatry	☐	■	■	■	■
Transcultural aged care	☐	☐	☐	☐	■
Day centres	☐	■	■	☐	■

■ Service offered at this location ☐ Service not offered at this location

Central Sydney Laboratory Service

	RPA	Concord	Canterbury
Anatomical pathology	■	■	
Biochemistry	■	■	■
Blood bank	■	■	■
Clinical andrology		■	
Electron microscopy		■	
Haematology	■	■	■
Microbiology and infectious diseases	■	■	
Immunoassay	■	■	
Immunology	■		
Laboratory information services	■	■	
Molecular genetics/medicine	■	■	

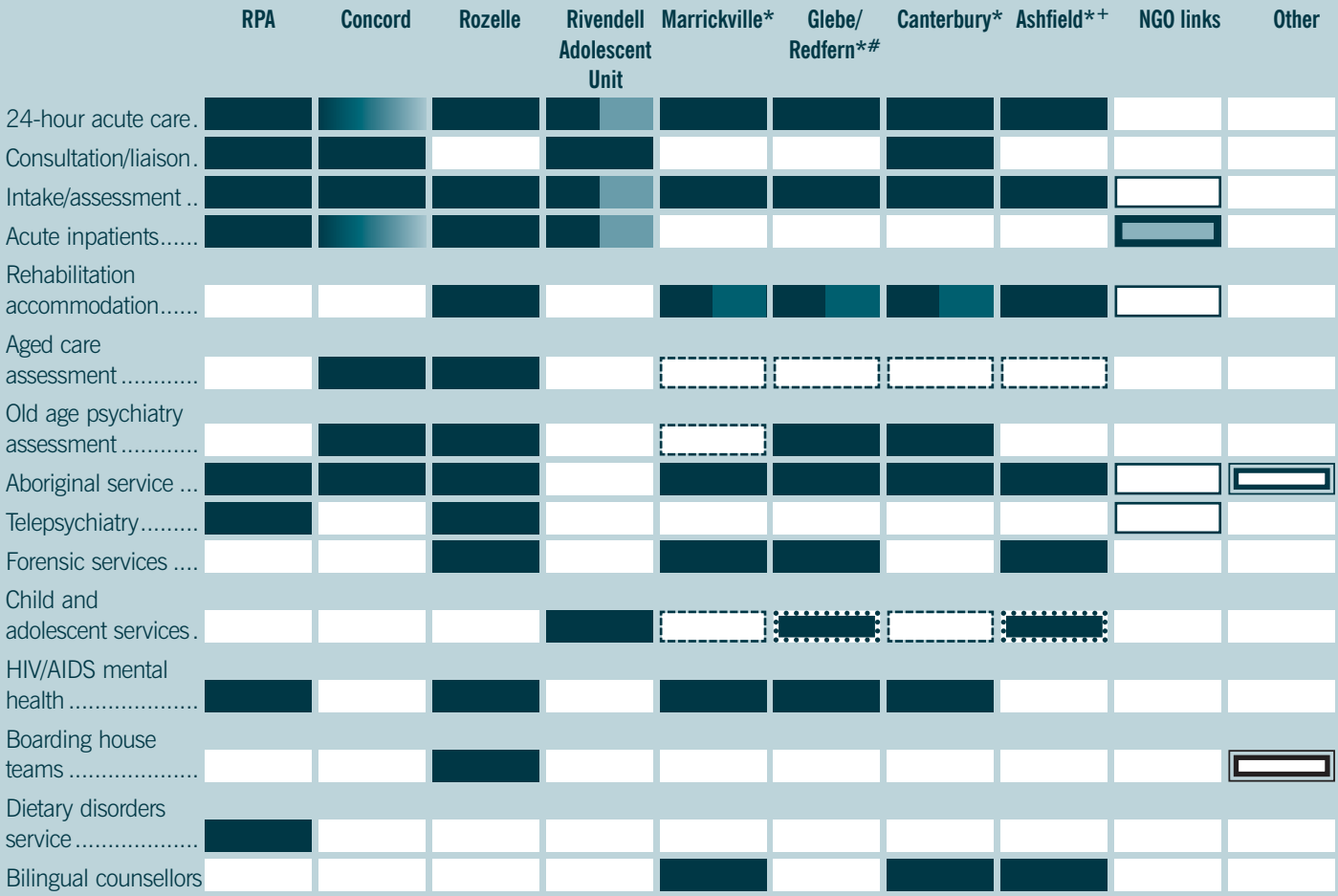
Medical Imaging Services

	Balmain	Canterbury	Concord	RPA
General Radiology	■	■	■	■
Interventional Radiology			■	■
MRI			☐	■
CT		■	■	■
Ultrasound		■	■	■
Cerebrovascular Embolisation				■
Mammography			■	■
Nuclear Medicine			■	■
Positron Emission Tomography				■

☐ will be commissioned in late 2004

Service offered at this location Service not offered at this location

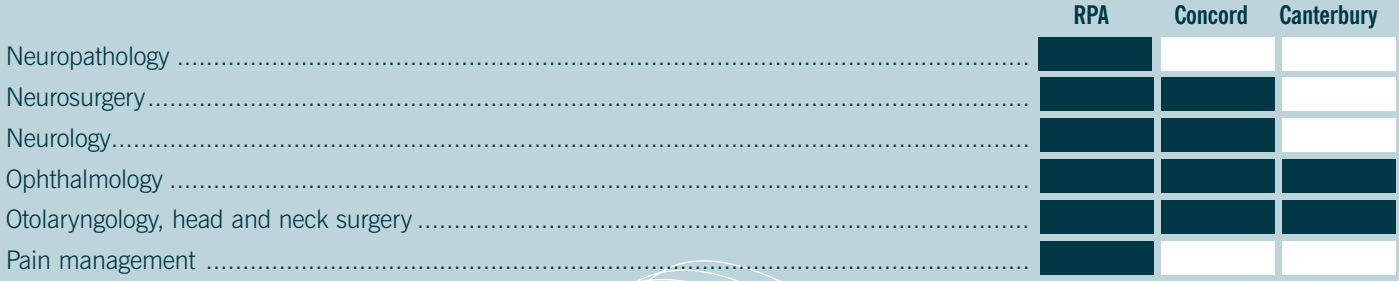
Mental Health Services



* Community health centre
\# Moving to Level 5 King George V building Missenden Road, Camperdown in 2004/05
\+ Moving to Croydon Health Centre in late 2004, 24 Liverpool Road Croydon 2139

- Not on weekends
- Respite
- Supervised group homes
- Psychogeriatric assessment teams
- Located in separate premises
- Special service for boarding house residents but have access to all adult facilities as required
- Includes Aboriginal Medical Services at Redfern, Kempsey and Richmond Fellowship
- Acute psychiatric inpatient care transferred to the Rozelle campus in June 2001, while the new mental health facility is built at Concord Hospital

Neurosciences



■ Service offered at this location ☐ Service not offered at this location

Oral Health Services

	Specialist	General Adult	Children
Sydney Dental Hospital (SDH)	■	■	■
Royal Prince Alfred Hospital	▪	■	☐
Canterbury Hospital	▪	■	■
Concord Hospital	▪	■	☐
Rozelle Hospital	☐	■	☐
Clemton Park School*	☐	☐	■
Marrickville School	☐	☐	■
Rozelle School	☐	☐	■
Homebush West School*	☐	☐	■
Kirketon Road Centre	☐	▭	☐
Cellblock Youth Centre	☐	▭	☐
1 x outreach car	☐	▭	☐

▪ Not a full range of specialist services

▭ Patient assessment with referral to SDH for treatment

* To be relocated to Croydon Health Centre, November 2004.

Population and Drug Health Services

	RPA	Concord	Canterbury	Rozelle	Community Services
Community health	■	■	■	☐	■
Public health	■	☐	☐	☐	☐
Health promotion	■	☐	☐	☐	☐
Multicultural health	■	☐	☐	☐	■
Social health research	■	☐	☐	☐	☐
Women's health	■	☐	☐	☐	■
Drug health	■	■	■	■	■

Respiratory and Critical Care Service

	RPA	Concord	Canterbury
Respiratory medicine	■	■	☐
Sleep disorders	■	■	☐
Tuberculosis clinic	■	■	■
Thoracic surgery	☐	■	☐
Emergency department	■	■	■
Intensive care	■	■	■
Anaesthetics	■	■	■

■ Service offered at this location ☐ Service not offered at this location

Women's and Children's Health

	RPA	Concord	Canterbury
Obstetrics	■	☐	■
Gynaecology	■	■	■
Gynaecologic Urology Unit	■	☐	☐
Pelvic Floor Unit	☐	■	☐
Gynaecological oncology (cancer services)	■	☐	☐
Reproductive endocrinology and infertility	■	☐	☐
Obstetric and gynaecological ultrasound and foetal medicine	■	☐	☐
Neonatal medicine	■	☐	■
Paediatrics	■	☐	■

Allied Health Services

	RPA	Concord	Canterbury	Balmain	Rozelle	Community Services
Physiotherapy	■	■	■	■	■	■
Social work	■	■	■	■	■	■
Nutrition and dietetics	■	■	■	■	■	■
Occupational therapy	■	■	■	■	■	■
Speech pathology	■	■	■	■	■	■
Psychology	■	■	☐	■	■	■
Orthotics	■	■	■	■	☐	☐
Podiatry	■	■	■	■	■	■


PHYSIOTHERA
R.P.A.H.
RPA
Royal Prince Alfred Hospital

Facilities

Balmain Hospital

Booth Street
Balmain NSW 2041
Phone: (02) 9395 2111
Fax: (02) 9395 2020
Email: lee.barlow@email.cs.nsw.gov.au
Web: www.cs.nsw.gov.au/balmain
A/General Manager: Ann Kelly

Summary of business activity

Balmain Hospital and its community based services continued to provide the focus for aged care services and rehabilitation for CSAHS Eastern Sector. The General Practice Casualty provides treatment for the health needs of residents in the local area.

Major goals and outcomes

Non-admitted patient occasions of service have increased at Balmain Hospital this financial year. The opening of a number of clinics, in conjunction with revised counting methods from NSW Health, is responsible for the increase. The Average Length of Stay has decreased, as the figures now include day-only cases.

The Transcultural Aged Care Services (TACS) have developed a training manual, *A Home For All: Cultural Competency in Residential Aged Care*. TACS, a state-wide advisory service, operates under the auspices of Balmain Hospital. The manual will provide staff working in residential aged care facilities with the knowledge and skills to offer culturally sensitive and appropriate care to residents from culturally and linguistically diverse backgrounds (CALD). Once fully accredited with NSW Health, it will allow TACS to deliver an innovative training program throughout Australia.

Stepping On is a community based falls prevention program developed in conjunction with The University of Sydney. It has been designed for elderly people who have lost their confidence following a fall. The hospital has launched a manual – *Stepping On, Building Confidence and Reducing Falls* – to promote the program and to educate other healthcare workers. Research has been accepted for publication in the *Journal of American Gerentology Society*.

Balmain Hospital's inpatient team developed *Indwelling Catheter Management in a Rehabilitation and Medical Inpatient Setting*. As a result, the hospital has had a 50 per cent reduction in urinary tract infections in patients with a urinary catheter. These results were recognised in the CSAHS Quality Week Poster Competition, where the hospital won third prize.

Key issues and events

In September 2003, Balmain celebrated its tenth anniversary as a general medicine, geriatric and rehabilitation hospital. To celebrate, the hospital held a consumer day with information sessions and tours of the hospital.

The Community Visitors Scheme (CVS) celebrated its tenth year of providing comfort and care to aged care home residents who were isolated because of their culturally and linguistically diverse backgrounds. The celebration included a book launch and photographic exhibition. Federal Minister for Ageing, the Hon. Julie Bishop, launched the book and was the key speaker at the event.

Future direction

Balmain Hospital and its community based services will continue to provide rehabilitation services and care for elderly patients, including people from culturally and linguistically diverse backgrounds.

Key Indicators	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	275.5	266.1	261.9	255.1
Average available beds	78.7	80.5	81.7	76.9
Inpatient bed days	26,154	26,608	26,663	23,603
Total admissions	2,002	1,816	1,604	1,804
Bed occupancy rate (%)	91.9	90.7	89.6	84.0
Average length of stay (days)	13.1	14.7	16.6	13.1
NAPOOS**	81,045	83,491	95,295	127,597

* Staff equivalent full-time includes overtime
** Non-admitted patient occasions of service

Canterbury Hospital

Canterbury Road
Campsie NSW 2194
Phone: (02) 9787 0000
Fax: (02) 9787 0031
E-mail: shandr@email.cs.nsw.gov.au
Web: www.cs.nsw.gov.au/canterbury
General Manager: Gary Miller

Summary of business activity

Canterbury Hospital (CH) is a 170–bed metropolitan general hospital. It serves a diverse population of more than 135,000 people with more than 57 per cent born overseas. The services provided by the hospital include general surgery and medicine, obstetrics and gynaecology, paediatrics, aged care, rehabilitation and palliative care.

Major goals and outcomes

It is a priority of Canterbury Hospital to develop programs that meet the needs of its culturally and linguistically diverse population (CALD).

One such project has been the *Patient Information Guide*. The guide – which contains information on patients' rights and responsibilities, information on smoking and nicotine replacement therapy – was translated into Arabic, Korean, Vietnamese and Cantonese.

The guide received a highly commended in the NSW Multicultural Health Communication Service awards for achieving *best practice* in translation of information for patients and developing an important initiative for the community.

Moslem women comprise one third of clients attending the antenatal clinic at CH. After extensive consultation with the community, CH has developed a more culturally sensitive service through such innovations as increased use of interpreter services. The success of these strategies is reflected in a 5.6 per cent increase in the numbers of Moslem women presenting to the hospital for maternity services since 2000.

CH is one of nine metropolitan hospitals to participate in the Access Block Improvement Program to reduce access block and off-stretcher times for ambulances arriving at the Emergency Department (ED). The project aims to develop fundamentally different strategies that remove or respond to blockages in the patient's journey through ED, patient wards and on to discharge.

Admissions and length of stay have increased in 2003/04 as a result of treating more elderly patients. Elderly patients often present with one or more complex illnesses and require more time in hospital for successful treatments.

Key issues and events

The Cerner HNAM Person Management System was implemented in 2003 and now provides improved access to a range of information to assist patient management.

The hospital underwent a periodic review by the Australian Council on Healthcare Standards EQuIP program in May 2004. The surveyors were impressed by the commitment and dedication of the staff towards improving the quality of the services they provide.

Future directions

Implement initiatives developed from the Access Block Improvement Program.

Expand the Moslem women antenatal program to other multicultural communities.

Key Indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	585.4	557.9	572.8	578.8
Average available beds	146	149	169	168
Total admissions	14,585	15,150	14,857	15,350
Same-day as a % of total admissions **	55.9	58.7	60.6	60.4
Bed occupancy rate (%)	94.7	95.0	91.7	98.2
Average length of stay (days)	3.8	3.7	3.8	3.9
Inpatient bed days+	54,741	54,229	56,380	60,087
ENIOOS#	197,809	204,772	204,682	186,241
Births	1,560	1,409	1,445	1,404
Emergency Dept attendances	25,921	25,350	24,984	24,873

* Staff equivalent full-time includes overtime
** The strong increase in same-day admissions is due to increasing use of pre-admission clinics and increased liaison between anaesthetists and GPs for anaesthetic workups prior to admission. There is also an increased emphasis on benchmarking among peers.
\+ Occupied bed days in 2002/03
\# Equivalent non-inpatient occasions of service (non-admitted patient services in 2002/03)

Concord Repatriation General Hospital

Hospital Road
Concord NSW 2139
Phone: (02) 9767 5000
Fax: (02) 9767 6991
Email: concordinfo@email.cs.nsw.gov.au
Web: www.cs.nsw.gov.au/concord
A/Executive Director: Danny O'Connor

Summary of business activity

Concord Repatriation General Hospital is a principal referral facility and a teaching hospital of The University of Sydney. The hospital offers a comprehensive range of specialty and sub-specialty in-patient and outpatient services. Services such as the Statewide Severe Burns Service are acknowledged internationally.

Major goals and outcomes

Increasingly CRGH is offering outpatient services, which is reflected in the 8.3 per cent rise in equivalent non-inpatient occasions of service (ENIOOS) and consequent 7.2 per cent decrease in total admissions to hospital.

Concord Hospital has improved the accuracy, comprehensiveness and legibility of discharge information by introducing the Electronic Discharge Referral system (e-DRS). Now available to healthcare providers and GPs in CSAHS, approximately 60 per cent of all in-patient discharge summaries are now completed electronically.

This year the Patient Care Committee has conducted audits on patient identification, patient consent and the timeliness of scheduling. As a consequence of Concord's continued high standard of patient care, the hospital received a $100,000 grant from the Safety and Quality Council to look at medication safety.

Diabetes treatments have become more effective due to the efforts of the Endocrinology and Metabolism department. In 2003/04 the department has been developing, standardising, and reviewing tools for managing the number of hyperglycaemic and hypoglycaemic attacks suffered by people with diabetes.

The number of research proposals has increased by 8.5 per cent in 2003.

The hospital attained Postgraduate Medical Council Accreditation for the 26th consecutive year and has become the benchmark for Postgraduate Medical Council Standards due to its excellent record.

Key issues and events

The opening of three wards of the Rehabilitation, Aged Care and Medicine Precinct (RAMP) has helped increase the quality of service. The wards opened, on schedule, in September 2003.

Future direction

Install Magnetic Resonance Imaging (MRI) machine. This will increase the quality and range of services available, including stroke patients, and reduce the number of acute care patients transferred to Royal Prince Alfred Hospital for diagnostic tests.

Begin construction of the Mental Health Precinct, scheduled for completion in 2006.

Open a Transitional Care Ward in order to free up more acute care beds. This ward will be for patients who no longer require the level of medical, nursing and allied health services provided in the acute wards.

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	2,035.0	2,041.4	2,067.7	2,060.1
Average available beds	453	443	405	403
Total admissions	46,380	46,260	44,232	41,009
Same day as a % of total admissions	50.9	50.1	49.9	48.2
Bed occupancy rate (%)	97.1	100	99.7	99.2
Average length of stay (days)	3.5	3.3	3.3	3.6
Inpatient bed days**	160,687	153,145	147,288	145,928
ENIOOS+	329,856	361,992	267,695	289,954
Emergency Department attendances	24,830	24,737	24,516	24,186

* Staff equivalent full-time includes overtime
** Occupied bed days in 2002/03
\+ Equivalent non-inpatient occasions of service (non admitted patient services in 2002/03)

Department of Forensic Medicine

42–50 Parramatta Road
Glebe NSW 2037
Phone: (02) 8584 7800
Fax: (02) 9552 1613
E-mail: pattersonm@email.cs.nsw.gov.au
Web: www.cs.nsw.gov.au/CSAHS/Forensic
General Manager: Mark Patterson

Summary of business activity

The Department of Forensic Medicine (DOFM) offers a high quality service based on consumer needs. It provides forensic medicine services to the NSW State Coroner and statewide support for forensic medicine practitioners in all areas of autopsy-based and clinical forensic medicine.

DOFM aims to provide a prompt and efficient response and is the premier forensic medicine educational body for undergraduate and postgraduate students in NSW.

Its expertise includes disaster investigations, in particular, Disaster Victim Identification. DOFM expertise also includes aviation medicine, bereavement counselling, medical investigation of crime scenes, pre-trial and trial advice, provision of second opinions and presentation at medico-legal seminars.

Major goals and outcomes

The Walker Report recommendations continue to be implemented.

The Human Tissue and Anatomy Legislation Amendment Act 2003 came into effect on 1 November 2003. In relation to the Anatomy Act 1977 the new legislation redefines *anatomical examination* of a body to include use of the body for medical or scientific purposes. DOFM continues, with the assistance of the RPAH Zone Human Research Ethics Committee to develop a suitable model for body donation for research and training purposes.

The General Manager DOFM was appointed to the Organ and Tissue Donation Sector Review Steering Committee to examine the organisation of organ and tissue donation services. One of the aims of the review is to determine a structure for these services which will support the optimisation of donation rates in NSW.

Key Issues and Events

A number of DOFM Forensic Pathologists retired or resigned during the financial year 2002/2003. While some of these vacancies have been filled – including one from overseas under the Area of Need Program – the staff shortage has led to a build up of outstanding cases within DOFM. In consultation with the NSW State Coroner, DOFM introduced new initiatives, including contracting retired specialists to address this backlog.

In addition to our primary work in forensic medicine, DOFM educates the public about its work and supports families following a death.

During 2003/2004, the Department was involved in a range of media events. It contributed to *Australian Geographic* magazine and national newspaper articles. In conjunction with the Police and Coroner's Office, DOFM also participated in the ABC series *A Case for the Coroner*, which aimed at demystifying the coronial process.

The volunteer Support After Suicide Group (SASG) became an official DOFM program in October 2003 and an appropriate part-time coordinator was appointed. The group will continue to provide a supportive environment to help overcome the sense of isolation felt by those bereaved by suicide.

Future Direction

Continue recruiting in Australia and overseas for new team members to fill vacant positions.

Implementation of appropriate procedures and protocols for body donation will be finalised.

Continue involvement in the establishment of an independent statutory authority (The NSW Forensic Medicine and Pathology Authority) and continue participation in other committees and authorities.

Key Indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	49.4	45.6	44.4	45.2
Admissions (Bodies Received)	2,479	2,372	2,336	2,389
Post-mortems	2,153**	1,942+	1,793+	1,834+
High-risk autopsies	132	102	99	93#

* Staff equivalent includes overtime
** Includes 114 cases where the Coroner has limited the examination of the case
\+ Does not include Coronial certificates or cases where the Coroner has limited the examination of the case
\# HIV, HCV and CJD

Division of Population Health

Level 9 King George V building
Missenden Road
Camperdown NSW 2050
Phone: (02) 9515 9420
Fax: (02) 9515 9540
Email: sainsburyp@email.cs.nsw.gov.au
Web: www.cs.nsw.gov.au/pophealth
Director: A/Professor Peter Sainsbury MBBS, DObstRCOG, MHP, FRACMA, FAFPHM, PhD

Summary of business activity

The Division of Population Health incorporates Community Health Services, Multicultural Health, Women's Health, the Public Health Unit, the Health Promotion Unit and the Social Health Research Unit.

Services are provided from 30 community health centres throughout CSAHS and in schools, homes and workplaces.

Our staff support people experiencing difficult periods in their lives, as well as aiming to reduce damage caused by potentially harmful behaviour, for example, through the promotion of safe sex messages. We treat illness and monitor population health in CSAHS through various methods, including the surveillance of infectious diseases and analysis of results from the national census and NSW Health Survey.

Major goals and outcomes

Administrative staff of the Division, the Community Nursing Service, the Public Health, Health Promotion, Women's Health and Multicultural Health Units moved to the newly refurbished King George V building in April 2004. Over the next two years many community health services will be moving to new sites with the aim of improving access to services through co-location.

The Public Health Unit aims to protect the local community against illness proactively and by quick responses to emerging situations. Following the discovery of a chef with Hepatitis A, the Unit established its first on site clinic to prevent a potential major outbreak amongst patrons of the restaurant. Less than three days after initial notification, the Unit had set up a clinic at the restaurant and an information line. Within eight days, 1,166 people were counselled and/or vaccinated. The action appears to have averted a major outbreak as only four cases of Hepatitis A were linked to the restaurant.

An immunisation program is currently being implemented within schools.

As part of the NSW Families First program, our early childhood health nurses have visited more than 5,043 families in CSAHS, an increase of 30 per cent from the previous year. More than 70 per cent of families were visited within two weeks of leaving hospital. The benefits of home visiting are well documented and include significant reductions in postnatal depression, improved maternal/infant attachment and improved positive attitude to parenting.

Central Sydney Community Nursing Service (CSCNS) received funding to study clients with venous leg ulcers. In 2003/04 CSCNS achieved a measure of 80 per cent against the 40 per cent benchmark set by Department of Veteran's Affairs for the healing of a clean ulcer within 84 days.

Occasions of Service have been maintained despite a 6 per cent decrease in full-time equivalent staff in 2003/04.

Key issues and events

In 2003/04 an online resource called *Changing Lives* was developed for heterosexual people dealing with HIV/AIDS.

Cellblock Youth Health Services produced a cookbook for young people, particularly those in supported accommodation. Dealing with kitchen and nutrition basics, *YHUNGER* was developed in consultation with young people and the services that help them.

The Health Promotion Unit continued a Tai Chi program for local people over 60, aiming to reduce the incidence of falls and improving balance and strength. More than 1,000 people have participated to date.

Women's Health and Sexual Assault Services developed an information package for school leavers, aiming to increase their awareness of the issues surrounding spiked drinks. It is to be included in the Statewide *End of Year Celebration Kit*.

Future direction

Investigate benchmarking the CSCNS Venous Leg Ulcer study with other similar services.

Consolidate active transport and cycling programs, encourage less car dependency.

Key indicators	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	322	318	325	306
Occasions of Service	320,879	300,130	290,896	346,580*

* Occasions of service includes 68,770 from Community Mental Health

Royal Prince Alfred Hospital

Missenden Road
Camperdown NSW 2050
Phone: (02) 9515 6111
Fax: (02) 9515 5001
Email: susan.cameron@cs.nsw.gov.au
Web: www.cs.nsw.gov.au/rpa
Executive Director: Di Gill

Summary of business activity

Royal Prince Alfred Hospital (RPA) is a principal provider of specialist healthcare and one of the leading medical teaching hospitals in Australia. The wide range of services provided at RPA includes the National Liver Transplant Unit, renal dialysis and transplant services, emergency, trauma, and intensive care services, medical imaging, cardiology and cardiothoracic surgery, women's and children's health, the Institute of Rheumatology and Orthopaedics (IRO), respiratory medicine and cancer services, including the Melanoma Unit, Breast Cancer Institute, and the Sydney Cancer Centre.

Major goals and outcomes

The average length of stay for patients has increased slightly at RPA and IRO as the complexity and acuteness of patients admitted has increased. At RPA equivalent non-inpatient occasions of service have increased by 23.7 per cent during 2003/04. This is as a result of the extension and improvement of ambulatory care services to treat increasing amounts of patients out of hospital. Total admissions appear to be less this financial year in consequence of changes to admission classification in the Emergency Department.

Following relocation to the new Clinical Services Block many clinical quality projects have focused on improving access. One such project has been the implementation of the new Bed Management Policy. Along with the appointment of the Patient Flow manager, anecdotal evidence suggests that the policy has improved patient flow-through and patient access at all levels of admission to the hospital. These anecdotal improvements should have an impact on indicators in future years.

RPA encourages community participation through its Volunteers Program. All new volunteers now complete a hospital orientation program to provide them with appropriate knowledge and skills. Volunteer roles vary from patient support in the Intensive Care Unit to greeting visitors at the entrances of RPA and the Institute of Rheumatology and Orthopaedics.

Other strategies rolled out over the year aimed to reduce waiting times, improve discharge practices, and improve security measures to specialist parts of the hospital. Electronic staff access cards are now needed to enter all staff-only areas in the hospital.

Key issues and events

The historic King George V (KGV) building, which provided maternity services to the community for over 100 years, has been extensively renovated and now houses most of the administrative offices for RPA.

A Helipad has been recently opened on the roof of the Clinical Services building which provides improved access for critically ill or injured patients coming from rural areas via helicopter.

The impressive Kerry Packer Education Centre was opened in December 2003. The centre is used by visiting educational and clinical groups, and also for the Trainee Enrolled Nurse program, medical training and in-house staff training. The space can be hired out to host international events and will provide increased hospital revenue, as well as marking out RPA as a superb conference venue.

Future direction

The $480-million Resource Transition Program is about to commence the RPA component Stage 2 – it is anticipated that the renovation of buildings and construction of new laboratories and peri-operative building at RPA, will be completed in late 2006/07.

The recent implementation of service improvement committees will guide the creation of improved clinical and corporate practices, and ensure best practice is reflected in all areas of healthcare delivery. The committees will focus on the areas of Leadership and Management, Human Resources, Safe Practice and Environment, Information Management, and Continuum of Care.

Royal Prince Alfred Hospital

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time *	3,466.9	3,451.2	3,526.7	3,576.1
Average available beds	650.5	629.0	698.2	705.8
Occupied bed days**	230,680	231,302	235,784	235,834
Total admissions	59,535	59,211	60,823	56,048
Same day as a % of total admissions	45.5	48.9	48.0	47.0
Bed occupancy rate (%)	92.5	96.1	92.5	91.4
Average length of stay (days)	3.9	3.9	3.9	4.2
ENIOOS+	432,964	445,350	474,845	587,172
Births	3,798	3,528	3,803	4,129
Emergency Department attendances	45,954	44,495	44,640	44,297

* Staff equivalent full-time includes overtime
** Occupied bed days in 2002/03
\+ Equivalent non-inpatient occasions of service (non-admitted patient services in 2002/03)

RPA Institute of Rheumatology and Orthopaedics

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	105.4	96.7	89.6	88.2
Average available beds	39.9	40.3	38.5	40.3
Total admissions	1,854	2,079	2,275	2,200
Same day as a % of total admissions	21.2	20.2	17.0	21.1
Bed occupancy rate (%)	67.1	73.4	75.0	72.1
Average length of stay (days)	5.3	5.2	4.6	4.8
Inpatient bed days**	16,450	10,816	10,522	10,608
ENIOOS+	9,786	18,840	18,855	17,556

* Staff equivalent full-time includes overtime
** Occupied bed days in 2002/03
\+ Equivalent non-inpatient occasions of service (non-admitted patient services in 2002/03)

Rozelle Hospital

Corner Church and Glover Streets
Leichhardt NSW 2040
Phone: (02) 9556 9100
Fax: (02) 9818 5712
Email: rozelle@email.cs.nsw.gov.au
Web: www.cs.nsw.gov.au/mhealth
General Manager: Glenda Cleaver

Summary of business activity

Rozelle Hospital is the major site of in-patient services and administration for mental health in CSAHS.

Specialist services include acute adult psychiatric and psychogeriatric care, drug and alcohol treatment, rehabilitation, and care for war veterans.

Major goals and outcomes

With the introduction of the Mental Health Bed Management System, more beds at Rozelle Hospital have become available to people locally and out of area. This, together with better capture of information, has resulted in an increase of total admissions by seven per cent and non-admitted patient services by 5.6 per cent over the past financial year.

As part of the Resource Transition Program, the psychogeriatric nursing home services at Rozelle Hospital will relocate to the new Croydon Health Centre in late 2004. The new centre will allow residents to live in individual rooms within a modern purpose-built aged care facility.

In 2005 construction of the mental health in-patient facility will commence. The custom-built facilities will provide a safer environment for patients and staff.

As Rozelle Hospital is an ageing facility, considerable effort has been put into training staff to identify risk factors and implement safer practices. This includes investigating incidents and making repairs as necessary. A subsequent NSW Health OH&S Numerical Profile (safety audit) achieved a high score of 81.8.

Key issues and events

Acute admission services in Rozelle Hospital has been audited as part of a state-wide review of emergency mental health services by the Audit Office of NSW. The report will be presented to Parliament in late 2004.

The appointment of an Area Senior Psychologist has led to an increase in community access to psychology services.

Rozelle Hospital continued with the Consumer Initiatives Program Strategic Plan 2002–2006. In 2003/04 the hospital increased the number of consumer consultant positions and developed a volunteer peer support service.

Future direction

Increase research into early intervention initiatives following the award of an NHMRC program grant to the Brain and Mind Research Institute (hosted by Rozelle Hospital).

Key indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time*	610.0	639.4	643.3	654.0
Average available beds	239.8	263.0	249.1	249.0
Total admissions	2,189	2,413	2,867	3,070
Bed occupancy rate (%)	75.3	74.1	79.4	78.7
Average length of stay including same-day admission (days)	30.1	28.5	25.5	23.2
Occupied bed days	65,923	69,096	72,197	71,671
Non-admitted patient services #	166,763	78,030#	105,367#	165,175

* Staff equivalent full-time includes overtime. These figures relate to Rozelle Hospital facility, total Mental Health data in clinical group section *Mental Health Services*. Staff equivalent full-time has a different mix of groups being used to define Rozelle Hospital in 2003/04. The four-year data is comparative, but a different group-mix from the data supplied in 2002/03.

\# These figures are reported for Area Mental Health Services. The method of calculation of these figures changed from 1 July 2001. This affected group service counting in occasions of service, significantly reducing the recorded occasions of service.

All statistics include Drug Health Services at Rozelle campus.

Sydney Dental Hospital
(formerly known as United Dental Hospital)

2 Chalmers Street
Surry Hills NSW 2010
Phone: (02) 9293 3200
Fax: (02) 9293 3488
Email: SydneyDentalHospital@email.cs.gov.au
Web: www.cs.nsw.gov.au/facilities/SDH.htm
A/ General Manager: Graeme Angus

Summary of business activity

The Sydney Dental Hospital (SDH) and associated services provide general treatment to people in CSAHS and the northern sector of South Eastern Sydney Area Health Service (SESAHS,) and tertiary treatment to people from across NSW.

SDH has received enhancement funding from the NSW Oral Health Branch to enable it to expand specialist services on offer. Tertiary services include paediatric, orthodontics, oral surgery, periodontics, prosthodontics, endodontics and implantology.

The Community Dental Health department at SDH provides services to people who have other health conditions commonly associated with poor oral health or reduced access to dental services, for example, those with chronic mental health problems, drug dependencies, serious medical illness and the frail elderly.

The Associated Services Department provides an assessment and treatment service to school children.

Major goals and outcomes

United Dental Hospital formally changed its name to The Sydney Dental Hospital on 5 May 2004.

CSAHS Child Dental Service, Multicultural Health Service and the Migrant Health Team developed an oral health pamphlet targeting children from a Vietnamese background. CSAHS has a large Vietnamese speaking community and the pamphlet aims to improve access to oral health information and dental services by crossing language barriers. It will be distributed widely through local Vietnamese GPs and private dentists, Early Childhood Centres and Community Health Centres.

Planning is underway to relocate child dental services from Clemton Park and Homebush West Public schools to the new Croydon Health Centre. This will allow us to provide a combined adult and children's service, in purpose-built facilities.

As a result of the increased number of Bachelor of Dentistry students, SDH has recently acquired 16 new state-of-the-art dental units.

Key issues and events

SDH recorded a decrease in occasions of service during 2003/04. The decrease reflects the Hospital's move towards more specialised, time-consuming procedures rather than general procedures.

The Churchill Fellowship was awarded to the head of Community Dental Health Department to investigate best practice in care delivery and clinic design for special needs patients.

The SDH Orthodontics department staff attended the 19th International Australian Society of Orthodontists meeting and were awarded four of the five awards presented, including the prestigious Milton Sims and Elston Storey Awards.

Future direction

Continue to expand specialist capabilities in the hospital and associated sites.

Investigate ways to increase resources in Oral Surgery and Maxillofacial surgery.

Review the success of SDH's specialist outreach program in paediatric dentistry to the rural community. Investigate expanding the program to include other specialist streams.

Use the research results of the Churchill Fellowship, to redevelop the Community Dental Health department to better meet the needs of patients and staff.

Key Indicator	1999/2000	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time *	311	317	318	321.7	319.8
ENIOOS**	189,097	176,149	224,874	210,721	196,855

* Staff equivalent full-time includes overtime
** Equivalent non-inpatient occasions of service (non-admitted patient services in 2002/03)

Tresillian Family Care Centres

Head Office
McKenzie Street
Belmore NSW 2192
Phone: (02) 9787 0880
Fax: (02) 9787 0880
Email: tresillian@email.cs.nsw.gov.au
Web: www.tresillian.net
President of Council: Bob Elmslie, OAM
General Manager: David Hannaford

Summary of business activity

Tresillian Family Care Centres are committed to providing parenting support and practical advice to families with a baby or toddler. There are four Tresillian Centres at Belmore, Willoughby, Wollstonecraft and Penrith. The Centres operate residential, day stay and outreach services, a 24-hour Parents Help Line, parent and professional education and research.

Tresillian helps parents with practical skills. At each Centre there is a team of qualified health professionals to discuss issues concerning parents and to offer advice, counselling and support.

For admission to a Tresillian Centre, parents must have a referral from their early childhood health nurse, doctor or paediatrician.

Major goals and outcomes

The key indicators reveal that the level of demand for services remain approximately the same from year-to-year. The only significant difference this financial year is the increase in the number of non-admitted patient services (largely calls to the Parents Help Line). This increase reflects the high need of families for our services.

Tresillian was described as *cutting edge* by the Australian Council on Healthcare Standards (ACHS) EQuIP Program. The reviewers were impressed with the high standard of client care processes from admission to discharge.

Key issues and events

Tresillian is producing a parenting video sponsored by Bounty Hospital Services and Johnson & Johnson. The video will target parents of babies aged under three months and will be distributed to parenting classes at major maternity hospitals around Australia later in the year.

Mother and young child interaction groups were implemented at Jacaranda Cottages, Emu Plains Correctional Facility in April 2004. The project, in collaboration with the NSW Department of Corrective Services, was made possible by the NSW Government Women's Grant program.

Future direction

Maintain the high standards of excellence achieved in the 2004 ACHS accreditation survey, by continuing to develop quality improvement processes in all service activities.

Further develop services through collaborative work with other government and non-government organisations. For example, *Parenting Across Cultures* and *Schools as Community* work together to overcome the isolation often experienced by culturally and linguistically diverse families (CALD).

Continue meeting with other related agencies across Australia to agree upon performance measures for national benchmarking purposes as per recommendations from Audit Office of NSW.

Key Indicator	2000/01	2001/02	2002/03	2003/04
Staff equivalent full-time	80.5	80.4	88.2	86.0
Average available beds	33.8	34.0	33.8	35.2
Total admissions	2,261	2,307	2,353	2,350
Same-day admissions as % of total admissions	0.48	0.26	0.26	0
Bed occupancy rate (%)	88.6	89.8	89.4	84.4
Average length of stay (days)	4.8	4.8	4.8	4.6
Occupied bed days	10,929	11,160	10,942	10,843
Non admitted patient services	60,138	57,970	54,022	60,843

Community Facilities

Community Health Services

Broadway Child, Adolescent and Family Health Service
255 Broadway, Glebe
moving in November 2004 to Level 5 King George V building
Missenden Road, Camperdown – (02) 9515 9788

Burwood Child, Adolescent and Family Health Service
32 & 21 Burwood Rd, Burwood
moving to Croydon Health Centre in late 2004,
24 Liverpool Road Croydon 2139 – (02) 9378 1100

Canterbury Community Health Centre – including Community Nursing and Child, Adolescent and Family Health Service
Canterbury Hospital – (02) 9789 0600

Canterbury Multicultural Youth Health Service
3 Redman Parade, Belmore – (02) 9787 0600

Cellblock Youth Health Centre
142 Carillon Rd, Camperdown

Community Nutrition
Queen Mary building, RPA
moving in November 2004 to Level 6 King George V building,
Missenden Road, Camperdown – (02) 9515 9720

Community Paediatric Occupational Therapy Services
Queen Elizabeth II
moving in November 2004 to Level 5 King George V building,
Missenden Road, Camperdown – (02) 9515 9788 and also
to Croydon Health Centre in late 2004,
24 Liverpool Road Croydon 2139 – (02) 9378 1100

Community Paediatric Physiotherapy Services
Queen Mary building, RPA
moving in November 2004 to Level 5 King George V building,
Missenden Road, Camperdown – (02) 9515 9788 and also
to Croydon Health Centre in late 2004,
24 Liverpool Road Croydon 2139 – (02) 9378 1100

Concord Community Nursing Service
Concord Hospital – (02) 9743 6199

Croydon Community Nursing Service
25 Croydon Ave, Croydon
moving to Croydon Health Centre in late 2004,
24 Liverpool Road Croydon 2139 – (02) 9378 1100

Eastern and Central Sydney Sexual Assault Service
Queen Mary building, RPA
moving in November 2004 to Level 5 King George V building,
Missenden Road, Camperdown – (02) 9515 9040

Lewisham Community Nursing Service
West St, Lewisham – (02) 9560 9711

Marrickville Child, Adolescent and Family Health Service
184-186 Livingstone Rd, Marrickville – (02) 9550 0155

Multicultural HIV/AIDS and Hepatitis C Service
Queen Mary building, RPA
moving in November to Level 1 corner Grose Street and
Missenden Road, Camperdown – (02) 9515 5030

Redfern Community Health Centre
1 Albert St, Redfern – (02) 9395 0444

The Sanctuary
6 Mary St, Newtown – (02) 9519 6142

Community Mental Health Services

491 Centre
491 Parramatta Rd, Leichhardt – (02) 9564 6855

Aboriginal Mental Health Unit Clinic (AMS Redfern)
36 Turner St, Redfern – (02) 9319 5823

Ashfield Community Health Centre
46 Charlotte St, Ashfield
moving to Croydon Health Centre in late 2004,
24 Liverpool Road Croydon 2139 – (02) 9378 1100

Bridgewater Centre
11 Berna St, Canterbury – (02) 9718 7233

Burwood Respite Centre
11 Eurella St, Burwood – (02) 9744 9437

Croydon Living Skills Centre
34 Malvern Ave, Croydon
moving to Croydon Health Centre in late 2004,
24 Liverpool Road Croydon 2139 – (02) 9378 1100

Glebe Community Health Centre
(including aged care services)
2A Hereford St, Glebe – (02) 8585 5000

Marrickville Living Skills Centre
159 Livingstone Rd, Marrickville – (02) 9564 2122

Marrickville Community Health Centre
184 Livingstone Rd, Marrickville – (02) 9550 0155

Redfern Community Health Centre
1 Albert St, Redfern – (02) 9395 0444

Early Childhood Health Centres

Ashfield
260 Liverpool Rd, Ashfield – (02) 9716 1854

Balmain
530 Darling St, Balmain – (02) 9810 1609

Belmore
Redman Pde, Belmore – (02) 9718 0157

Burwood
8 Condor St, Burwood
moving to Croydon Health Centre in late 2004,
24 Liverpool Road Croydon 2139 – (02) 9378 1100

Campsie
143 Beamish St, Campsie – (02) 9718 3177

Concord
Cnr Lyons Rd and College St, Concord – (02) 9743 1654

Drummoyne
Marlborough St, Drummoyne – (02) 9181 2619

Dulwich Hill
12 Seaview St, Dulwich Hill – (02) 9560 2747

Earlwood
Cnr Holmer St and Williams St, Earlwood – (02) 9718 4847

Fivedock
Cnr First Rd and Park Rd, Fivedock – (02) 9713 7763

Glebe
Cnr Pyrmont Bridge & Glebe Point Rd, Glebe
– (02) 9660 3451

Lakemba
35 Croydon St, Lakemba – (02) 9759 2034

Leichhardt
11 Marion St, Leichhardt – (02) 9560 5604

Marrickville
288 Illawarra Rd, Marrickville – (02) 9569 6048

Newtown
60 Lennox St, Newtown
moving in November 2004 to Level 5 King George V building,
Missenden Road, Camperdown – (02) 9515 9944

Redfern
Redfern St, Redfern – (02) 9698 1613

Roselands
Roselands Shopping Centre – (02) 9750 7452

Strathfield (Homebush West)
A2 Fraser St, Homebush West – (02) 9746 7763

Summer Hill
Smith St, Summer Hill – (02) 9798 3169

Ultimo
Harris Centre Quarry St, Ultimo – (02) 9522 1140 (Mon only)

Other Facilities

Aged and Extended Care Services
Concord Hospital – (02) 9518 1972

Kalparrin Day Centre
Concord Hospital – (02) 9767 7226

Karinya Day Centre
61 Tudor St, Belmore – (02) 9787 0136

Kindilan Day Centre
Concord Hospital – (02) 9767 5222

Livingstone Road Sexual Health Clinic
182 Livingstone Rd, Marrickville – (02) 9560 3057

MERIT (Magistrates Early Referral Into Treatment)
61 Liverpool Rd, Summer Hill – (02) 9797 9715

REPIDU
Tudor Street Centre, Canterbury Hospital – (02) 9787 0534

REPIDU
151 Pitt St, Redfern – (02) 9699 6188

Sita Carter Day Centre
26 Lilydale St, Marrickville – (02) 9518 1972

The Bridge (AIDS Dementia)
229 Bridge Rd, Glebe – (02) 9552 6438

Area Management

Executive management

A dedicated group of seven people is responsible for the management of CSAHS. The executive enjoys close working ties with senior staff in our facilities and clinical groups.

Chief Executive Officer

Dr Diana Horvath AO MBBS(Hons) MHP FRACMA FAFPHM FCHSE

The CEO is accountable and responsible to NSW Health for the facilities and services which comprise CSAHS, one of the largest and busiest area health services in NSW. CSAHS has an annual expenditure of $989 million to care for patients from all over the State and beyond. This year we also spent $44 million on capital works.

Deputy Chief Executive Officer

Michael Wallace MSc(Soc) BSc

The deputy CEO is responsible for the operations of CSAHS and oversees and manages the use of resources and facilities.

Director of Health Services

Dr Peter Kennedy MBBS FRACP

The director of health services formulates and oversees the development and integration of healthcare services across the 14 clinical groups which make up CSAHS.

Director of Finance

Candy Cheng BComm FCPA

The director of finance's responsibilities are to oversee the efficient, professional and equitable management of CSAHS's available financial resources and assets to ensure appropriate use and value.

Director of Health Services Planning

Richard Gilbert BSc(Hons)

The director of health services planning manages the planning and development of services by assessing the health requirements of the population and identifying the services required to meet these needs. He coordinates the development of clinical service and health improvement plans and advises on appropriate funding and resources.

Director of Corporate Services

Jan Whalan BPharm MPH MBA AFAIM

The director of corporate services manages a diverse portfolio including human resources and risk management; occupational health, safety and rehabilitation; procurement and tendering; management and performance contracts; policy development; administrative and legal services; and non-government organisations.

Area Director, Nursing Services

Kerry Russell RN M.Cert Ba.Admin MCN

The director of nursing services is responsible for the strategic planning and coordination of nursing services across the Area. This includes the support and facilitation of best practice models and working closely with the directors of nursing and clinical managers.

The position also coordinates the learning needs of the clinical, clinical support and corporate services staff.

Corporate Services

Summary of business activity

Non-clinical support services across CSAHS are managed by Corporate Services. This is a diverse portfolio including human resources, risk management, occupational health and safety and rehabilitation, procurement and tendering, contract management, administrative and legal services and non-government organisations.

Major goals and outcomes

Waste management

CSAHS facilities continued to develop and implement strategies in line with the Government's Waste Reduction and Purchasing Policy (WRAPP). The CSAHS Waste Management Committee reviewed and updated the area's waste management plan, incorporating feedback from the Department of Environment and Commerce (NSW). The feedback was received following submissions of CSAHS' WRAPP report. Facilities have reduced waste through improved procurement, work practices and recycling. All facilities monitor performance through the collection of indicators for clinical work, sharps waste, general waste, recycling and OHS incidents related to waste management.

Energy management

CSAHS energy consumption in 2002/03 was 15 per cent less than the 1995/96 baseline. Compared with 2002/03, in 2003/04 gas consumption was reduced by 11%, water consumption was reduced by 12% and electricity consumption was reduced by 0.5%.

We engaged Sydney Water to conduct their *Every Drop Counts* program. This program aims to promote and drive sustainable improvements in water efficiency to reduce water consumption. It will enable CSAHS to follow-up on the actions taken following previous water audits. The first hospital to be surveyed was Royal Prince Alfred Hospital.

The CSAHS Energy Management Committee continues to meet and develop strategies to reduce energy costs and improve the environment. The CSAHS energy management plan was reviewed, achievements noted and new strategies developed.

Key issues and events

Partnership between CSAHS and the Redfern Aboriginal Medical Service Coop Ltd

CSAHS and the Redfern Aboriginal Medical Service Coop Ltd (AMS) continued to meet under Partnership arrangements.

CSAHS continued planning to improve Aboriginal Health in the areas of

- Mental Health
- Drug Health Services
- Cardiovascular Services
- children in early years

Input and advice has been received for a range of Aboriginal staff with expertise and guidance from the CSAHS and AMS. Of key importance is the need to recognise and support self-determination.

Corruption prevention

Approximately 970 staff attended sessions this year designed to raise awareness of corruption issues such as protected disclosures and identifying and preventing corrupt conduct. The Corruption Prevention Committee, chaired by the director of Corporate Services and comprising senior managers of each facility met four times throughout the year.

New privacy legislation

CSAHS reviewed it current policies and practices in preparation for the introduction of the new *Health Records Information Privacy* legislation. A training program for staff has been developed (based on NSW Health guidelines) to ensure that they were aware of their obligations.

Zero tolerance training

An online zero tolerance training program was developed to assist staff with the minimisation and management of aggressive incidents. This will be of particular benefit to smaller facilities and to staff who work outside 9am – 5pm.

Future direction

Continue to review existing services to identify areas for improvement and implement appropriate strategies to facilitate these improvements.

Plan future strategies in accordance with NSW Health Shared Corporate Services.

Financial Services

Summary of business activity

The Finance Department operates to ensure that CSAHS financial resources and assets are managed efficiently and effectively via appropriate planning, coordination and monitoring.

The department provides timely and quality financial and performance management information to all stakeholders including NSW Health, the CSAHS Board – directly and through the finance committee, managers and clinical directors.

Major goals and outcomes

The department manages the CSAHS budget and financial performance and maintains an appropriate level of liquidity, as well as administering the complex accounting and financial functions and activity statements. We administer systems and procedures to meet taxation requirements and respond to tax queries within and outside of the organisation.

The department also manages the salary packaging system for staff specialists.

Key issues and events

Following on from the successful introduction of the simplified billing system for the RPA Institute of Rheumatology and Orthopaedics (IRO) last year the system was extended to all facilities apart from Canterbury Hospital to improve the quality of services to patients.

Future direction

The Department will extend the simplified billing system to include Canterbury Hospital.

The upgrade of the financial related computer systems will continue this year as well as the implementation of the capital charging policy.

Information Management Services

Summary of business activity

Information Management Services (IMS) provides information management and technology support to CSAHS clinical, corporate and support services.

Major goals and outcomes

In 2003/04 IMS continued to support the relocation of clinical departments into new facilities at Royal Prince Alfred (RPA) and Concord (CRGH) Hospitals.

IMS assisted Canterbury Hospital in implementing the area-wide Patient Administration System (PAS).

IMS also supported several RPA wards in the initial rollout of electronic ordering of pathology, radiology and cardiology tests.

Key issues and events

IMS commenced the design and implementation of a number of Electronic Medical Record projects for CSAHS's clinical services. Once implemented, the new Electronic Medical Record system will replace several old systems.

In conjunction with Finance and Central Sydney Supply Services (CSSS), IMS undertook planning to upgrade Oracle 11i to the financials and materials management system.

More services were migrated to the new dual network architecture, which supports CSAHS critical application systems.

The Electronic Discharge Referral trial at CRGH has been completed and the rollout to other facilities is now underway.

We commenced planning for the implementation of electronic prescribing at CRGH, which was chosen by NSW Health to be the lead site in this project.

The scheduling solution for renal transplant service has been implemented. Some clinical forms have been implemented and further electronic forms are now under development.

Future direction

Our Information System Strategy emphasises the need to move forward with projects that support the patient care process. Over the next five years CSAHS will continue to establish a single integrated patient-centered, enterprise-wide clinical information system known as the Electronic Medical Record.

Public Affairs and Marketing

Summary of business activity

The Public Affairs and Marketing Department (PA&M) co-ordinates and provides health information about CSAHS and its hospitals and healthcare facilities. It is the first point of contact for the media. Our overall goal is to communicate internally and externally the work being carried out at our facilities for the benefit of patients and the wider community.

Our wide range of expertise includes formulating internal and external communications strategies; media advocacy; specialised promotional campaigns; corporate publications and events management.

Key issues and events

Many stories from facilities in CSAHS received a high profile in the national and metropolitan media. These included:

- Groundbreaking research at RPA which found that male sex hormones accelerate coronary heart disease in men
- An Australian-first *domino liver* transplant which was promoted by public affairs and marketing during Organ Donor Week
- Research from RPA which showed that obese children as young as 10 were showing signs of heart disease similar to adults
- Opening of the Metabolic Rehabilitation Clinic at Concord
- A world-first asthma test developed at RPA.

The department provided media support for a number of public health initiatives including the CSAHS campaign to raise awareness of drink spiking and the establishment of Hepatitis A clinic at a local restaurant after a chef working there contracted Hepatitis A.

The department was represented in the development of the NSW Health Filming Protocol, chaired by the CSAHS Director of Public Affairs and Marketing, and in the production of the NSW Health Sponsorship Guidelines.

Filming began on the tenth series of Channel 9's *RPA*.

The Department of Forensic Medicine featured in a documentary series for the ABC looking at the coronial process from the perspective of three agencies: the Coroner, the NSW Department of Forensic Medicine and the NSW Police. The series *A Case for the Coroner* went to air in August 2003.

At Rozelle Hospital we were able to facilitate the production of a film Passion of Joan of Arc, which "starred" a number of former and present patients of the facility. *The Passion of Joan of Arc* (Rozelle Hospital) went on display at the Museum of Contemporary Art as part of the 2004 Biennale of Sydney.

Future goals

Continue to promote our facilities and our staff in the major metropolitan and local media.

Promote the *Resource Transition Program*, in particular the Croydon Health Centre and the new mental health unit at Concord.

Quality Services

Summary of business activity

Improving the quality of care and creating a safe environment for our consumers is of utmost importance to the staff of CSAHS and is deeply embedded in its culture. All facilities continue to meet Australian Council on Healthcare Standards, Evaluation and Quality Improvement Program accreditation standards.

Major goals and outcomes

CSAHS has embraced the Root Cause Analysis (RCA) method of investigating adverse events and accidents. To date, 20 RCAs have been completed across CSAHS, with six currently in progress.

Over the past five years the Clinical Indicator (CI) program at CSAHS has advanced to an unprecedented level. A clinical indicator is a rate-based (numerator and denominator) figure usually expressed as a per cent eg: caesarean section rate, survival rate. A CI can act as a *flag* for further investigation or review of clinical practice that may lead to an improvement in the quality of care/service provided. At CSAHS it is expected that each clinical department collect at lease one CI. Some CI data are submitted to a national database and the information compared to a national average. When we are under-performing, a review is conducted and procedures and/or systems are changed to improve the quality of care to our consumers.

RPA is participating in a nation-wide medication safety breakthrough collaboratively run with the National Safety and Quality Council. It aims to reduce patient harm through the safe use of medications. RPA has focused on reducing the inappropriate use of non-steroidal anti-inflammatory drugs (NSAIDs) and the number of patients missing their medication. One initiative is a nurse call card that has been introduced in Q6E to reduce the chance of patients, who are out of the ward at the time of the medication round, from missing out on that medication.

Several CSAHS Facilities have been involved in the *Patient Flow and Safety Collaborative* run by the Institute of Clinical Excellence. Canterbury Hospital has worked on reducing the time it takes patients with fractured hips to get from the Emergency Department to theatre. Concord Hospital assessed initiatives to reduce prevalence of pressure ulcers, and RPA worked on improving discharge flows.

Key issues and events

Consumers have been able to develop projects through the consumer participation working party. One project involving consumers is the medication collaborative, looking at the reduction of patient harm through the safe use of medications. Another project is investigating patients with chronic conditions who frequently present to the Emergency Department.

CSAHS held *Quality Week* from 20–24 October 2003 and 21–25 June 2004. Various workshops, education sessions and QI / EQuIP presentations were conducted. Quality Services also held a Quality Improvement Activity Poster Competition where departments were invited to develop a poster based on a Quality Improvement activity they had undertaken with a measurable outcome. See *Canterbury Hospital* and *Medical Imaging Services* for details of the winning submissions.

Future direction

Quality Services will implement an Area-wide rollout of the AIMS patient accident and incident data base. This is a statewide initiative that will be undertaken by all area health services. Following implementation, CSAHS will be able to conduct Area-wide reports on accident and incident trends.

Human Resources Division

Summary of business activity

The CSAHS Division of Human Resources provides efficient, effective and professional human resource management services. We provide leadership and support to management and staff by integrating and implementing human resource management strategies which are consistent and supportive of the values, policies and goals of CSAHS. By supporting them in this way, we assist CSAHS staff to provide quality healthcare and better value in their services.

The Staff Consultative Committee continues to meet monthly and has provided a valuable communication channel to resolve issues that arise. The committee members include representatives from management and all relevant associations and unions across CSAHS.

Major goals and outcomes

Human Resources has reviewed the following CSAHS policies in line with NSW Health revised policies:

> Workplace bullying and harassment
> Disciplinary procedures
> Performance management

We have continued to work in conjunction with the salary packaging unit to ensure that our staff can enjoy the benefits of the salary packaging scheme.

Key issues and events

In 2003, Human Resources sought the views of employees on examples of excellence and areas of improvement in facilities and across CSAHS. The survey was sent to all CSAHS staff and 32.72 per cent responded. As a result, three working parties were established to research and clarify issues identified. The working parties were:

> Communication Strategy
> Staff as Valued Employees
> Improving Consultation and Participation

The initial research has been completed and the working parties will assist in the implementation and monitoring of specific projects across the Area.

NRMA sponsored the Employee Recognition Program which provides public recognition of individual CSAHS staff for excellence in the workplace. Entrants are nominated by their colleagues and winners are selected by a committee comprising representatives from each facility. The Employee of the Year for 2003/04 is Peter Wang, technical assistant, Diagnostic Pathology Unit, Concord Hospital.

Future direction

The Human Resources Division will continue to review current policies and procedures to identify areas of improvement in services.

Full time equivalent staff by occupation as at June 30 2004

Employment category	2001/02	2002/03	2003/04
Medical	829	855	935
Nursing	3,063	3,114	3,130
Corporate administration	368	337	328
Allied health professional	1,464	1,486	1,454
Hospital employees (eg wardsmen, technical assistants and ancillary staff)	1,369	1,440	1,484
Hotel services	839	852	824
Maintenance and trades	143	156	145
Other	103	112	111
Total – CSAHS staff	8,178	8,352	8,411
3rd schedule hospitals	103	109	92
Total staff	8,281	8,461	8,503

Note: An improved and more accurate reporting system was developed in 2003/04, which means the format of workforce reporting differs from previous years

Divisional management

Balmain Hospital

A/General Manager
Ann Kelly

Director General Practice Casualty
Dr Ann Marie Crozier

Director of Medical Services
Dr George Szonyi

A/Director of Nursing
Ilze Upenieks

Canterbury Hospital

General Manager
Gary Miller

Director of Medical Services
Dr Helen Jagger

Director of Nursing
Vicki Manning

Director Emergency Department
Dr Matthew Chu

Concord Hospital

Executive Director
Danny O'Connor

Director of Medical Services
Dr Margaret Sanger

Director of Nursing Services
Merrita Richardson

Director Emergency Department
Dr Richard Paoloni

Director Human Resources
Feliks Lewandowski

Director Commercial Services
Belle Mangan

Department of Forensic Medicine

General Manager
Mark Patterson

A/Clinical Director
Dr Johan Duflou

Division of Population Health

Director Division of Population Health and
Director Social Health Research Unit
Associate Professor Peter Sainsbury

Director Community Health Services
Sharyn O'Grady

Director Health Promotion Unit
Chris Rissel

A/Director Public Health Unit
Dr Michael Staff July–Dec 2003
Graham Burgess Jan–June 2004

Director Multicultural Health
Angela Manson

Business Manager
Mitchell Garbler

Royal Prince Alfred Hospital

Executive Director
Di Gill

Director of Medical Administration
Dr Roy Donnelly

Director of Nursing Services
Lynne Ramsay

Operational Nurse Manager
Katharine Szitniak

Director of Corporate Services
Di Cheah

Director Emergency Department
Dr Tim Green

Rozelle Hospital

General Manager
Glenda Cleaver

Director Clinical Services
Dr Jeff Snars

Director of Nursing
Gary Rowley

Director Administrative Services
Jenny Smit

Operational Nurse Manager
Clair Edwards

Sydney Dental Hospital

A/General Manager
Graeme Angus

Manager of Dental Services
Deanne Turner

Manager of Nursing Services
Philippa Hale

Tresillian Family Care Centres

General Manager
David Hannaford

Director of Medical Services
Dr Penny Field

Director of Nursing and Clinical Services
Anne Partridge

Director of Social Work/Psychology
Lisiane La Touche

CSAHS

Chief Executive Officer
Dr Diana Horvath AO

Deputy Chief Executive Officer
Mike Wallace

Director Health Services
Dr Peter Kennedy

Director of Finance
Candy Cheng

Area Director, Nursing Services
Kerry Russell

Director of Corporate Services
Jan Whalan

Director of Health Services Planning
Richard Gilbert

Director Human Resources
Judith Neville

Director Public Affairs and Marketing
Marion Downey

Director Engineering Services
Tony Kenny

Director Information Services Division
Julie Roberts

Divisional management

Allied Health Services
Clinical Director
Katherine Moore

Bone, Joint and Connective Tissue Service
Clinical Director
Dr Peter Holman

Clinical Manager
Bernadette Loughnane

Cancer Services
Clinical Director
Professor Christopher O'Brien

Clinical Manager
Jenny Graham

Cardiovascular Services
A/Clinical Director
Professor Phillip J Harris

Clinical Manager
Mark Shepherd

Central Sydney Laboratory Service
Clinical Director
A/Professor Peter Stewart

Business Manager
John Boyd

Gastroenterology and Liver Services
Clinical Director
Professor Les Bokey

A/Clinical Manager
Sharne Hogan Dec 2003–Jun 2004

Clinical Manager
Carol Farmer July–Nov 2003

General, Geriatric and Rehabilitation Medicine
Clinical Director
Dr John Cullen

A/Nurse Coordinator
Ilze Upenieks

Medical Imaging Services
Clinical Director
A/Professor Michael Fulham

Mental Health Services
Clinical Director
Dr Victor Storm

Neurosciences
Clinical Director
A/Professor Michael Besser

Clinical Manager
Bernadette Loughnane

Oral Health Services
Clinical Director
Dr Susan Buchanan

Population and Drug Health Services
Clinical Director
A/Professor Peter Sainsbury

Nurse Coordinator
Glenda Thomas

Respiratory and Critical Care Service
Clinical Director
A/Professor Paul Torzillo

Clinical Manager
Lana Donaldson

Women's and Children's Health
Clinical Director
Dr Andrew Child

Clinical Manager
Valerie Smith

SES Officers report

Name: **Dr Diana Horvath AO**

Position: Chief Executive Officer
Central Sydney Area Health Service
SES Level 7 (Salary band $247,101 – $309,900)

Period in Position: First appointed in December 1992; re-appointed in December 1997; re-appointed in January 2003.

Results: Strategic Initiatives

- Significant progress with planning and implementation of the CSAHS capital asset program, with the expenditure allocation target of $35.5 million for 2003/04 met. Projects include the progressive commissioning of Royal Prince Alfred Hospital (RPA) the continued refurbishment of Concord Hospital, the development of the mental health precinct at Concord and the development of the Croydon Health Centre and the Holy Spirit Nursing Home at Croydon
- Continued development and implementation of clinical quality initiatives through the Clinical Quality Council
- Continued implementation of the Aboriginal Employment Program
- Continued development and implementation of the Aboriginal Health Strategic Plan
- Continued to work collaboratively with the Redfern Waterloo Partnership Project which is auspiced by the NSW Premier's Department
- Continued support of health outcomes and health promotion initiatives
- Continued development of initiatives in Cancer Services
- Continued implementation of the Area-wide clinical information system

Management Accountabilities

- Achieved a favourable net cost of service and accrual budget result
- No trade creditors over 45 days
- Audit requirements achieved
- Debt recovery performance achieved to the satisfaction of NSW Health
- Improved revenue collection
- All hospitals maintained accreditation status with ACHS
- All capital works milestones achieved

SES Officers report

Name: **Michael Wallace**

Position: Deputy Chief Executive Officer
Central Sydney Area Health Service
SES Level 5 (Salary band $190,551 – $219,850)

Period in Position: First appointed in February 1993; re-appointed in August 1998; re-appointed in May 2003.

Results: Strategic Initiatives

Continued to progress the implementation of the Area's Capital Asset Plan (the Resource Transition Program), including:

- the commissioning of additional Clinical Service areas within the RPA building including a new Cardiovascular Department, Operating Theatre suites and the Level 5 refurbishment
- the refurbishment of King George V building which now accommodates corporate support services including Area and RPA administration offices and Central Finance
- progression of the Concord Hospital redevelopment, with the refurbished intensive care and clinical areas commissioned
- continued planning for the Croydon site for community health and other community health services
- planning for the relocation and redevelopment of mental health services to the Concord Hospital site
- planning for the ex Rachel Forster Hospital site

Ongoing management of issues between CSAHS and Macquarie Health Services in relation to the RPA Private Hospital

Continued upgrades to the Area's IT infrastructure

Continued upgrades to safety and security systems

Management Accountabilities

- Achieved financial management targets
- Implemented cost-saving initiatives and controls to achieve favourable net cost of services
- Ensured that capital works milestones were reached
- Improved revenue collection performance
- Debt recovery performance achieved to the satisfaction of NSW Health
- Continued implementation of risk management initiatives
- Continued implementation of EEO strategies and recruitment and retention initiatives, particularly with respect to Aboriginal and Torres Strait Islanders and nurses

Equal Employment Opportunity (EEO)

Equal Employment Opportunity (EEO) is about ensuring the workplace is free from all forms of harassment and discrimination, and providing programs of affirmative action for those employees who are traditionally disadvantaged in the workplace: Aboriginal and Torres Strait Islander People, women, people whose language first spoken as a child was not English, and people with a disability requiring an adjustment.

CSAHS believes equity is a fundamental right of every employee. By applying EEO principles to every aspect of work life, the Area is supporting good management practice and observing the legislation governing these principles, namely, the Anti-Discrimination Act, 1977.

The Area continues to promote the principles and practices of EEO in its application of conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.

Achievement of last year's EEO planned outcomes

The EEO statistical data for 2003/04 reporting period indicates that the total number of staff who identified as Aboriginal and Torres Strait Islander people in CSAHS increased from 1.2 per cent to 1.6 per cent. These figures are a result of the CSAHS Aboriginal and Torres Strait Islander Employment Strategy which focuses on recruitment and retention through initiatives such as Mentoring Programs, Career Development and Staff Cultural Awareness.

CSAHS pursues structured placement programs for Aboriginal and Torres Strait Islander People, including traineeships. Currently, there are seven students enrolled in the Trainee Enrolled Nurse Program and ten people employed through the Elsa Dixon Aboriginal Employment Program. The seven Aboriginal and Torres Strait Islander people employed by CSAHS through the Elsa Dixon Employment Program last year are now employed on a full-time basis. CSAHS supports and recognises the importance of these programs as a means of developing the Aboriginal health workforce within the Area.

Further to the Area-wide staff satisfaction survey conducted in 2003, CSAHS formed working parties to review the survey findings in a consultative manner. Three working parties were formed with representation from a wide cross-section of staff from various facilities to review communication strategies, staff as valued employees and improving consultation and participation. The results of the working parties found there was a need to focus on specific areas and, as such, the working parties will continue to assist with projects across the Area, including further surveys of certain groups of staff.

Statistics 2003/2004

The statistical information for the following tables (salary levels and employment type) was obtained from a report generated from data contained in SUPERO, CSAHS's human resource information system, for the period 1 July 2003 to 30 June 2004. The salary levels are those used for the EEO statistical data 2003/2004 period. These figures are adjusted annually by Office of the Director of Equal Opportunity in Public Employment to reflect industry-wide wage increases granted to various groups of employees.

Improving access for people with a disability

CSAHS has focused its efforts on improving access for disabled people through its redevelopment program. Specific working groups have been convened to assist with facility design. In addition, Mental Health Services has continued to employ consumer consultants to advise and inform decision-making; aged care services continued to develop and review their risk management programs and population health services continued to run a cultural diversity training program to raise awareness of AUSLAN interpreters and meet the needs of the hearing impaired. Consumer representatives continue to actively participate in CSAHS's Clinical Quality Council, raising a wide range of issues and challenging clinicians to recognise their views.

EEO planned outcomes for 2004/2005

CSAHS plans to facilitate a skilled and valued workforce by continuing to improve occupational health and safety. This will be achieved through providing direction for effective human resource systems, appropriate training and support for staff; maintaining the Area's grievance management system, meeting with the working party to look at issues surrounding bullying and harassment in the workplace; and continuing to review the Aboriginal Employment Strategy, Disability Plan and HR Strategic Plans.

Equal Employment Opportunity (EEO)

CSAHS – Percentage of Total Staff (Head Count) by Salary Level – 2003/04

	< $30,146	$30,146 – $39,593	$39,594 – $44,264	$44,265 – $56,012	$56,013 – $72,434	$72,435 – $90,543	>= $90,543 (Non SES)	Staff Total	Sub-Group Totals
TOTAL STAFF (Number)	137	2,889	1,009	1,264	2,950	877	394	9,520	
EEO Respondents	(103) 75%	(1,780) 62%	(683) 68%	(776) 61%	(1,802) 61%	(533) 61%	(258) 65%	(5,935) 62%	
Men	(37) 27%	(1,003) 35%	(252) 25%	(368) 29%	(584) 20%	(368) 42%	(256) 65%	(2,868) 30%	
Women	(100) 73%	(1,886) 65%	(757) 75%	(896) 71%	(2,366) 80%	(509) 58%	(138) 35%	(6,652) 70%	
Division by sub-group as percent of total staff in each employment category									
Aboriginal and Torres Strait Islander People	(6) 5.8%	(48) 2.7%	(8) 1.2%	(12) 1.5%	(16) 0.8%	(5) 0.9%	(1) 0.3%		(96) 1.6%
People from Racial, Ethnic, Ethno-Religious Minority Groups	(22) 21.3%	(393) 22.0%	(171) 25.0%	(231) 18.2%	(379) 21.0%	(134) 25.1%	(41) 15.9%		(1,371) 23.1%
People Whose First Language Spoken as a Child was not English	(34) 33.0%	(917) 51.5%	(247) 36.1%	(247) 31.8%	(585) 32.5%	(146) 27.4%	(40) 15.5%		(2,216) 37.3%
People with a Disability	(4) 3.9%	(74) 4.2%	(24) 3.5%	(31) 4.0%	(63) 3.5%	(21) 3.9%	(12) 4.7%		(229) 3.9%
People with a Disability Requiring Adjustment at Work	(1) 1.0%	(25) 1.4%	(4) 0.6%	(8) 1.0%	(17) 0.9%	(2) 0.4%	(2) 0.8%		(59) 1.0%

This table is not directly comparable to *Full time equivalent staff by occupation* on page 70. Data in this table is taken from EEO statistics and uses head count figures, excluding casual staff.

Equal Employment Opportunity (EEO)

CSAHS – Percentage of Total Staff (Head Count) by Employment Type – 2003/04

	Permanent		Temporary					
	Full-time	Part-time	Full-time	Part-time	Casual	Other	Staff Total	Sub-Group Totals
Total Staff	6,008	1,990	1,248	274	1,824	0	11,344	
EEO Respondents	(3,874) 64.5%	(1,178) 59.1%	(754) 60.4%	(129) 47.0%	(332) 18.2%	0 0	(6,276) 55.3%	
Men	(2,001) 33.3%	(262) 13.2%	(531) 42.5%	(74) 27.0%	(429) 23.5%	0 0	(3,297) 29.1%	
Women	(4,007) 66.7%	(1,728) 86.8%	(717) 57.5%	(200) 73.0%	(1,395) 76.5%	0 0	(8,047) 70.9%	
Division by sub-group as percent of total staff in each employment category								
Aboriginal and Torres Strait Islander People	(61) 1.6%	(12) 1.0%	(17) 2.3%	(6) 4.7%	(14) 4.2%	0 0		(110) 1.8%
People from Racial, Ethnic, Ethno-Religious Minority Groups	(844) 21.8%	(248) 21.1%	(246) 32.6%	(33) 25.6%	(85) 25.6%	0 0		(1,456) 23.2%
People Whose First Language Spoken as a Child was not English	(1545) 39.9%	(398) 33.8%	(232) 30.8%	(41) 31.8%	(127) 38.3%	0 0		(2,343) 37.3%
People with a Disability	(162) 4.2%	(48) 4.1%	(17) 2.3%	(2) 1.6%	(11) 3.3%	0 0		(240) 3.8%
People with a Disability Requiring Adjustment at Work	(40) 1.0%	(17) 1.4%	(0) 0.0%	(2) 1.6%	(2) 0.6%	0 0		(61) 1.0%

This table is not directly comparable to *Full time equivalent staff by occupation* on page 70. Data in this table is taken from EEO statistics. It uses head count figures and includes casual staff.

Equal Employment Opportunity (EEO)

Parliamentary annual report tables

A. Trends in the representation of EEO groups

	Percentage of total staff				
EEO group	Benchmark or Target	2001	2002	2003	2004
Women	50%	69%	70%	70%	70%
Aboriginal people and Torres Strait Islanders	2%	0.7%	0.8%	1.2%	1.6%
People whose first language was not English	20%	36%	37%	37%	37%
People with a disability	12%	4%	4%	4%	4%
People with a disability requiring work-related adjustment	7%	1.1%	1.0%	1.0%	0.9%

B. Trends in the distribution of EEO groups

	Distribution index				
EEO group	Benchmark or Target	2001	2002	2003	2004
Women	100	94	93	96	98
Aboriginal people and Torres Strait Islanders	100	83	81	77	79
People whose first language was not English	100	83	85	83	85
People with a disability	100	100	101	100	99
People with a disability requiring work-related adjustment	100	97	98	98	94

Notes:

1 Staff numbers are as at 30 June.

2 Excludes casual staff

3 A Distribution index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels. The Distribution index is automatically calculated by the software provided by ODEOPE.

4 The Distribution index is not calculated where EEO group or non-EEO group numbers are less than 20.

Occupational Health and Safety (OHS)

CSAHS has a continuing commitment to occupational health and safety (OHS). OHS policies and programs identify, assess and prevent work related injuries and illnesses. Specific risk management strategies have been implemented to minimise the risks from identified hazards. Manual handling and security issues remain a high priority.

OHS Committees at each facility encourage consultation and participation in OHS activities. OHS training is provided for committee members and managers to assist them to meet their responsibilities. OHS training for all employees includes manual handling, minimisation of aggression, infection control, fire safety and other specific training as required to work safely.

Workers compensation performance

CSAHS continues to support effective workers compensation management and workplace-based rehabilitation. Injured employees are offered specific programs of suitable duties to assist their return to work. There is ongoing review of claims and discussions with legal advisors and the fund manager to monitor costs and ensure any issues are quickly and economically resolved.

Workers compensation performance is measured by comparing claim rates and costs with NSW Health rates and costs. Figures are shown for the last five financial years.

Data from NSW Treasury Managed Fund as at 30 June 2004

	1999/00	2000/01	2001/02	2002/03	2003/04
CSAHS claims	682	666	677	749	693
CSAHS claim rate/100 equivalent full-time employees	7.4	7.4	8.0	8.8	8.1
NSW Health claim rate/100 equivalent full-time employees	8.2	8.0	8.4	8.8	8.5
CSAHS claim cost/equivalent full-time employees ($)	$1,066	$924	$723	$536	$512
NSW Health claim cost/equivalent full-time employees($)	$1,420	$1,197	$950	$685	$495

Claims are recorded in the financial year in which they occurred. Data for the 2003/04 year is not yet complete as claims may have occurred but not been reported by 30 June 2003.

There has been an increase in claims following changes to NSW Workers Compensation legislation commencing January 2002.

Claim costs increase as the claim develops over time so that claims made in 1999/2000 have accrued more cost than claims made in more recent years. This makes comparison of CSAHS claim costs over time more difficult.

CSAHS has maintained claim rates and costs better than the NSW Health average for the fund years 1999/2000 to 2002/2003.

There is variation in performance between CSAHS facilities.

Data from NSW Treasury Managed Fund as at June 30 2004

Claim Rate/100 equivalent full-time employees	1999/00	2000/01	2001/02	2002/03	2003/04
Balmain Hospital	8.6	11.6	9.0	8.6	13.2*
Canterbury Hospital	9.9	10.1	5.5	5.3	6.1
Concord Hospital	6.6	8.2	10.3	9.4	9.4
Division of Population Health	8.3	4.6	4.7	7.9	7.9
Royal Prince Alfred Hospital	6.8	6.3	7.2	8.9	6.8
Rozelle Hospital	10.0	8.6	10.2	11.4	11.5
Sydney Dental Hospital	14.2	12.9	12.5	11.7	8.7
CSAHS average	7.4	7.4	8.0	8.8	8.1
NSW Health average	8.2	8.0	8.4	8.8	8.5

* The claim rate at Balmain Hospital rose from 8.6 in 2002/03 to 13.2 in 2003/04. This appears to be due to a significant increase in claims for gastroenteritis in May 2004. Nine nursing staff reported gastroenteritis following the admission of a patient to Balmain Hospital. This coincided with a recognised community outbreak and the hospital was subsequently quarantined.

Data from NSW Treasury Managed Fund as at June 30 2004

Claim Cost/equivalent full-time employees	1999/00	2000/01	2001/02	2002/03	2003/04
Balmain Hospital	$1,554	$902	$255	$375	$647
Canterbury Hospital	$2,545	$1,164	$315	$327	$354
Concord Hospital	$1,093	$1,541	$796	$543	$591
Division of Population Health	$797	$344	$411	$312	$244
Royal Prince Alfred Hospital	$675	$851	$923	$455	$533
Rozelle Hospital	$2,289	$543	$563	$727	$634
Sydney Dental Hospital	$1,322	$244	$879	$512	$494
CSAHS average	$1,066	$924	$723	$536	$512
NSW Health average	$1,420	$1,197	$950	$685	$495

Variation in workers compensation performance between occupational groups reflects difference in risks exposure as well as strategies for prevention and return to work.

Data from NSW Treasury Managed Fund as at 30 June 2004

Claim Rate/100 equivalent full-time employee	1999/00	2000/01	2001/02	2002/03	2003/04
Nurses	7.9	7.8	8.5	11.2	10.7
Medical/Medical support	4.8	4.2	4.6	3.2	2.7
General administration	5.2	5.4	5.5	6.6	6.6
Hotel service	13.0	12.8	15.7	14.7	13.7
CSAHS average	7.4	7.4	8.0	8.8	8.1
NSW Health average	8.2	8.0	8.4	8.8	8.5

The three most common accident types are manual handling (body stress) injuries, falls and being hit by moving objects.

No of CSAHS claims	1999/00	2000/01	2001/02	2002/03	2003/04
Manual handling	296	265	278	274	269
Falls, trips, slips	113	138	133	169	129
Hit by moving objects	76	73	68	81	95

% of CSAHS claims	1999/00	2000/01	2001/02	2002/03	2003/04
Manual handling	43%	40%	41%	37%	39%
Falls, trips, slips	17%	21%	20%	23%	19%
Hit by moving objects	11%	11%	10%	11%	14%

CSAHS claims/100 equivalent full-time employees	1999/00	2000/01	2001/02	2002/03	2003/04
Manual handling	3.2	3.0	3.3	3.2	3.1
Falls, trips, slips	1.2	1.5	1.6	2.0	1.5
Hit by moving objects	0.8	0.8	0.8	0.9	1.1

Freedom of Information (FOI)

Statement of Affairs

The Freedom of Information Act (1989) was introduced to members of the public to ensure that records held by government agencies concerning personal affairs are not incomplete, incorrect, out-of-date or misleading. The Act allows the public the right to view, obtain copies and/or amend documents held by government agencies.

Section 14(1)(a) of the FOI Act requires an agency to ensure that up-to-date information is available to the public through the Statement of Affairs, which is published on an annual basis. The current Statement of Affairs for Central Sydney Area Health Service (CSAHS) is incorporated into this 2003/2004 Annual Report and provides information on the objectives, functions and structure of the CSAHS.

The CSAHS mission statement, organisational structure and a comprehensive report detailing the CSAHS corporate and future objectives are outlined in this Annual Report.

CSAHS has established liaisons with a number of consumer groups including: patients/clients/families; general practitioners and health professionals both within CSAHS and other area health services; non-government organisations, community groups, local councils, council-run facilities and local businesses.

Consumer involvement can range from informal to more formal structured and ongoing committee representation, as well as consultation in an advisory capacity. Consultation provides a mechanism for consumers to have input to the services that are provided to them. For providers, it helps to identify to what extent our services are meeting community needs.

Access to personal and/or non-personal documents can be obtained by lodging an FOI application. This can be achieved by either completing an FOI application form or by a written request in the form of a letter, and lodged with the FOI Officer at the appropriate facility as listed in the Summary of Affairs. The processing fee for a personal FOI application is $30.00 (GST free). A 50 per cent reduction is given to applicants who can show financial hardship.

For all non-personal applications, there is the initial $30.00 application fee (GST free), however, agencies can charge a processing fee of $30.00 per hour. The processing fee includes costs for searching/locating the information, decision-making, consultation and any photocopying.

For access to medical records, the applicant should write or telephone the Medical Record Department of the appropriate CSAHS facility. A processing fee of $32.00 (including GST) is required however, again, should the applicant be able to show hardship, a 50 per cent reduction is given. If the applicant requires copies of their medical records a fee of $0.27 (GST included) per page is charged after the first 80 pages.

Summary of Affairs

[Freedom of Information Act, 1989, Section 14(1)(b) and (3) of the CSAHS (FOI Agency No. 2322)]

The Summary of Affairs for CSAHS covers the following facilities: Area Office, Central Sydney Supply Services, Royal Prince Alfred Hospital, Concord Repatriation General Hospital, Canterbury Hospital and Community Health Services, the Division of Population Health (Community Health Services and Public Health Unit), Balmain Hospital, Sydney Dental Hospital, Area Mental Health Services (Rozelle Hospital), Department of Forensic Medicine, Central Sydney Laboratory Services and Tresillian Family Care Centres.

Section 1 – Policy documents

The following policies and documents are produced by CSAHS, individual hospitals and units and may be accessed for information:

CSAHS Office

- CSAHS/NSW Health Performance Agreement
- Governing Body of Management Manual – Board of CSAHS
- CSAHS By-Laws
- Management policies and procedures:
  - Organisation and administration
  - Staffing and direction
  - Patients' rights and special needs
  - Corruption prevention
  - Recruitment and employment of staff and other persons – vetting and management of allegations and improper conduct
- No smoking
- Staff development and training
- Facilities and equipment
- Quality activities
- Equal Employment Opportunity Management Plan 2001 – 2004
- Annual report
- CSAHS newsletter
- Clinical services directory
- CSAHS health plans:
  - Health Gain for Children and Youth of Central Sydney
  - Disability Plan
  - Women's Health Strategic Plan
  - Domestic Violence Protocols
  - RTP Service Delivery Plans
  - Hep C Plan
  - Strategic Directions HIV Health Promotion in CSAHS 1999 – 2001
  - Strategic Business Plan Sexual Health Services 1999 – 2002
  - Tobacco Control Plan
  - Mental Health Service Plans 2000 – 2003
  - Child and Youth Health Report Card
  - Drug Health Plan
  - Palliative Care Plan
  - General Geriatric and Rehabilitation Medicine (GGRM) Strategic Plan 2002 – 2006
- Delegations Manual
- Human Resources Manual
- Aboriginal and Torres Strait Islander Employment Strategy
- Human Resources Strategic Plan
- Guidelines for Service Planning
- Waste Management Plan
- CSAHS Demographic Profile
- CSAHS Staff Handbook
- Infection control manuals
- CSAHS Health Plan (Disaster Plan)

Hospitals, community services and units

- Hospital and departmental policy and procedure manuals
- Quality management plans
- Admission and Discharge Policy
- Patient information booklets/brochures
- Hospital newsletters:
  - Royal Prince Alfred Hospital
  - Concord Repatriation General Hospital
  - Sydney Dental Hospital
  - Canterbury Hospital
- Occupational health and safety manuals
- Management structures
- Disaster plans
- Staff handbooks and brochures
- Complaints Policy and Procedures

Section 2 – Statement of Affairs

The current CSAHS Statement of Affairs is incorporated into the CSAHS Statutory Annual Report 2003/04. The Annual Report provides information on the objectives, functions and structure of the CSAHS.

The cost of purchase is $33.00 (including GST) and enquiries can be made by contacting any of the FOI Officers listed in Section 3.

A processing charge of $0.27 (including GST) per page will be charged for photocopies of documents.

Section 3 – Contact arrangements

Inquiries in relation to the inspection or purchase of CSAHS policy documents, annual report or the Summary of Affairs can be made with any of the officers listed below between the hours of 8.30am and 5.00pm or through the CSAHS Office on (02) 9515 9600 between the hours of 7.30am to 6.00pm.

CSAHS Office

Gayle Berg

Assistant Director, Human Resources / FOI Coordinator
Central Sydney Area Health Service
Level 11, KGV Building
Missenden Road
CAMPERDOWN NSW 2050

Telephone: (02) 9515 9600

Balmain Hospital

Grace Kwaan

Manager Medical Records
Balmain Hospital
Booth Street
BALMAIN NSW 2041

Telephone: (02) 9395 2111

Canterbury Hospital

Eva Fares

Health Information Manager
Canterbury Hospital
Canterbury Road
CAMPSIE NSW 2194

Telephone: (02) 9787 0262

Concord Repatriation General Hospital

Lise Ravn

Manager Medical Records
Concord Repatriation General Hospital
Hospital Road
CONCORD NSW 2139

Telephone: (02) 9767 6350

Division of Population Health

Samantha Adel

Health Information Manager
Queen Mary Building
Level 4 Grose Street
CAMPERDOWN NSW 2050

Telephone: (02) 9515 3270

Department of Forensic Medicine

Alicia Dong

Manager of Administrative Services
Institute of Forensic Medicine
50 Parramatta Road
GLEBE NSW 2037

Telephone: (02) 9660 5977

Royal Prince Alfred Hospital

Charlotte Roberts

Manager Medical Records
Royal Prince Alfred Hospital
Missenden Road
CAMPERDOWN NSW 2050

Telephone: (02) 9515 8397

Rozelle Hospital

Samuel Leung

Medico-Legal Officer
Rozelle Hospital
PO Box 1
ROZELLE NSW 2039

Telephone: (02) 9556 9100

Sydney Dental Hospital

Andrea Cole

FOI Officer
Sydney Dental Hospital
2 Chalmer Street
SURRY HILLS NSW 2010

Telephone: (02) 9293 3200

Tresillian Family Care Centres

Jane Kookarkin

Health Information Manager
Tresillian Family Care Centres
C/– The Canterbury Hospital
Canterbury Road
CAMPSIE NSW 2194

Telephone: (02) 9787 0875

The Summary of Affairs is updated and forwarded to the Government Printing Office for inclusion in the Government Gazette every six months. FOI Officers listed in the Summary of Affairs are available for enquiries regarding FOI applications, access to medical records and/or amendment of records.

Freedom of Information Statistics

FOI applications were received and processed by Royal Prince Alfred Hospital, Concord Repatriation General Hospital, Canterbury Hospital, Rozelle Hospital and the Sydney Dental Hospital. The CSAHS Office dealt with a number of FOI applications, including internal reviews and appeals to the Administrative Decisions Tribunal.

Freedom of Information – Statistical returns

FOI Applications	2002/03			2003/04		
Number of Applications	**Personal**	**Non-Personal**	**Total**	**Personal**	**Non-Personal**	**Total**
Applications carried forward from 30 June (applications not completed in the previous period)	3	0	3	–	–	–
New applications	71	26	97	108	13	121
Applications completed	68	22	90	103	13	116
Transferred Out	–	–	–	–	–	–
Withdrawn	–	–	–	2	–	2
Unfinished (carried forward)	–	–	–	1	–	1
Number of amendments and/or notations	0	0	0	4	–	4
Outcomes of Applications						
Completed applications						
Granted in full	60	17	77	83	9	92
Granted in part	3	1	4	2	2	4
Refused	4	4	8	18	1	19
Deferred	1	–	1	–	1	1
Applications granted in part or refused						
Exempt (Schedule 1)	2	1	3	1	2	3
Unreasonable diversion of resources	–	–	–	2	–	2
Otherwise available	–	2	2	1	–	1
Other	–	–	–	2	1	3
No record held	4		4	4	1	5
Incomplete – application fees not submitted	3	5	8	–	–	–
Deemed refusal (over 21 days)	–	–	–	1	–	1
Deposit not paid	–	–	–	–	1	1

Freedom of Information (FOI)

FOI Applications	2002/03			2003/04		
Number of Applications	Personal	Non-Personal	Total	Personal	Non-Personal	Total
Fees						
Assessed Costs	–			$4,255		
Fees received	$2,418			$3,762		
Discounts Allowed						
Number of discounts allowed	27	3	30	16	0	16
Financial Hardship	27	3	30	16	0	16
Public Interest	0	0	0	0	0	0
Processing Time						
0 – 21 days	52	15	67	81	10	91
22 – 35 days	12	2	14	11	3	14
Over 35 days	4	5	9	11	0	11
Reviews and appeals	1	1	2	5	1	6
Processing Hours						
0 – 10 hours	–	–	–	101	12	113
11 – 20 hours	–	–	–	1	–	1
21 – 40 hours	–	–	–	1	1	2
Over 40 hours	–	–	–	–	–	–

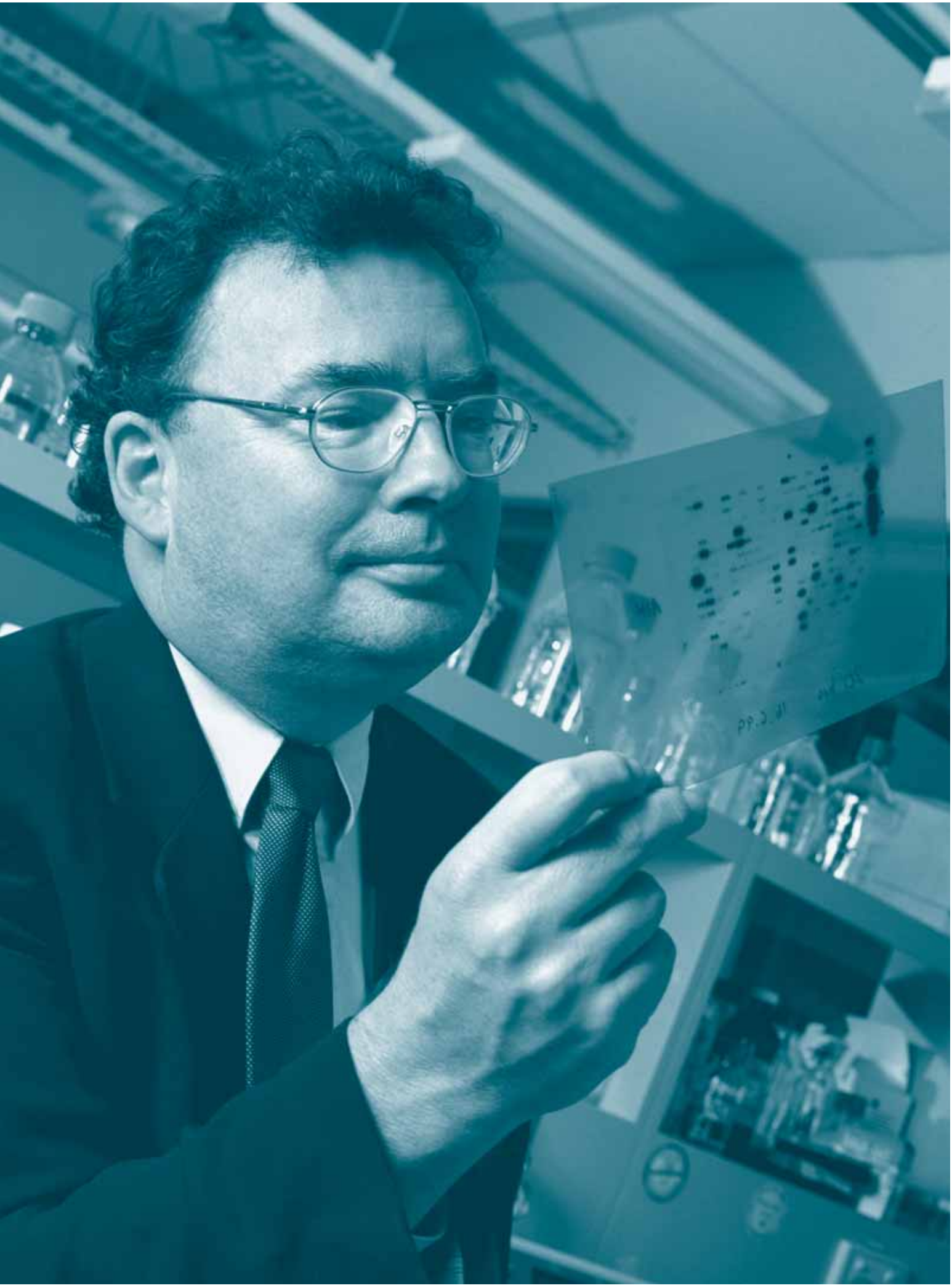
During the period 1 July 2003 to 30 June 2004, CSAHS received a number of FOI applications. The applications directly related to a facility were forwarded to the appropriate FOI Officer for processing.

Eighteen FOI applications were received in the Area Office, the majority being of a non-personal nature. Of those 18 applications there was one request for an amendment of records. The applicant requested to have a number of amendments made to their medical record. CSAHS determined one amendment to be of a factual nature and made a notation at the bottom of the medical record with the correct information. The other amendment requests were refused in accordance with section 44 of the FOI Act. The applicant was given an opportunity to notify whether to add a notation to the record in accordance with section 46 of the FOI Act. An Internal Review was lodged by the applicant and CSAHS determined to uphold the original decision. The applicant subsequently lodged a further appeal with the Administrative Decisions Tribunal (ADT), however it was later withdrawn by the applicant.

Another four Internal Review appeals were lodged following determinations made by CSAHS. One application was refused based on section 34 of the FOI Act, that is, the application was not submitted within the required time after notice was given.

Of the other three appeals, one applicant lodged an appeal through the Ombudsman's Office which is under review, while another applicant lodged an appeal with the ADT which is ongoing.

There were no Ministerial Certificates issued during the reporting period. There were three applications requiring formal consultation.



Teaching and training

CSAHS is a leading provider of education for future health professionals, including undergraduate and postgraduate medical, nursing and allied health trainees. The completion of the Kerry Packer Education Centre at Royal Prince Alfred Hospital (RPA) has provided new, state-of-the-art facilities for the teaching of both small and large groups.

Undergraduate Medical Students

The hospitals of CSAHS again have the largest intake of students from the University of Sydney graduate medical course, with over 350 students allocated to RPA and Concord Hospitals. During their four year course students undertake rotations to Dubbo Base Hospital in a complementary teaching program.

In addition, CSAHS receives and trains over 100 elective medical students from overseas every year.

RPA Postgraduate medical training

RPA trains over 120 interns and resident medical officers per year. The hospital recently introduced a multi-media CD-ROM version of the formal teaching sessions for the benefit of junior doctors who are unable to attend teaching sessions due to other training commitments. In October 2003, RPA was awarded full accreditation for training junior doctors by the Postgraduate Medical Council of NSW.

Nurses training

CSAHS received Nurse Strategy Reserve Funding again this financial year through NSW Health. The funding facilitates a wide variety of learning and development opportunities for nurses.

Following the inclusion of medication administration into the Trainee Enrolled Nurse curriculum, CSAHS made an agreement with TAFE to conduct this course.

The Area continues to employ Trainee Enrolled Nurses with three intakes per year. Many of the nurses remain in the Area in full-time positions following completion of their training.

CSAHS employed 167 graduate nurses who have completed a 12 month clinical transition program.

The Statewide *Nurses Re-Connect* program was relaunched by the NSW Minister for Health at Canterbury Hospital in June 2004. The Area hopes that the individually tailored program will attract a significant number of nurses back into the workforce.

CSAHS continues to support many universities, local, Australia-wide and overseas with clinical placements for undergraduate and postgraduate students in a variety of programs. We have a structured student program with universities in Manchester, UK and Scandinavia.

Nurses' approach to evidence-based nursing and practice has been enhanced by the provision of research education workshops, held in conjunction with the University of Sydney Centre for Adaptation in Illness and Health.

Research projects

Below is a brief list of some of the research projects being undertaken at CSAHS.
A more detailed listing can be found at www.cs.nsw.gov.au

Research project	Facility and Researchers	Funding	Brief
Basic mechanism of spontaneous tolerance of liver allografts in a rat model	*RPA* A Bishop G McCaughan A Sharland J Rasko C Wang	NHMRC	To improve the outcome of liver transplantation by studying an animal model where a transplanted liver is not rejected.
Expanding the role for non-invasive ventilation in cystic fibrosis (CF)	*RPA* P Bye R Grunstein I Young S Bell	NHMRC	To treat people with CF with short-term portable assisted ventilation during flare-ups of the disease.
Mannitol in the assessment of bronchial responsiveness in airway disease	*RPA* S Anderson P Seale	NHMRC	To identify people with airway diseases who could benefit from treatment with inhaled steroids.
Concord Hormones and Ageing in Men Project (CHAMP)	*Centre for Education and Research on Ageing (CERA)* R Cumming	NHMRC	To describe the frequency of major geriatric syndromes (falls, dementia, urinary problems etc.) in older men and identify risk factors for these conditions.
Prediction of Oral Appliance Treatment Outcome in Obstructive Sleep Apnea	*SDH* Prof M Ali Darendeliler	NHMRC	To predict treatment outcomes of patients with obstructive sleep apnea treated with various intra-oral appliances.
PERICAR	*SDH* BA Taylor (Sydney Dental Hospital) GH Tofler (Royal North Shore Hospital)	NHMRC and Ramaciotti Foundation	To investigate the link between periodontal disease and the risk of cardiovascular disease.
Proteomic and Functional Genomic Analysis of Colorectal Cancer	*Concord Hospital* C Chan G Theodosopoulos F Lam EL Bokey P Chapuis M Rickard B Lin O Dent	Merrylands RSL Club and Australian Rotary Health Research Fund	To analyse the molecular composition of colorectal cancers in order to better understand the molecular basis of the development and biological behaviour of this disease, and identify markers for diagnostic and therapeutic applications.

Research project	Facility and Researchers	Funding	Brief
Evaluation of Observer and Method Variability in Ultrasonic Measurement of Human Prostate Zonal Volume	*Concord Hospital* D Handelsman	In-house/ANZAC Research Institute	To develop and evaluate a new less invasive method to measure prostate size by ultrasound.
Preventing falls in hospital: a cluster randomised trial	*CERA* R Cumming	NHMRC	To evaluate a multidisciplinary approach to falls prevention in hospitals.
Improving vision to prevent falls: a randomised trial	*CERA* R Cumming	NHMRC	To determine whether doing eye tests and providing appropriate treatment can prevent falls among older people.
Development of a test of tests to deter the abuse of blood tranfusion in sport	*RPA* M Nelson	United States Anti-Doping Agency	To develop a test to detect the abuse of blood transfusion by athletes competing in professional endurance events.
Reducing Harm From High Risk Drugs In An Older Population	*Concord Hospital* R Burke	Australian Safety and Quality Council	To identify the incidence of adverse drug events using a trigger tool. To develop safer prescribing and handling practices for insulin.
Case control studies of completed and attempted suicide in young people in NSW	*Department of Forensic Medicine* R Taylor M Dudley A Page J Hilton J Duflou J Mowll	NHMRC	This project involves case-control studies in suicide and attempted suicide in young people in urban and rural NSW investigating antecedents and risk factors.
High support accommodation for people with psychiatric disabilities	*Rozelle Hospital, Central Sydney Area Mental Health Service, Aftercare* A Freeman G Hunt J Malone	NSW Health	Statewide survey of availability and effectiveness of accommodation models of care for consumers with high support needs.

Research project	Facility and Researchers	Funding	Brief
Tresillian Home Visiting Intervention Project	*Tresillian Family Care Centres* Dr C Fowler (Tresillian) Dr C McMahon (Macquarie University) Dr N Kowalenko (RNSH)	Department of Family and Community Services Early Intervention Parenting Grants and Macquarie University.	To improve parent-child relationships, optimise children's cognitive and emotional development and enhance family functioning within targeted high-risk groups who have been identified as having unmet psychosocial needs and who require more support with parenting.
The role of pharmacotherapy in prevention of relapse in alcohol dependence	*Population and Drug Health Services* A/Prof P Haber A/Prof J Bell A/Prof M Teesson Prof R Mattick Dr C Sannibale K Morley C Thomson	NHMRC	To compare the effectiveness of Naltrexone and Acamprosate in treating alcohol dependence, in a double-blind randomised placebo controlled treatment trial.
Incidence, risk factors and clearance of hepatitis C in inmates of NSW prisons	*Population and Drug Health Services* Prof A Lloyd A/Prof P Haber A/Prof W Rawlinson Dr R French Dr K Dolan A/Prof M Levy Prof J Kaldor	NHMRC	To study inmates not infected with hepatitis C, in order to further understand the mode of virus transmission and the critical factors involved with spontaneous viral clearance.

Engaging the community

Engaging the community

Patient feedback

All facilities have a patient representative. This position is highly promoted at each facility to ensure patients/carers know who to voice their comments and complaints through. Complaint statistics are collected and regularly reported to the Clinical Quality Council and NSW Health for inclusion in the statewide complaints database.

Facilities also use surveys and suggestion boxes to gather patient feedback which helps to maintain a constructive relationship between staff and patients where an exchange of information can take place freely.

CSAHS holds ongoing consumer forums featuring key speakers who promote better dialogue between CSAHS and the community we serve. Consumer representatives are included in many committees throughout the service.

Fundraising and sponsorship

Fundraising takes place across CSAHS at departmental, facility and service levels. It allows CSAHS staff and members of the community to come together to make a contribution to the ongoing success of our services. Highlights this year include a Masked Ball held at Canterbury-Hurlstone Park RSL in October 2003, which raised $70,000 for operating theatre equipment at Canterbury Hospital.

Tresillian Family Care Centres held a breakfast to honour Johnson & Johnson's ten years of sponsorship.

The Sydney Cancer Foundation continued to support the work of the Sydney Cancer Centre, with $1,940,203 raised in 2003/04. Highlights included the Turnbull Cocktail Party, which raised $108,200, and the Corporate Lunch at Guillaume At Bennelong which raised $125,350.

Two restaurants in Concord, Angelo's on the Bay and Sanders joined forces to put on a degustation banquet this year. The evening raised $25,000 for the purchase of monitoring equipment for the Cardiovascular Unit.

The Sydney Chinese Lions Club raised $28,000 for the Burns Unit at their Chinese New Year Ball held at Star City this year. All fundraising activities are initiated to improve the quality of care of our patients and clients.

The RPA Foundation Medal award ($50,000) is the result of various appeals held throughout the year, and is given to an individual for excellence in medical research.

Ethnic Affairs Priority Statement

CSAHS acknowledges and supports the cultural diversity of its population and adheres to the NSW Government Principles of Multiculturalism by providing language services and other services and programs targeting culturally diverse communities.

In 2003/04 CSAHS developed activities which incorporated the Department of Health goals of Fairer Access, Healthier People and Quality Health Care.

Fairer Access

CSAHS Mental Health Services and the Transcultural Mental Health Centre developed a brochure detailing the hospital regulations, rights and responsibilities of patients suffering from mental illness. It was produced in 17 languages and distributed throughout CSAHS mental health services.

Healthier People

The Multicultural Health Unit, the Cancer Council, and the Chinese Australian Tobacco and Health Network (CATHN) all contributed to the campaign on Environmental Tobacco Smoke and children. Targeting the Sydney metropolitan Chinese community, it included a media campaign, promotional material in Chinese and training workshops for relevant health and welfare workers.

Quality Health Care

The University of NSW Centre for Culture and Health, the NSW Department of Health and Area Health Care Interpreter Services are researching the impact of using health care interpreters at emergency departments. The proposal has been developed and the pilot programs have been conducted at six sites in six languages. The results are still to be finalised/published.

In 2003/04 CSAHS's Multicultural Health Unit completed a bilingual General Practitioner survey. The results have provided a snapshot of health issues affecting the Arabic, Chinese, Greek, Portuguese, Vietnamese and Turkish communities. The results and the methodology have opened opportunities for collaborative work, such as a program addressing the issue of addiction to barbiturates among elderly women.

In 2004/05 CSAHS plans to continue health improvement activities such as physical activity programs, cultural awareness training and developing more partnerships. In particular, CSAHS plans to work in partnership with refugee health to improve access to services for minority communities living in the CSAHS.

Non-Government organisations (NGOs)

CSAHS is responsible for administering the following non-government organisations (NGOs) funded through the NSW Health NGO grant program.

Subsidy NGO Grant 2003/04 as at 30 June 2004

Recipients/Grantees	Program	2003/04 grant
Australian Nutrition Foundation	Health Promotion	0
	Health Promotion Total	0
Barnardo's – Marrickville	Drug and Alcohol	90,900
Barnardo's – Youth at Risk	Drug and Alcohol	86,900
Building Trades Union	Drug and Alcohol	334,200
CO AS IT	Drug and Alcohol	50,900
Cyrenian House	Drug and Alcohol	266,172
Fact Tree Youth Services – Making It	Drug and Alcohol	101,800
Family Drug Support	Drug and Alcohol	156,100
Guthrie House	Drug and Alcohol	132,900
Kathleen York House	Drug and Alcohol	93,090
Leichhardt Women's Health Centre	Drug and Alcohol	65,100
South Sydney Women's Therapy Centre	Drug and Alcohol	122,500
We Help Ourselves	Drug and Alcohol	727,125
Youth Unlimited	Drug and Alcohol	48,400
	Drug and Alcohol Total	2,276,087
Family Planning NSW	AIDS	429,400
Haemophilia Society of NSW	AIDS	75,200
Leichhardt Women's Health Centre	AIDS	46,300
Stanford House Inc	AIDS	145,200
The Gender Centre	AIDS	213,360
We Help Ourselves	AIDS	104,900
	AIDS Total	1,014,360
Family Planning NSW	Women's Health	406,000
Leichhardt Women's Health Centre	Women's Health	0
NSW Rape Crisis Centre	Women's Health	158,500
Women's Incest Survivors Network	Women's Health	8,100
	Women's Health Total	572,600
Dental Health Foundation	Dental	0
	Dental Total	0

Non-Government organisations (NGOs)

Recipients/Grantees	Program	2003/04 grant
Centacare Services – Sydney	Community Services	30,700
Dympna House	Community Services	348,000
Family Planning NSW	Community Services	561,600
Leichhardt Women's Health Centre	Community Services	521,900
Lifeline Sydney	Community Services	53,700
Melanoma and Skin Cancer Research Institute	Community Services	514,500
NSW Ctr Perinatal Health Services	Community Services	22,800
NSW Council Child's Film and TV	Community Services	(584)
NSW Rape Crisis Centre	Community Services	535,700
South Sydney Women's Therapy Centre	Community Services	223,400
Sydney Indo-Chinese Youth Support	Community Services	59,900
Thalassaemia Society of NSW	Community Services	49,400
	Community Services Total	2,921,016
After Care – Administration	Mental Health	84,700
After Care – Ashfield/Parramatta	Mental Health	85,400
After Care – Psycho Support Services	Mental Health	74,100
CO AS IT	Mental Health	117,200
GROW (Community Services)	Mental Health	400,700
Homicide Victims Support Group	Mental Health	206,040
Richmond Fellowship	Mental Health	644,200
	Mental Health Total	1,612,340
Diabetes Australia	Aged and Disabled	19,300
Ella Community Centre	Aged and Disabled	51,800
Motor Neurone Disease Association	Aged and Disabled	271,200
Royal Blind Society of NSW	Aged and Disabled	183,500
Stroke Recovery Association	Aged and Disabled	97,300
	Aged and Disabled Total	623,100
Motor Neurone Disease Assoc paid via Subsidy	Palliative Care	48,900
	Palliative Care Total	48,900
Total all NGO Grant Programs		9,068,403

Volunteers

Balmain Hospital

Auxiliary Office Bearers

President: Jean MacLaren OAM
Secretary: Joyce Duncan OAM
Treasurer: Maisie Hardy OAM
Ladies Auxiliary 19
General Volunteers 4
STRONG Program volunteers 4
Community Visitors Scheme 160

The hospital once again provided an education day to update members of the auxiliary and volunteers on occupational health and safety issues, fire prevention and falls risk. The day proved to be so popular that it will be repeated again next year.

They also assisted with Balmain Hospital's ten-year anniversary event with fundraising stalls and raffles.

A number of chaplains visit the hospital on a casual basis.

Canterbury Hospital

No auxiliary

Pastoral care 15
Stall holders 4
General volunteers 4
Pink ladies 34

Volunteers who manage a Thursday arts and craft stall raised $22,000 this year for the purchase of an adult resuscitation manikin which assists in the training of nursing and medical staff.

The pastoral care team celebrated ten years at Canterbury hospital and one volunteer was recognised for her 30 years of service to the hospital.

Concord Hospital

Auxiliary office bearers

Coordinator/Public Officer: Ruth Ellis
Treasurer: Anne Smith
Secretary: Gaye Foster
Volunteers 90

The Concord Auxiliary has a combination of regular activities and special events to raise funds for the hospital. Volunteers run both a weekly arts and craft market and the Kokoda Kaffe in Rhodes Park.

During 2003/04 a fundraising Golf Day and Jazz Festival were held at Concord Golf Club and Rivendell respectively. Both events will be expanded next year, with a perpetual trophy being organised for the Golf Day. Concord Hospital is looking for new active volunteers and will begin a recruitment promotion in earnest in late 2004.

Rozelle Hospital

Auxiliary office bearers

President: Gary Rowley
Vice President: Jill Langton
Treasurer: Reverend Alan Galt
Assistant Treasurer: John Searle
Secretary: Andy Upenieks
Assistant Secretary: Alex Woods
Chaplains 4

Whilst Rozelle Hospital does not have a formal volunteer service, several staff members donate time and effort throughout the year to raise money. Their major fundraising event is an annual fete. The funds are used for excursions, patient activities, equipment and personal items for patients' use during their hospital stay (for example, sound systems, VCRs, TVs and air conditioners).

RPA

Auxiliary office bearers

President/Secretary/Treasurer: Betty Piper (to March 2004)
Women's auxiliary ..... 4 (to March 2004)
Volunteers 60
Pastoral Care ..... 15 (representatives of other faiths also visit the hospital)

Volunteers at RPA are trained in a variety of skills relevant to their roles, especially those who work in the Emergency Department and the Intensive Care Unit.

As a result of the opening of the new Clinical Services building and Institute of Rheumatology and Orthopaedics, there is now a dedicated *meet and greet* volunteer at both main entrances.

The Hospital Auxiliary closed during this financial year. It was decided to donate its final balance towards the purchase of equipment for RPA.

Donations and bequests

Thank you to the following individuals and organisations for providing $5,000 or more in support during 2003/04.

Anonymous

Belmore RSL Club

Bernard David Rothbury Trust – Perpetual Trustees Australia

Bulldogs Leagues Club

Campsie RSL Club

Canterbury-Hurlstone Park RSL

Canterbury-Hurlstone Park Leagues Club

Channel Nine

City of Canada Bay Council

F Fryirs

Freda Gamble

Glynn O'Neill

Gram Engineering Pty Ltd

Kimberly Clark

National Servicemens' Association

Nationwide News Pty Ltd

Nestle Australia

NRMA

Punchbowl Ex-Services and Community Club

Rotary Club of Burwood

Sydney Chinese Lions Club

Una Egan

Western Suburbs Soccer Club

Wests Ashfield

The JS McMillan Printing Group –
have performed pro-bono work for Royal Prince Alfred Hospital

Johnson & Johnson –
in addition to their financial donation also donate product to Tresillian Family Care Centres

Lindt & Spruglie Australia –
have donated product to Royal Prince Alfred Hospital

Medtel Australia –
have sponsored products for patients at Royal Prince Alfred Hospital

Financial Overview

Financial Overview

The budget allocation for the 2003/04 financial year was received on 30 September 2003. As part of the 2003/04 Budget deliberations of Government, all budget sector agencies were targeted at achieving efficiency and better use of resources of goods and services expenditures.The combined General Fund and Special Purposes Trust Funds Net Cost of Service for the year was $688.491 million compared to the $690.489 million budget, which resulted in a favourable outcome of $1.998 million.

The General Fund expenditure for the year in accrual terms was $953.562 million compared to the $949.549 million budget allocation and the result was $4.013 million (or 0.42%) unfavourable. The General Fund revenue totalled $264.120 million compared to the budget target of $259.074 million and the result was $5.046 million in surplus. The revenue favourability was mainly attributed to the $5.1 million receipt of Treasury Managed Fund Hindsight adjustment.

Services provided to patients from other area health services (inflows) were valued at $164.224 million, up $10.309 million from the previous year. Services provided to Central Sydney Area Health Service residents by other Area Health (outflows) were valued at $86.927 million, an increase of $9.465 million from last year. For accounting purposes only, the patient inflows were treated as revenue and patient outflows were treated as expenditure. (No cash actually changed hands between Area Health Services). Responsibility for the management of inpatient inflows and outflows from other States and Territories was devolved to Health Services since 2002/03.The effect on CSAHS was a net inflow of $1.763 million.

The Special Purposes and Trust Fund provided a Net Cost of Services favourable result of $965,000. (Expenditure was $1.657 million in surplus and revenue was $692,000 unfavourable).

At 30 June 2004, total equity was $704.324 million. Property, Plant and Equipment acquisitions for the year were $54.027 million.

NSW Health issued advice on revenue best practice on 24 June 2003.The best practices have been adopted by the Area and a patient liaison officer has been established. In achieving the above result CSAHS is satisfied that it has operated within the advised level of Government Cash Payments and restricted operating costs to the budget available.

Dr Diana G Horvath AO

Chief Executive Officer

Central Sydney Area Health Service

CSAHS
Central Sydney Area Health Service

Certification of Financial Statements

The attached financial statements of Central Sydney Area Health Service for the year ended 30 June 2004:

(i) have been prepared in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group Consensus Views, the requirements of the Public Finance and Audit Act, 1983 and its regulations, the requirements of the Health Services Act 1997, the Accounts and Audit Determination, and the Accounting Manual for Area Health Services, District Health Services and Public Hospitals; and

(ii) present fairly the financial position and transactions of the Health Service; and

(iii) have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Dr Diana G Horvath AO
Chief Executive Officer
Administrator
Central Sydney
Area Health Service
29 September, 2004

Administrator
South Western Sydney
Area Health Service

Candy Cheng
Director of Finance and Budget
29 September, 2004

INDEPENDENT AUDIT REPORT
CENTRAL SYDNEY AREA HEALTH SERVICE

To Members of the New South Wales Parliament

Audit Opinion Pursuant to the *Public Finance and Audit Act 1983*

In my opinion, the financial report of the Central Sydney Area Health Service:

(a) presents fairly the Central Sydney Area Health Service's and the consolidated entity's financial position as at 30 June 2004 and their financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and

(b) complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act).

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

(a) the accounts of the Central Sydney Area Health Service and the consolidated entity show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2004

(b) the accounts and associated records of the Central Sydney Area Health Service and the consolidated entity have been properly kept during the year in accordance with the *Charitable Fundraising Act 1991* (the CF Act) and the *Charitable Fundraising Regulation 2003* (the CF Regulation)

(c) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act and the CF Regulation, and

(d) there are reasonable grounds to believe that the Central Sydney Area Health Service and the consolidated entity will be able to pay their debts as and when they fall due.

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

The Administrator's Role

The financial report is the responsibility of the Administrator. It consists of the statements of financial position, the statements of financial performance, the statements of cash flows, the program statement –expenses and revenues and the accompanying notes for the Central Sydney Area Health Service and the consolidated entity. The consolidated entity comprises the Service and the entity it controlled at the year's end or during the financial year.

The Auditor's Role and the Audit Scope

As required by the PF&A Act and the CF Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides *reasonable assurance* to Members of the New South Wales Parliament that the financial report is free of *material* misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Administrator in preparing the financial report,
- examined a sample of the evidence that supports:
  - (i) the amounts and other disclosures in the financial report,
  - (ii) compliance with accounting and associated record keeping requirements pursuant to the CF Act, and
- obtained an understanding of the internal control structure for fundraising appeal activities.

An audit does *not* guarantee that every amount and disclosure in the financial report is error free. The terms 'reasonable assurance' and 'material' recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that the Administrator had failed in her reporting obligations.

My opinions do *not* provide assurance:

- about the future viability of the Central Sydney Area Health Service or its controlled entity,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor General, and
- 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 are not compromised in their role by the possibility of losing clients or income.

P J Boulous, CA
Director of Audit

SYDNEY
1 October 2004

CENTRAL SYDNEY AREA HEALTH SERVICE
Statement of Financial Position as at 30 June 2004

Parent					Consolidated		
Actual 2004 $000	Budget 2004 $000	Actual 2003 $000		Notes	Actual 2004 $000	Budget 2004 $000	Actual 2003 $000
			ASSETS				
			Current Assets				
82,229	85,164	89,378	Cash	2(q)(i),16	87,424	85,164	93,356
14,004	16,758	13,897	Receivables	2(q)(ii),17	14,782	16,758	14,056
5,331	5,266	5,484	Inventories	2(n),18	5,331	5,266	5,484
101,564	107,188	108,759	**Total Current Assets**		107,537	107,188	112,896
			Non-Current Assets				
			Property, Plant and Equipment				
741,616	761,046	753,714	- Land and Buildings	2(h),2(j),19	746,751	761,046	759,264
68,941	54,341	69,576	- Plant and Equipment	2(i),2(j),19	69,817	54,341	70,111
810,557	815,387	823,290	Total Property, Plant and Equipment		816,568	815,387	829,375
810,557	815,387	823,290	**Total Non-Current Assets**		816,568	815,387	829,375
912,121	922,575	932,049	**Total Assets**		924,105	922,575	942,271
			LIABILITIES				
			Current Liabilities				
46,064	43,087	41,120	Payables	2(r),2(q)(iv),21	46,335	43,087	41,263
49,217	55,357	50,853	Provisions	2(a),22	49,296	55,357	50,905
95,281	98,444	91,973	**Total Current Liabilities**		95,631	98,444	92,168
			Non-Current Liabilities				
124,139	121,200	111,466	Provisions	2(a),22	124,150	121,200	111,470
124,139	121,200	111,466	**Total Non-Current Liabilities**		124,150	121,200	111,470
219,420	219,644	203,439	**Total Liabilities**		219,781	219,644	203,638
692,701	702,931	728,610	**Net Assets**		704,324	702,931	738,633
			Equity				
140,414	140,659	140,414	Reserves	23	140,659	140,659	140,659
552,287	562,272	588,196	Accumulated Funds	23	563,665	562,272	597,974
692,701	702,931	728,610	**Total Equity**		704,324	702,931	738,633

The accompanying notes form part of these financial statements

CENTRAL SYDNEY AREA HEALTH SERVICE
Statement of Financial Performance for the Year Ended 30 June 2004

Parent					Consolidated		
Actual 2004 $000	Budget 2004 $000	Actual 2003 $000		Notes	Actual 2004 $000	Budget 2004 $000	Actual 2003 $000
			Expenses				
			Operating Expenses				
586,957	588,911	544,996	Employee Related	3	587,810	588,911	545,707
27,593	27,832	26,815	Visiting Medical Officers		27,594	27,832	26,815
279,341	274,407	258,734	Goods and Services	4	280,312	274,407	259,620
43,972	45,325	31,593	Maintenance	2(l),5	44,118	45,325	31,712
34,159	36,141	31,005	Depreciation	2(j),6	34,657	36,141	31,207
9,068	8,691	9,104	Grants and Subsidies	7	9,068	8,691	9,104
5,329	5,225	4,793	Payments to Affiliated Health Organisations - Recurrent	8	5,329	5,225	4,793
986,419	986,532	907,040	**Total Expenses**		988,888	986,532	908,958
			Revenues				
248,547	247,806	238,920	Sale of Goods and Services	2(c),9	248,547	247,806	238,920
5,608	6,180	5,811	Investment Income	10	5,833	6,180	5,968
24,654	25,946	21,361	Grants and Contributions	11,14	28,161	25,946	24,038
17,611	16,111	44,693	Other Revenue	12,14	17,959	16,111	44,873
296,420	296,043	310,785	**Total Revenues**		300,500	296,043	313,799
92	-	(662)	(Gain)/Loss on Disposal of Non Current Assets	13	103	-	(662)
690,091	690,489	595,593	**Net Cost of Services**	28	688,491	690,489	594,497
			Government Contributions				
589,700	589,700	541,461	NSW Health Department Recurrent Allocations	2(d)	589,700	589,700	541,461
21,383	21,383	35,047	NSW Health Department Capital Allocations (Asset Sale Proceeds transferred to the NSW Health Department)	2(d)	21,383	21,383	35,047
44,248	44,854	39,877	Acceptance by the Crown Entity of Employee Superannuation benefits	2(a)	44,248	44,854	39,877
655,331	655,937	616,385	**Total Government Contributions**		655,331	655,937	616,385
34,760	34,552	20,792	**Result for the Year from Ordinary Activities**	23	33,160	34,552	21,888
-	-	(7,375)	Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity	23	-	-	(7,130)
34,760	34,552	13,417	**TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS**	23	33,160	34,552	14,758

The accompanying notes form part of these financial statements

CENTRAL SYDNEY AREA HEALTH SERVICE
Statement of Cash Flows for the Year Ended 30 June 2004

Parent					Consolidated		
Actual 2004 $000	Budget 2004 $000	Actual 2003 $000		Notes	Actual 2004 $000	Budget 2004 $000	Actual 2003 $000
			Cash Flows From Operating Activities				
			Payments				
(527,358)	(528,126)	(481,627)	Employee Related		(528,171)	(528,126)	(482,328)
(9,975)	(14,824)	(10,014)	Grants and Subsidies		(9,975)	(14,824)	(10,014)
(383,272)	(367,997)	(347,493)	Other		(384,150)	(367,997)	(349,216)
(920,605)	(910,947)	(839,134)	**Total Payments**		(922,296)	(910,947)	(841,558)
			Receipts				
247,305	248,880	240,366	Sale of Goods and Services		247,305	248,880	240,042
5,731	6,304	5,797	Interest Received		5,937	6,304	5,957
70,387	66,970	93,741	Other		73,424	66,970	97,795
323,423	322,154	339,904	**Total Receipts**		326,666	322,154	343,794
			Cash Flows From Government				
589,700	589,700	541,461	NSW Health Department Recurrent Allocations		589,700	589,700	541,461
21,383	21,383	35,047	NSW Health Department Capital Allocations		21,383	21,383	35,047
611,083	611,083	576,508	**Net Cash Flows From Government**		611,083	611,083	576,508
13,901	22,290	77,278	NET CASH FLOWS FROM OPERATING ACTIVITIES	28	15,453	22,290	78,744
			Cash Flows From Investing Activities				
310	-	2,698	Proceeds from the Sale of Land and Buildings, and Plant and Equipment		310	-	2,698
-	-	29,134	Proceeds from sale of Investments		-	-	29,134
(21,447)	(30,482)	(53,316)	Purchases of Land and Buildings, and Plant and Equipment		(21,882)	(30,482)	(53,639)
830	-	2,524	Other		930	-	2,467
(20,307)	(30,482)	(18,960)	NET CASH FLOWS FROM INVESTING ACTIVITIES		(20,642)	(30,482)	(19,340)
			Cash Flows From Financing Activities				
(743)	-	-	Cash and other Financial Assets of Health Quest transferred out of CSAHS		(743)	-	-
(743)	-	-	NET CASH FLOWS FROM INVESTING		(743)	-	-
(7,149)	(8,192)	58,318	NET INCREASE/(DECREASE) IN CASH		(5,932)	(8,192)	59,404
89,378	93,356	31,060	Opening Cash and Cash Equivalents		93,356	93,356	33,952
82,229	85,164	89,378	CLOSING CASH AND CASH EQUIVALENTS	16	87,424	85,164	93,356

The accompanying notes form part of these financial statements

Central Sydney Area Health Service
Program Statement — Expenses and Revenues
for the Year Ended 30 June 2004

CSAHS EXPENSES AND REVENUES	Program 1.1		Program 1.2		Program 1.3		Program 2.1		Program 2.2		Program 2.3		Program 3.1		Program 4.1		Program 5.1		Program 6.1		Grand Total	
	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses																						
Operating Expenses																						
Employee Related	29,097	27,010	353	321	94,872	88,069	28,803	26,731	254,664	235,371	33,564	31,142	54,113	51,333	33,152	30,768	7,994	7,437	51,198	47,525	587,810	545,707
Visiting Medical Officers	1,242	1,206	11	12	5,817	5,653	1,082	1,050	11,724	11,395	2,892	2,810	1,843	1,792	1,305	1,268	607	589	1,071	1,040	27,594	26,815
Other Operating Expenses	8,858	8,202	84	74	43,953	40,716	8,690	8,037	165,469	153,221	21,347	19,040	11,393	11,302	8,634	8,001	4,288	3,983	7,596	7,044	280,312	259,620
Maintenance	1,327	949	5	2	8,756	6,450	1,916	1,425	20,904	14,589	3,569	2,595	1,746	1,239	1,591	1,163	857	630	3,447	2,670	44,118	31,712
Depreciation	392	354	-	1	6,190	5,572	1,913	1,723	19,023	17,131	2,724	2,452	1,469	1,323	1,230	1,107	347	311	1,369	1,233	34,657	31,207
Grants and Subsidies	6,269	4,759	-	-	-	-	-	-	-	-	-	-	1,612	1,844	672	567	-	56	515	1,878	9,068	9,104
Payment to Affiliated Health Organisations	561	504	-	-	472	424	-	-	4,296	3,865	-	-	-	-	-	-	-	-	-	-	5,329	4,793
Total Expenses	47,746	42,984	453	410	160,060	146,884	42,404	38,966	476,080	435,572	64,096	58,039	72,176	68,833	46,584	42,874	14,093	13,006	65,196	61,390	988,888	908,958
Retained Revenue																						
Sale of Goods and Services	3,952	3,800	-	-	-	-	9,420	9,056	182,109	175,002	15,957	15,352	18,144	17,456	16,330	15,713	249	246	2,386	2,295	248,547	238,920
Investment Income	583	596	-	-	-	-	52	53	1,439	1,473	110	112	65	66	342	350	383	392	2,859	2,926	5,833	5,968
Grants and Contributions	1,692	1,445	-	-	-	-	180	154	6,359	5,426	383	328	228	194	1,200	1,025	389	332	17,730	15,134	28,161	24,038
Other Revenue	537	20	-	-	13	-	54	2	11,975	44,655	102	4	50	2	323	12	2,157	80	2,748	98	17,959	44,873
Total Retained Revenue	6,764	5,861	-	-	13	-	9,706	9,265	201,882	226,556	16,552	15,796	18,487	17,718	18,195	17,100	3,178	1,050	25,723	20,453	300,500	313,799
Gain/(Loss) on Disposal of Non Current Assets	-	(8)	-	-	-	-	-	-	(103)	684	-	-	-	(10)	-	(4)	-	-	-	-	(103)	662
NET COST OF SERVICES	40,982	37,131	453	410	160,047	146,884	32,698	29,701	274,301	208,332	47,544	42,243	53,689	51,125	28,389	25,778	10,915	11,956	39,473	40,937	688,491	594,497

The name and purpose of each program is summarised in Note 15.
The program statement uses statistical data to 31 December 2003 to allocate the current year's financial information to each program.
No changes have occurred during the period between 1 January 2004 and 30 June 2004 which would materially impact this allocation for the entire year.

1. Central Sydney Area Health Service Reporting Entity

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health service.

Central Sydney Area Health Service (CSAHS) was established on 1 August 1988. CSAHS, incorporates and manages all the operating activities of the following hospitals, community health services and other facilities under its control:

- Royal Prince Alfred Hospital
- Concord Repatriation General Hospital
- Balmain Hospital
- Canterbury Hospital
- NSW Institute of Forensic Medicine
- Population Health
- Institute of Rheumatology and Orthopaedics
- Rozelle Hospital
- Thomas Walker Hospital
- United Dental Hospital
- ANZAC Health and Medical Research Foundation

* Health Quest was transferred out from CSAHS on 1 July 2003

In addition, the following Affiliated Health Organisations are associated by special arrangements with CSAHS:

- Central Sydney Scarba Service
- Tresillian Family Care Centres

The Financial Statements encompass the activities of the General Fund and the controlled segment of the Special Purposes and Trust Fund. As CSAHS cannot use the uncontrolled segment of the latter fund to achieve its objectives, the cash balances and activity of that segment are disclosed by way of a note to the financial statements. Within the controlled segment of the Special Purposes and Trust Fund there are assets restricted to specific uses by donors but nonetheless controlled by CSAHS.

The primary objectives of CSAHS are to protect, promote and maintain the health of Central Sydney residents and to provide state and nationwide health services, research and training.

Principles of Consolidation

The consolidated accounts are those of the consolidated entity, comprising CSAHS (the chief entity), and its controlled entity, ANZAC Health and Medical Research Foundation.

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

The financial statements of the controlled entity are prepared for the same reporting period as the chief entity, using consistent accounting policies. Adjustments are made to bring into line any dissimilar accounting policies that may exist.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

The ANZAC Health and Medical Research Foundation is a controlled entity of CSAHS by virtue of CSAHS's capacity to control the casting of the majority of the votes at meetings of the governing body of the Foundation. The Foundation is incorporated in Australia as a company limited by guarantee under the Corporations Act 2001, and it is an economic entity whose principal activity is research. The beneficial interest held by CSAHS is 100%.

The revenue of the Foundation for the year was $4,080,009 (2003 $3,013,893), expenditure was $2,469,105 (2003 $1,918,377), loss on disposal of asset was $11,020 and the surplus was $1,599,884 (2003 $1,095,513).

2. Summary of Significant Accounting Policies

CSAHS's Financial Statements are a general purpose financial report which has been prepared on an accruals basis in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

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

In the absence of a specific Accounting Standard, other authoritative pronouncements of the AASB or UIG Consensus View, the hierarchy of other pronouncements as outlined in AAS6 "Accounting Policies' is considered.

Except for certain land and buildings and plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Other 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 (including non-monetary benefits)

Liabilities for salaries and wages, annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees' services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

Employee benefits are dissected between the "Current" and "Non Current" components on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

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

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

ii. Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis at an escalated rate of 3.7% above the salary rates immediately payable at 30 June 2004 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

Employee leave entitlements are dissected between the "Current" and "Non Current" components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

CSAHS's liability for superannuation is assumed by the Crown Entity. CSAHS 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".

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

In the eleven years ending 30 June 2004, since Concord Repatriation General Hospital was absorbed into CSAHS, the superannuation expenditure associated with those staff who have remained in the Federal Superannuation Fund was paid by NSW Health Department. That expenditure totalled $6.113 million in 2003/04 and $6.238 million in 2002/03.

iii. Other Provisions

Other provisions exist when the entity has a present legal, equitable or constructive obligation to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events. These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

(b) Insurance

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

(c) Revenue Recognition

Revenue is recognised when CSAHS has control of the good or right to receive, it is probable that the economic benefits will flow to CSAHS and the amounts of revenue can be measured reliably. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when CSAHS obtains control of the assets that result from them.

Patient Fees

Patient Fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the NSW Health Department from time to time.

Investment Income

Interest revenue is recognised as it accrues. Rent revenue is recognised in accordance with AAS17 "Accounting for Leases". Dividend revenue is recognised when CSAHS's right to receive payments is established.

Debt Forgiveness

In accordance with the provisions of Australian Accounting Standard AAS23 debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability or the debt is subject to a legal defeasance.

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 NSW Health Department. Charges consist of two components:

- a monthly charge raised by the Health Service 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 Health Service use in the advancement of the Health Service or individuals within it.

Use of Outside Facilities

CSAHS 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. The cost method of accounting is used for the initial recording of all such services with cost being determined as the fair value of the services given which is then duly recognised as both revenue and matching expense.

Grants and Contributions

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

(d) NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for CSAHS as adjusted for approved supplementations, mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Tresillian Family Care Centres and Central Sydney Scarba Service (Affiliated Health Organisations) have only been included in the Statement of Financial Performance to the extent of the cash payments made to the Health Organisations concerned. CSAHS is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

Capital Allocations have been treated as revenue in these financial statements and have been brought to account after Net Cost of Services.

(e) Goods & Services Tax (GST)

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

- the amount of GST incurred by CSAHS as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
- receivables and payables are stated with the amount of GST included;

(f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

Health Services recognise patient flows from acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient.

The adjustments have no effect on equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Department Recurrent Allocation.

Inter State Patient Flows

CSAHS recognised the flow of acute inpatients from the area in which they are resident to other States and Territories within Australia. CSAHS also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2002/03 activity data using standard cost weighted separation values to reflect estimated costs in 2003/04 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the State/Territory providing the service is reimbursed by the benefiting Area.

The reporting adopted for both inter area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area's resident population and disclose the extent to which service is provided to non-residents.

The composition of patient flow revenue/expense is disclosed in Notes 4 and 9.

(g) Receivables

Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred

(h) Acquisition of Assets

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

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

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

Where settlement of any part of cash consideration is deferred, the amounts payable in the future are discounted to their present value at the acquisition date. The discount rate used is the incremental borrowing rate, being the rate at which similar borrowing could be obtained.

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

Construction in Progress is carried at cost and relates to Capital Work on the redevelopment of the Resource Transition Program and miscellaneous projects.

(i) Plant & Equipment

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

(j) Depreciation

Depreciation is provided for on a straight line basis against all depreciable assets so as to write off the depreciable amount of each depreciable asset as it is consumed over its useful life to CSAHS.

Property, Plant and Equipment have been depreciated from not later than the month following acquisition or operation. Depreciation rates on individual assets are reviewed annually.

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

Buildings	0.45% - 4.00%
Electro Medical Equipment	
-Costing less than $200,000	10.0%
-Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Computer Software	20.0%
Office Equipment	10.0% -12.5%
Plant and Machinery	10.0%
Furniture, Fittings and Furnishings	10.0%
Linen	20.0%
Motor Vehicles - Trucks, Buses and Vans	20.0%

(k) Revaluation of Physical Non Current Assets

Physical non-current assets are valued in accordance with the NSW Health Department's "Guidelines for the Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB 1041 from financial years beginning 1 July 2002. There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Health Service.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset's fair value is measured as its market buying price ie the replacement cost of the asset's remaining service potential. CSAHS is a not for profit entity with no cash generating operations.

Each class of physical non-current assets is revalued every five years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The last revaluation was completed on 1 July 2002 and was based on an independent assessment.

Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

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

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

Revaluation increments are credited directly to the asset revaluation reserve, 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 "Result for the Year from Ordinary Activities", the increment is recognised immediately as revenue in the "Result for the Year from Ordinary Activities".

Revaluation decrements are recognised immediately as expenses in the "Result for the Year from Ordinary Activities" except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

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

(l) Maintenance and Repairs

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

(m) Leased Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits. CSAHS has no finance leases. It does however, have a number of operating leases for buildings and office equipment and motor vehicles.

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

(n) Inventories

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

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

(o) Other Financial Assets

"Other financial assets" are generally recognised at cost, with the exception of TCorp Hour Glass Facilities and Managed Fund Investments, which are measured at market value.

For non-current "other financial assets", revaluation increments and decrements are recognised in the same manner as physical non-current assets (see para k).

For current "other financial assets" revaluation increments and decrements are recognised in the Statement of Financial Performance.

(p) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds". This treatment is consistent with Urgent Issues Group Abstracts UIG 38 "Contributions by Owners Made to Wholly Owned Public Sector Entities".

Transfers arising from an administrative restructure between Health Services/government departments are recognised at the amount at which the assets was recognised by the transferor Health Services/government department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

(q) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either CSAHS or its counter party and a financial liability (or equity instrument) of the other party. For CSAHS these include cash at bank, receivables, other financial assets and payables.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 33 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded at cost and their terms and conditions at balance date are as follows:

(i) Cash

Accounting Policies - Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions - Monies on deposit attract an interest rate ranging from 4.24% to 4.92% (4.18% to 4.34% in 2002/2003).

(ii) Receivables

Accounting Policies-Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred. No interest is earned on trade debtors.

Terms and Conditions - Accounts are issued on 7 and 30 day terms.

(iii) Investments

Accounting Policies - NSW Treasury Corporation Hour Glass investments are stated at fair value. Interest is recognised in the Statement of Financial Performance when earned.

Terms and Conditions - Deposits with effective interest rates of average 5.23% per annum (2002/03: 4.86%)

(iv) Payables

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

Terms and Conditions — Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

There are no classes of instruments which are recorded at other than cost or market valuation.

Clases of instrument recorded at market value comprise:

Hour Glass Investment Facilities

CSAHS has investments in TCorp's Hour Glass Investment facilities. CSAHS's investments are represented by a number of units in managed investments within the facilities. Each facility has different investment horizons and comprises a mix of asset classes appropriate to that investment horizon. TCorp appoints and monitors fund managers and establishes and monitors the application of appropriate investment guidelines.

CSAHS's investments are:

	2004 $000	2003 $000
Hour Glass Cash Facility	86,663	83,323
Hour Glass Cash Plus Facility	-	7,874
	86,663	91,197*

* In 2003/04 year $13.470 million represented investment from the uncontrolled Trust Fund (2002/03 $11.652 million)

These investments are generally able to be redeemed with up to 24 hours notice, therefore these investments are classiffied as cash. The value of the investments held can decrease as well as increase depending upon market conditions. The value that best represents tht maximum credit risk exposure is the net fair value. The value of the above investments represents the Health Service's share of the value of the underlying assets of the facility and is stated at net fair value.

All financial instruments including revenue, expenses and other cash flows arising from instruments are recognised on an accruals basis.

(r) Payables

These amounts represent liabilities for goods and services provided to CSAHS and other amounts, including interest. Interest is accrued over the period it becomes due.

(s) Trust Funds

CSAHS receives monies in a trustee capacity for various trusts as set out in Note 25. As CSAHS performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of CSAHS' own objectives, they are not brought to account in the financial statements.

(t) Budgeted amounts

The budgeted amounts are drawn from the budgets as formulated at the beginning of the financial year and with any adjustments for the effects of additional supplementation provided.

(u) Impact on the Australian Equivalents to International Financial Reporting Standards (AIFRS)

Transition to Australian equivalents to International Financial Reporting Standards (AIFRS)

(1) Management of Transition

The Health Service will apply the Australian Equivalents to International Financial Reporting Standards (AIFRS) from the reporting period beginning 1 July 2005.

The Department of Health is managing the transition to the new standards by allocating internal resources and/or engaging consultants to analyse the pending standards and Urgent Issues Group Abstracts to identify key areas regarding policies, procedures, systems and financial impacts affected by transition.

As a result of this exercise, the Health Service has taken the following steps to manage the

transition to the new standards :

* The Department of Health is oversighting the transition. The Department of Health is responsible for the project and will advise the Area Health Service on progress against the plan and any changes in reporting requirements mandated by NSW Health and the NSW Treasury.

* The following phases that need to be undertaken have been identified:
  - determination of opening values as at 1 July 2004 and full year comparatives for 2004/05
  - preparation of 2005/06 accounts in accordance with AIFRS
  - determination of specific policy changes and accounting effect thereof

Work in each of these phases will be progressed in accordance with timetables to be advised by NSW Health.

NSW Treasury is assisting agencies to manage the transition by developing policies, including mandates of options; presenting training seminars to all agencies; providing a website with up-to-date information to keep agencies informed of any new developments; and establishing an IAS Agency Reference Panel to facilitate a collaborative approach to manage change.

(2) Key Differences in Accounting Policies

The Health Service is aware of a number of differences in accounting policies that may arise from adopting AIFRS. Some differences arise because AIFRS requirements are different from existing AASB requirements. Other differences could arise from options in AIFRS. To ensure consistency at the whole government level, NSW Treasury has advised the options it is likely to mandate and will confirm these during 2004-05. This disclosure reflects these likely mandates.

The Health Service's accounting policies may also be affected by a proposed standard designed to harmonise accounting standards with Government Finance Statistics (GFS). This standard is likely to change the impact of AIFRS and significantly affect the presentation of the income statement. However, the impact is uncertain, because it depends on when this standard is finalised and whether it can be adopted in 2005-06.

Based on current information, the following key differences in accounting policies are expected to arise from adopting AIFRS:

* AASB 1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards requires retrospective application of the new AIFRS from 1 July 2004, with limited exemptions. Similarly, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors requires voluntary changes in accounting policy and correction errors to be accounted for restropectively by restating comparatives and adjusting the opening balances of accumulated funds. This differs from current Australian requirements, because such changes must be recognised in the current period through profit or loss, unless a new standard mandates otherwise.

* AASB 117 Leases requires operating lease contingent rentals to be recognised as an expense on a straight-line basis over the lease term rather than expensing in the financial year incurred.

* AASB 1004 Contributions applies to not-for-profit entities only. Entities will either continue to apply the current requirements in AASB 1004 where grants are normally recognised on receipt, or alternatively apply the proposals on grants included in ED 125 Financial Reporting by Local Governments. If the ED 125 approach is applied, revenue and/or expense recognition will be delayed until the agency supplies the related goods and services (where grants are insubstance agreements for the provision of goods and services) or until conditions are satisfied.

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000

3. Employee Related Expenses

453,914	402,288	Salaries and Wages	454,661	402,933
3,475	14,970	Enterprise Agreements/Awards	3,475	14,970
17,032	19,794	Long Service Leave [see note 2(a)]	17,039	19,799
45,400	46,543	Annual Leave [see note 2(a)]	45,470	46,599
5,121	5,397	Nursing Agency Payments	5,121	5,397
1,668	1,537	Other Agency Payments	1,697	1,579
16,099	14,506	Workers Compensation Insurance	16,099	14,506
44,248	39,961	Superannuation [see note 2(a)]	44,248	39,924
586,957	544,996		587,810	545,707

Salaries and Wages includes $ 146,900 to the non-executive members of CSAHS Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

$ range	Number Paid
$10,000 to $19,999	11

The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses totals $ 8.220 million (2002/03 $ 5 million)
Note 5 further refers.

4. Goods and Services

3,198	2,902	Computer Related Expenses	3,202	2,911
12,517	12,563	Domestic Charges	12,533	12,579
43,894	42,086	Drug Supplies	43,895	42,086
7,072	7,233	Food Supplies	7,076	7,237
8,969	9,138	Fuel, Light and Power	8,969	9,138
12,410	11,744	General Expenses	12,467	11,798
947	1,014	Hospital Ambulance Transport Costs	947	1,014
132	205	Insurance	132	205
86,927	77,462	Inter Area Patient Outflows, NSW *	86,927	77,462
937	691	Interstate Patient Outflows**	937	691
57,413	54,849	Medical and Surgical Supplies	57,633	54,947
3,325	3,299	Postal and Telephone Costs	3,328	3,300
3,894	3,930	Printing and Stationery	3,927	3,961
2,189	2,351	Rental	2,189	2,351
289	168	Rates and Charges	289	168
13,378	14,332	Special Service Departments	13,696	14,600
1,494	1,486	Staff Related Costs	1,511	1,492
16,804	10,072	Sundry Operating Expenses	17,043	10,395
3,552	3,209	Travel Related Costs	3,611	3,285
279,341	258,734		280,312	259,620

(a) Sundry Operating Expenses comprise:

271	326	Aircraft Expenses (Ambulance)	271	326
		Other		
8,678	4,023	Contractors	8,678	4,023
362	706	Equipment Consumables	363	709
2,666	2,420	Motor Vehicles Expenses	2,670	2,423
382	471	Freight Inwards	417	488
408	149	Chaplaincy	408	149
326	403	Licensing Fees (non-vehicle)	334	404
3,711	1,574	Other	3,902	1,873
16,804	10,072		17,043	10,395

Parent 2004 $000	Parent 2003 $000		Consolidated 2004 $000	Consolidated 2003 $000
		(b) General Expenses include:		
521	599	Advertising	529	604
902	1,033	Books and Magazines	921	1,051
		Consultancies		
-	9	- Operating Activities	1	12
209	225	Courier and Freight	215	233
183	185	Auditor's Remuneration - Audit of financial reports	193	185
970	679	Legal Expenses	978	695
326	341	Membership/Professional Fees	330	345
2,217	2,144	Motor Vehicle Operating Lease Expense-minimum lease payments	2,218	2,144
4,080	3,015	Other Operating Lease Expense-minimum lease payments	4,080	3,015
12	9	Payroll Services	12	9
2,990	3,505	Provision for Bad and Doubtful Debts	2,990	3,505
12,410	11,744		12,467	11,798

*** Expenses for Inter Area Patient Flows from other NSW Area Health Services were as follows ($000):**

South Eastern Sydney Area Health Service: $53,343 ($46,002). South Western Sydney Area Health Service: $13,475 ($13,471). Northern Sydney Area Health Service: $6,413 ($5,321). Western Sydney Area Health Service: $5,592 ($4,515). Royal Alexandria Hospital for Children: $6,513 ($6,349). Other Area Health Services (12 in all): $1,594 ($1,805).

**** Expenses for Interstate Patient Flows were as follows ($000):**

Australian Capital Territory: $216 ($106). Northern Territory : $33 ($28). Queensland: $417 ($259). South Australia: $51 ($71) . Tasmania: $26 ($25). Victoria: $142 ($150). Western Australia: $52 ($51).

5. Maintenance

20,673	13,790	Repairs and Routine Maintenance	20,707	13,811
		Other		
11,231	6,283	- Renovations and Additional Works	11,233	6,290
		- Replacements and Additional Equipment less than		
12,068	11,520	$5,000	12,178	11,611
43,972	31,593		44,118	31,712

The value of Employee Related Expense (Note 3) applicable to Maintenance staff was $ 8.220 million for 2003/04 and $ 5 million 2002/03, such cost covering engineers, trades staff and apprentices' salary costs, workers compensation and superannuation.

6. Depreciation

17,532	15,417	Depreciation - Buildings	17,947	15,567
16,627	15,588	Depreciation - Plant and Equipment	16,710	15,640
34,159	31,005		34,657	31,207

7. Grants and Subsidies

9,068	9,104	Payments to Non Government Organisations	9,068	9,104
9,068	9,104		9,068	9,104

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000
8. Payments to Affiliated Health Organisations				
		Recurrent		
4,935	4,428	Tresillian Family Care Centres	4,935	4,428
394	365	Central Sydney Scarba Service	394	365
5,329	4,793		5,329	4,793
9. Sale of Goods and Services				
51,669	52,684	Patient Fees [see note 2(c)]	51,669	52,684
528	594	Staff Meals and Accommodation	528	594
12,490	12,074	Infrastructure Charge - Monthly Facility Fees [see note 2(c)]	12,490	12,074
1,923	1,052	Car Parking	1,923	1,052
1,280	1,238	Child Care Fees	1,280	1,238
122	166	Fees for Medical Records	122	166
3,133	3,594	Non Staff Meals	3,133	3,594
2	26	Linen Service Revenues - Other Health Services	2	26
237	224	Linen Service Revenues - Non Health Services	237	224
6,525	5,895	Sale of Prosthesis	6,525	5,895
2,700	2,461	Patient Inflows from Interstate**	2,700	2,461
164,224	153,915	Inter Area Patient Inflows *	164,224	153,915
-	1,835	HealthQuest Revenue	-	1,835
3,714	3,162	Other	3,714	3,162
248,547	238,920		248,547	238,920

*** Revenues from Inter Area Patient Flows provided to other NSW Area Health Services were as follows ($000) :**

South Western Sydney Area Health Service: $31,038 ($28,241). Northern Sydney Area Health Service: $23,790 ($22,827). Western Sydney Area Health Service: $23,088 ($23,179). South Eastern Sydney Area Health Service: $28,367 ($24,087). Illawarra Area Health Service: $12,892 ($13,108). Mid-Western Area Health Service: $7,962 ($7,120). Central Coast Area Health Service: $5,772 ($5,083). Macquarie Area Health Service: $6,498 ($6,768). Wentworth Area Health Service: $4,906 ($4,719). Mid-North Coast Area Health Service: $5,726 ($5,181). New England Area Health Service: $3,066 ($2,784). Southern Area Health Service:$2,809 ($2,724). Greater Murray Area Health Service: $2,389 ($2,347). Hunter Area Health Service: $3,493 ($3,348). Far Western Area Health Service: $1,275 ($1,249). Northern Rivers Area Health Service: $1,153 ($1,151).

**** Revenues from Patient Inflows from Interstate are as follows ($000):**

Australian Capital Territory: $1,105 ($944). Northern Territory: $137 ($134). Queensland: $671 ($795). South Australia: $136 ($164). Tasmania: $114 ($111). Victoria: $452 ($232). Western Australia: $85 ($82).

10. Investment Income				
4,364	4,569	Interest	4,589	4,724
1,244	1,242	Lease and Rental Income	1,244	1,244
5,608	5,811		5,833	5,968

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000
11. Grants and Contributions				
2,097	2,478	Clinical Drug Trials	2,538	2,605
6,210	7,146	Commonwealth Government grants	6,277	7,146
8,315	4,979	Industry Contributions/Donations	8,519	5,655
3,150	3,096	Mammography grants	3,150	3,096
2,643	1,936	Research grants	4,772	3,318
418	237	University Commission grants	418	237
1,821	1,489	Other grants	2,487	1,981
24,654	21,361		28,161	24,038
12. Other Revenue				
300	230	Commissions	300	230
302	205	Conference and Seminar Fees	302	205
14	60	Sale of Merchandise, Old Wares and Books	49	60
5,143	-	Treasury Managed Fund Hindsight Adjustment	5,143	-
10,126	43,338	Transfer of Right of Private Practice Revenue	10,126	43,338
1,726	860	Others	2,039	1,040
17,611	44,693		17,959	44,873
13. (Gain)/Loss on Disposal of Non Current Assets				
3,939	4,819	Property, Plant and Equipment	3,951	4,819
(3,537)	(2,783)	*Less* Accumulated Depreciation	(3,538)	(2,783)
402	2,036	**Written Down Value**	413	2,036
(310)	(2,698)	*Less* Proceeds from Disposal	(310)	(2,698)
92	(662)	**(Gain)/Loss on Disposal of Non Current Assets**	103	(662)

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000

14. Conditions on Contributions

Contributions recognised as revenues during current year for which expenditure in manner specified has not occurred as at balance date.

		Major Category		
12,344	9,309	Health Promotion, Education and Research	16,659	13,006
333	394	Purchase of Assets	333	394
18,221	52,582	Fellowships, Education, Prizes and Others	18,221	52,582
30,898	62,285	**Total**	35,213	65,982

Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period.

Parent

Major Category	<1 Year $000	1-2 Years $000	2-3 Years $000	3-4 Years $000	2004 Total $000
Health Promotion, Education and Research	3,086	3,086	3,086	3,086	12,344
Purchase of Assets	83	84	83	83	333
Fellowships, Education, Prizes and Others	4,555	4,555	4,555	4,556	18,221
Parent Total	7,724	7,725	7,724	7,725	30,898

Consolidated

Major Category	<1 Year $000	1-2 Years $000	2-3 Years $000	3-4 Years $000	2004 Total $000
Health Promotion, Education and Research	4,165	4,164	4,165	4,165	16,659
Purchase of Assets	83	84	83	83	333
Fellowships, Education, Prizes and Others	4,555	4,555	4,555	4,556	18,221
Consolidated Total	8,803	8,803	8,803	8,804	35,213

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000

Revenues recognised in previous years which were obtained for expenditure in the current financial year.

		Major Category		
7,962	7,028	Health Promotion, Education and Research	10,666	9,629
468	1,019	Purchase of Assets	468	1,019
17,371	25,090	Fellowships, Education, Prizes and Others	17,371	25,090
25,801	33,137	**Total**	28,505	35,738

Total Amount of unexpended Contributions as at Balance Date.

17,039	17,028	Health Promotion, Education and Research	28,659	26,806
6,063	6,070	Purchase of Assets	6,063	6,070
38,704	41,989	Fellowships, Education, Prizes and Others	38,704	41,989
61,806	65,087	**Total**	73,426	74,865

Comment on restricted assets appears in Note 20.

15. Programs/Activities of CSAHS

Program 1.1 **Primary and Community Based Services**
Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 1.2 **Aboriginal Health Services**
Objective: To raise the health status of Aborigines and to promote a healthy lifestyle.

Program 1.3 **Outpatient Services**
Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program 2.1 **Emergency Services**
Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 2.2 **Overnight Acute Inpatient Services**
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 2.3 **Same Day Acute Inpatient Services**
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program 3.1 **Mental Health Services**
Objective: To improve the health, wellbeing and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 **Rehabilitation and Extended Care Services**
Objective: To improve or maintain the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 **Population Health Services**
Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 **Teaching and Research**
Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and wellbeing of the people of New South Wales.

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000
16. Cash				
		Current		
9,036	9,833	Cash at Bank and on Hand	9,055	9,879
73,193	79,545	Deposits at Call	78,369	83,477
82,229	89,378		87,424	93,356
		Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:		
82,229	89,378	Cash (per Statement of Financial Position)	87,424	93,356
82,229	89,378	Closing Cash and Cash Equivalents (per Statement of Cash Flows)	87,424	93,356

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000
17. Receivables				
		Current		
		(a) Sale of Goods and Services		
12,129	9,473	Sale of Goods and Services	12,129	9,473
1,918	1,411	Prostheses	1,918	1,411
1,586	2,072	Intra Area charges	1,586	2,072
6	89	Debtors - NSW Health Department	6	89
258	264	Workers Compensation	258	264
2,273	2,943	Sundry Debtors	2,935	3,021
150	17	Leave Mobility Debtors	150	17
2,858	3,162	GST Debtors	2,943	3,232
425	689	Other Debtors	456	700
21,603	20,120	**Sub Total**	22,381	20,279
(5,828)	(4,672)	*less* Provision for Doubtful Debts - Patient Fees	(5,828)	(4,672)
(1,771)	(1,551)	Provision for Doubtful Debts - Others	(1,771)	(1,551)
14,004	13,897		14,782	14,056
		(b) Bad Debts written off during the year		
		Current Receivables		
		- Patients' Fees		
407	287	- Private	407	287
1,117	824	- Overseas visitors	1,117	824
7	81	- Compensable	7	81
83	177	- Other Debtors	83	177
1,614	1,369		1,614	1,369
		(c) Sale of Goods and Services includes:		
1,302	1,246	Patient Fees - Compensable	1,302	1,246
5,551	4,752	Patient Fees - Ineligible	5,551	4,752
5,276	3,475	Patient Fees - Other	5,276	3,475
12,129	9,473		12,129	9,473
18. Inventories				
		Current - at cost		
3,669	3,758	Drugs	3,669	3,758
1,323	1,243	Medical and Surgical Supplies	1,323	1,243
318	402	Food and Hotel Supplies	318	402
21	23	Printing and Stationery	21	23
-	58	Other including goods in transit	-	58
5,331	5,484		5,331	5,484

19. Property, Plant and Equipment

(a) Parent

Property, Plant and Equipment - Reconciliation

	2004					2003
	Land	Buildings	Work In Progress	Plant and Equipment	Total	Total
	$000	$000	$000	$000	$000	$000
Carrying Amount at start of year	253,880	389,534	110,300	69,576	823,290	810,001
Capital Expenditure/Donations [see note 2(i)]	-	-	16,178	6,164	22,342	53,705
Disposals	-	-	-	(402)	(402)	(2,036)
Adjustment for Administrative Restructure	-	-	-	(514)	(514)	-
Net revaluation increment less revaluation decrements	-	-	-	-	-	(7,375)
Depreciation expense	-	(17,532)	-	(16,627)	(34,159)	(31,005)
Reclassification	-	92,889	(103,633)	10,744	-	-
Carrying amount at end of year	253,880	464,891	22,845	68,941	810,557	823,290

Property, Plant and Equipment

	2004 $000	2003 $000
Land and Building		
Fair Value	1,265,051	1,259,617
Less Accumulated Depreciation	(523,435)	(505,903)
	741,616	753,714
Plant and Equipment		
Fair Value	267,481	255,078
Less Accumulated Depreciation	(198,540)	(185,502)
	68,941	69,576
Total Property, Plant and Equipment at Net Book Value	810,557	823,290

b) Consolidated

Property, Plant and Equipment - Reconciliation

	2004					2003
	Land	Buildings	Work In Progress	Plant and Equipment	Total	Total
	$000	$000	$000	$000	$000	$000
Carrying Amount at start of year	253,880	395,084	110,300	70,111	829,375	815,721
Capital Expenditure/Donations [see note 2(i)]	-	-	16,178	6,599	22,777	54,027
Disposals	-	-	-	(413)	(413)	(2,036)
Adjustment for Administrative Restructure	-	-	-	(514)	(514)	-
Net revaluation increment less revaluation decrements	-	-	-	-	-	(7,130)
Depreciation expense	-	(17,947)	-	(16,710)	(34,657)	(31,207)
Reclassification	-	92,889	(103,633)	10,744	-	-
Carrying amount at end of year	253,880	470,026	22,845	69,817	816,568	829,375

Property, Plant and Equipment

	2004 $000	2003 $000
Land and Building		
Fair Value	1,271,051	1,265,616
Less Accumulated Depreciation	(524,300)	(506,352)
	746,751	759,264
Plant and Equipment		
Fair Value	268,546	255,719
Less Accumulated Depreciation	(198,729)	(185,608)
	69,817	70,111
Total Property, Plant and Equipment at Net Book Value	816,568	829,375

(i) Land and Buildings include land owned by the Health Administration Corporation and administered by CSAHS [see note 2(h)].

(ii) Land and Buildings were valued by FPV Consultants, property valuer at 1 July 2002 [see Note 2(j)], is not an employee of CSAHS. The firm also provides property management services to CSAHS.

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000

20. Restricted Assets

CSAHS'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.

		Major Categories of Contributions		
6,908	6,792	Specific Purposes	6,908	6,792
17,039	17,028	Research Grants	28,659	26,806
27,497	26,244	Private Practice Funds	27,497	26,244
10,362	15,023	Other	10,362	15,023
61,806	65,087		73,426	74,865

21. Payables

		Current		
11,084	7,756	Accrued Salaries and Wages	11,112	7,770
5,110	4,381	Taxation and Other Payroll Deductions	5,110	4,381
20,364	20,540	Creditors	20,364	20,540
1,703	1,652	GST Creditors	1,877	1,728
4,205	3,137	Sundry Creditors	4,274	3,190
223	453	Leave Mobility Creditors	223	453
3,375	3,201	Accrual Visiting Medical Officers	3,375	3,201
46,064	41,120		46,335	41,263

22. Current / Non Current Liabilities - Provisions

		Current		
41,370	41,938	Employee Annual Leave	41,449	41,990
7,847	8,915	Employee Long Service Leave	7,847	8,915
49,217	50,853	**Aggregate Employee Benefits and Other Provisions**	49,296	50,905
		Non Current		
27,501	24,072	Employee Annual Leave	27,501	24,072
96,638	87,394	Employee Long Service Leave	96,649	87,398
124,139	111,466	**Aggregate Employee Benefits and Other Provisions**	124,150	111,470
		Aggregate Employee Benefits and Related On-costs		
49,217	50,853	Provisions - Current	49,296	50,905
124,139	111,466	Provisions - Non Current	124,150	111,470
11,084	7,756	Accrued Salaries and Wages and on costs (Note 21)	11,112	7,770
184,440	170,075	**Aggregate Employee Benefits and Other Provisions**	184,558	170,145

23. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000
Parent						
Balance at the beginning of the financial year	588,196	567,404	140,414	147,789	728,610	715,193
Changes in Equity - Transactions with Owners as Owners						
Decrease in Net Assets from Equity Transfer	(1,149)	-	-	-	(1,149)	-
Changes in Equity - other than Transactions with Owners as Owners						
Result for the Year from Ordinary Activities	(34,760)	20,792	-	-	(34,760)	20,792
Decrement on Revaluation of Land and Buildings	-	-	-	(7,375)	-	(7,375)
Balance at the end of the financial year	552,287	588,196	140,414	140,414	692,701	728,610
Consolidated						
Balance at the beginning of the financial year	597,974	576,086	140,659	147,789	738,633	723,875
Changes in Equity - Transactions with Owners as Owners						
Decrease in Net Assets from Equity Transfer	(1,149)	-	-	-	(1,149)	-
Changes in Equity - other than Transactions with Owners as Owners						
Result for the Year from Ordinary Activities	(33,160)	21,888	-	-	(33,160)	21,888
Decrement on Revaluation of Land and Buildings	-	-		(7,130)		(7,130)
Balance at the end of the financial year	563,665	597,974	140,659	140,659	704,324	738,633

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Health Service's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(k).

As indicated in Note 2(p) Health Quest was transferred out from CSAHS on 1 July 2003

Net Asset transferred are as follows:

	$000
Cash	743
Receivables	298
Plant and Equipment	514
Total Assets	1,555
Payables	184
Employee Entitlements	222
Decrease in Net Assets from Administrative Restructuring	1,149

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000

24. Commitments for Expenditure

(a) Capital Commitments

		Aggregate Capital Expenditure contracted for at Balance Date but not provided for in the accounts:		
26,722	17,930	- Not later than one year	26,722	17,930
13,257	29,607	- Later than one year and not later than five years	13,257	29,607
39,979	47,537	Total Capital Expenditure Commitments (including GST)	39,979	47,537

Of the commitments reported at 30 June 2004 it is expected that $8.608 million will be made from locally generated monies.

(b) Operating Lease Commitments

		Commitments in relation to non cancellable operating leases are payable as follows:		
9,188	7,329	- Not later than one year	9,188	7,329
29,283	27,036	- Later than one year and not later than five years	29,283	27,036
4,243	4,242	- Later than five years	4,243	4,242
42,714	38,607	Total Operating Lease Commitments (including GST)	42,714	38,607

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

(c) Contingent Asset related to Commitments for Expenditure

The total "Expenditure Commitments" above includes input tax credits of $ 7.518 million that are expected to be recoverable from the Australian Taxation Office

25. Trust Funds

CSAHS holds Trust Fund monies of $ 13.470 million (2003 $11.652 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 CSAHS cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust accounts.

	Patients' Trusts		Refundable Deposits		Private Practice Trust Funds	
	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000
Cash Balance at the beginning of the financial year	139	184	11,512	7,147	-	35,042
Receipts	16	(31)	8,096	7,714	-	-
Expenditure	(15)	(14)	(6,278)	(3,349)	-	(35,042)
Cash Balance at the end of the financial year	140	139	13,330	11,512	-	-

26. Contingent Liabilities

(a) Claims on Managed Fund

Since 1 July 1989, CSAHS has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of CSAHS all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by CSAHS. Since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against CSAHS. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters incurred before 1 July 1989 that would have become verdicts against the State. The Solvency Fund will likewise respond to all claims against CSAHS.

(b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premium each year. However, in regard to workers compensation the final hindsight adjustment for the 1997/1998 final year and an interim adjustment for the 1999/2000 fund year were not calculated until 2003/04. As a result, the 1998/99 final and 2000/01 interim hindsight calcultions will be paid in 2004/05.

The basis for calculating the hindsight premium is undergoing review and it is expected that the problems experienced will be rectified for future payments.

(c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AAS24, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in CSAHS's consolidated Financial Statements to the extent of cash payments made.

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

(d) Claim by Lessee of Certain Property

The lessee of certain property controlled by CSAHS has made a claim against CSAHS. The claim is in relation to Supreme Court proceedings in respect of recision of an agreement and lease regarding a proposed private hospital on the Royal Prince Alfred Hospital campus which was to be constructed and operated by the lessee. Litigation is ensuing with a claim by the lessee for compensation in respect of rentals paid to date amounting to approximately $ 3.7 million together with damages which have not been quantified.

It is the opinion of the Board that the likelihood of success of the claim is minimal and accordingly no provision in relation to this matter has been reflected in the financial statements.

As part of the original agreement for construction of the private hospital, the lessee constructed a private car park on the land leased from CSAHS. The lease was cancelled in March 2000 and, after an interlocutory hearing, CSAHS was granted the right to operate the car park from 26 June 2000. In doing so, CSAHS is entitled to collect parking fees and pay costs associated with operating the car park, retaining any excess in trust pending resolution of matters referred to above. At year end this excess amounted to $362,093. The car park has not been recognised as an asset in the financial statements as ownership has not been transferred.

27. Charitable Fundraising Activities

Fundraising Activities

CSAHS conducts direct fundraising in all units under its control.

All revenue and expenses have been recognised in the financial statement of CSAHS. Fundraising activities are dissected as follows:

	2004				2003
	Income Raised $000	Direct Expenditure $000	Indirect Expenditure $000	Net Proceeds $000	Net Proceeds $000
Appeals (In House)	6,808	(269)	(35)	6,504	4,208
Fetes	7	(2)	-	5	5
Raffles	25	(1)	-	24	8
Functions	133	(33)	-	100	41
Parent	6,973	(305)	(35)	6,633	4,262
Percentage of Income				95.1%	89.64%
Consolidated*				6,822	4,363
Percentage of Income				95.0%	88.66%

Note: Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc.
Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

Consolidated: The net proceeds were used for the following purposes:	2004 $000	2003 $000
Purchase of Equipment	344	1,757
Research	97	15
Held in Special Purpose and Trust Fund Pending Expenditure	6,381	2,591
	6,822	4,363

The provision of the Charitable Fundraising Act 1991 and the regulations under the Act have been complied with and internal controls exercised by CSAHS are considered appropriate and effective in accounting for all the income received in all material respects.

* The consolidated figures are:

	2004				2003
	Income Raised $000	Direct Expenditure $000	Indirect Expenditure $000	Net Proceeds $000	Net Proceeds $000
Appeals (In House)	6,986	(286)	(37)	6,663	4,276
Fetes	7	(2)	-	5	5
Raffles	25	(1)	-	24	8
Functions	163	(33)	-	130	74
Consolidated	7,181	(322)	(37)	6,822	4,363

Parent			Consolidated	
2004 $000	2003 $000		2004 $000	2003 $000
28. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities				
13,901	77,278	Net Cash Flows from Operating Activities	15,453	78,744
(34,159)	(31,005)	Depreciation	(34,657)	(31,206)
(1,376)	(2,136)	Provision for Doubtful Debts	(1,376)	(2,136)
(44,248)	(39,877)	Acceptance by the Crown Entity of Employee Superannuation Benefits (Increase)/Decrease in Provisions	(44,248)	(39,877)
(11,262)	(23,220)	Increase/(Decrease) in Prepayments and Other Assets	(11,292)	(23,246)
2,889	2,134	(Increase)/Decrease in Payables	3,490	1,952
(4,661)	(2,921)	Net (Loss)/Gain on Sale of Property, Plant and Equipment	(4,675)	(2,882)
(92)	662	NSW Health Department Recurrent Allocations	(103)	662
(589,700)	(541,461)	NSW Health Department Capital Allocations	(589,700)	(541,461)
(21,383)	(35,047)		(21,383)	(35,047)
(690,091)	(595,593)	**Net Cost of Services**	(688,491)	(594,497)

29. 2003/2004 Voluntary Services

It is considered impractical to quantify the monetary value of voluntary services provided to CSAHS. Services provided include:

- Chaplaincies and Pastoral Care
- Pink Ladies/Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Patient and Family Support
- Patient Services, Fundraising
- Practical Support to Patients and Relatives
- Counselling, Health Education, Transport, Home Help and Patient Activities

30. Unclaimed Monies

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

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

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.

31. Budget Review

Net Cost of Services

The actual Net Cost of Services for the year of $688.491million was lower than the budget of $690.489 million by $1.998 million.

The variation reflects favourability in revenues $4.457 million, and unfavourability in expenses $2.356 million, and unfavourably in sale of Non Current Assets $103,000.

Result for the year from Ordinary Activities

Movement in Accumulated Funds from Ordinary Activities

The movement in accumulated funds from ordinary activities is principally attributed to the Net Cost of Services variation.

Assets and Liabilities

Assets totalled $924.105 million and were $1.530 million favourable to budget. This represented $349,000 improvement in Current Assets and $1.181 million unfavourable in Non-Current Assets.

Cash Flows

The net decrease in Cash for the year was $5.932 million.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 30 September 2003 are as follows:

	2004 $000
Initial Allocation, 30 September 2003	678,656
Award Increases	3,475
General Assitance Grant	4,633
High Cost Drugs	1,520
GMTT	1,197
Others	5,544
Balance excluding Department of Veteran Affairs (DVA) Revenue and Inter Area & Inter State Flows Adjustments	695,025
Less: DVA Revenue and Inter Area & Inter State Flows Adjustments	
DVA Revenue	(26,000)
Inter Area Net Flows	(77,297)
Inter State Net Flows	(2,028)
Balance as per Statement of Financial Performance	589,700

32. Post Balance Date Events

The Minister for Health announced changes to the health system on 27 July 2004 including a statewide restructure of health administration.

The restructure of health administration amalgamates the existing 17 Area Health Services into eight areas and dissolves the boards of each Area Health Service and the Children's Hospital at Westmead.

Under this restructure the Central Sydney Area Health Service will merge with South Western Sydney Area Health Service to create a new Health Service.

Future financial reporting will reflect the changes effected and will necessitate the aggregation of current balances with due eliminations effected prior to presentation of results.

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2004

33. Financial Instruments - Consolidated

a) Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. CSAHS's exposure to interest rate risks and the effective interest rates of financial assets and liabilities both recognised and unrecognised, at the Statement of Financial Position date are as follows:

			Fixed Interest rate maturing in											
Financial Instruments	**Floating interest rate**		**1 year or less**		**Over 1 to 5 years**		**More than 5 years**		**Non-interest bearing**		**Total carrying amount as per the Statement of Financial Position**		**Weighted average effective interest rate***	
	2004 $000	**2003 $000**	**2004 $000**	**2003 $000**	**2004 $000**	**2003 $000**	**2004 $000**	**2003 $000**	**2004 $000**	**2003 $000**	**2004 $000**	**2003 $000**	**2004 %**	**2003 %**
Financial Assets														
Cash	82,214	93,320	5,176	-	-	-	-	-	34	36	87,424	93,356	4.68	4.28
Receivables	-	-	-	-	-	-	-	-	14,782	14,056	14,782	14,056	-	-
TCorp Investments	-	-	-	-	-	-	-	-	-	-	-	-	5.23	4.86
Total Financial Assets	82,214	93,320	5,176	-	-	-	-	-	14,816	14,092	102,206	107,412	-	-
Financial Liabilities														
Accounts Payable	-	-	-	-	-	-	-	-	46,335	41,263	46,335	41,263	N/A	N/A
Total Financial Liabilities	-	-	-	-	-	-	-	-	46,335	41,263	46,335	41,263	-	-

* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

b) Credit risk is the risk of financial loss arising from another party to a contract or financial position failing to discharge a financial obligation thereunder.
CSAHS's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

	Government		Banks		Patients		Other		Total	
	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000	2004 $000	2003 $000
Financial Assets										
Cash	-	-	-	9,843	-	-	34	36	34	9,879
Receivables	4,685	5,811	-	-	6,301	4,801	3,796	3,444	14,782	14,056
TCorp Investments	73,193	79,545	14,197	3,932	-	-	-	-	87,390	83,477
Total Financial Assets	77,878	85,356	14,197	13,775	6,301	4,801	3,830	3,480	102,206	107,412

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions.

Receivables from these entities totalled $4.752 million at balance date.

c) As stated in Note 2(q) financial instruments are carried at cost with the exception of T Corp Hour Glass Facilities and Managed Fund Investments which are measured at market value. The resultant values are reported in the Statement of Financial Position and are deemed to constitute net fair value.

d) CSAHS holds no Derivative Financial Instruments.

End of Audited Financial Statements

GENERAL FUND CONSULTANCY FEES OVER $30,000

Name	$000
General Consultancy	Nil
Capital Works	Nil
Total Consultants Fees over $30,000	Nil

GENERAL FUND CONSULTANCY FEES UNDER $30,000

Total number of Consultancy 1	1

PATIENTS FEES AGEING ANALYSIS

Consolidated 30 June 2004	< 30 days $000	30-60 Days $000	60-90 Days $000	> 90 Days $000	2004 $000	2003 $000
Compensable	303	56	118	825	1,302	1,246
Ineligible	905	194	310	4,143	5,552	4,752
Other	3,140	562	200	1,373	5,275	3,475
Total	**4,348**	**812**	**628**	**6,341**	**12,129**	**9,473**

TRADE CREDITORS AGEING ANALYSIS

	2004 $000	2003 $000
< 30 Days	20,364	20,540
30-59 Days	-	-
60 Days and Over	-	-
	20,364	**20,540**

PAYMENT PERFORMANCE INDICATORS

Payment Performance Indicators for the Three Month Period Ending 30 June 2004

	2004 $000	2003 $000
Percentage of accounts paid on time (based on dollar amount)	68.86%	74.50%
Total dollar amount of accounts paid on time	93,201	100,442
Total dollar amount of accounts paid	135,341	134,820

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by CSAHS

	Description	Land & Buildings were valued at 1/7/02 (refer to Note 19 for the details of carrying value)		Current Use	Potential for alternative use
1.	**Royal Prince Alfred Hospital** Missenden Road Camperdown NSW 2050	$72.800m $247.399m	Land Buildings	Hospital	Nil
2.	**Rhodes House** Unit 525 Unit 506 Missenden Road Camperdown NSW 2050	$0.440m $0.262m	Strata Title Strata Title	Guest Accommodation	Nil
3.	**Dame Eadith Walker Estate** Nullawarra Road Concord West NSW 2138	$37.000m $1.654m	Land Buildings	Health Facility	Nil
4.	**Rachel Forster Hospital Complex** 149-155 Pitt Street Redfern NSW 2016	$6.900m $0.567m	Land Buildings	Community Health	Nil
5.	**Concord Repatriation General Hospital** Hospital Road Concord NSW 2139	$33.000m $113.688m	Land Buildings	Hospital	Nil
6.	**Rozelle Hospital** Cnr Church and Glover Street Leichardt NSW 2040	$60.000m $16.515m	Land Buildings	Hospital	Nil
7.	**NSW Institute of Forensic Medicine** 42-50 Parramatta Road Glebe NSW 2037	$3.000m $5.622m	Land Buildings	Forensic Science	Nil
8.	**Sydney Dental Hospital** United Dental Hospital 2 Chalmers Street Surry Hills NSW 2010 24-28 Chalmers Street Surry Hills NSW 2010	$6.000m $11.738m $1.500m $1.181m	Land Buildings Land Buildings	Hospital	Nil
9.	**Balmain Hospital** Booth Street Balmain NSW 2041	$8.550m $10.784m	Land Buildings	Hospital	Nil
10.	**Former Western Suburbs Hospital Site** 22 Croydon Avenue Croydon NSW 2132	$8.200m	Land only		
11.	**Canterbury Hospital** Cnr Canterbury Road and Tudor Street Campsie NSW 2194	$7.500m $55.050m	Land Buildings	Hospital	Nil

	Description	Land & Buildings were valued at 1/7/02 (refer to Note 19 for the details of carrying value)		Current Use	Potential for alternative use
12.	**Community and Mental Health Services Houses** 4 Ewell Street Balmain NSW 2041 117 James Street Leichhardt NSW 2040 34 Malvern Avenue Croydon NSW 2132 11 Berna Street Canterbury NSW 2193 46 Charlotte Street Ashfield NSW 2131 11 Euralla Street Burwood NSW 2134 155, 157-159, 182, 184 and 186 Livingston Road Marrickville NSW 2204 15 Tranmere Street Drummoyne NSW 2047 9A Wrights Road Drummoyne NSW 2047 17 Atkins Avenue Five Dock NSW 2046 229 Bridge Street Glebe NSW 2037 491 Parramatta Road Leichhardt NSW 2040 2A Hereford St Glebe NSW 2037	$8.990m $5.565m	Land Buildings	Health Facility	Residential House

STATISTICS STATEMENT

All Facilities (Consolidated)	2003/2004	2002/2003
Bed Capacity		
Total Beds as at 30 June 2004	1,874	1,776
Average Available Beds	1,730	1,687
Patient Details		
Inpatients		
No. in Hospital at 1 July 2003	1,515	1,417
Admissions during the year	123,318	130,309
Total Patients Treated	124,833	131,726
No. in Hospital at 30 June 2004	1,480	1,515
Bed Days of Inpatients Treated	561,902	563,580
Number of Operations	30,554	33,303
Babies		
No. of live Births	5,533	5,248
Outpatients		
Total Occasions of Service	1,887,259	1,747,146
Averages		
Daily average of Inpatients	1,538	1,544
Adjustment for Outpatients and Babies	516	479
Adjusted Daily Average (ADA)	2,054	2,023
Average stay of Inpatients (Days)	4.6	4.3
Bed Occupancy Rate (%)	88.9%	91.5%
Staff Details		
Staff employed at 30 June 2004		
Nursing	3,226.2	3,214.2
Medical	1,059.5	1,025.5
Other	4,443.0	4,467.4
Total EFT's (Including O/Time)	**8,728.7**	**8,707.1**

The art piece is a segment of the Mudi Dungarra Mudang (Youth Dance of Life) by the Glebe after school childcare and Indigenous Young Artists and Friends.

Notes:

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CSAHS Annual Report 03>04 provides a summary of the organisation and its operations and highlights significant achievements and events for the year. The report also presents performance and outcome information in a candid and reader friendly manner.

This year 1000 hard copies of the *CSAHS Annual Report 03>04* were printed. The cost breakdown is:
Design and artwork $6,920
Printing $10,930
Total $17,850 excl GST.

The report is available on our website www.cs.nsw.gov.au or by phoning (02) 9515 9600.

We welcome your feedback. You can contact us by email at central.registry@cs.nsw.gov.au, through our website at www.cs.nsw.gov.au or by phoning us on (02) 9515 9600.

Central Sydney Area Health Service
Level 11, King George V building
RPA campus
Missenden Road
Camperdown NSW 2050

Phone: (02) 9515 9600
Fax: (02) 9515 9611

Email: central.registry@cs.nsw.gov.au
Website: www.cs.nsw.gov.au

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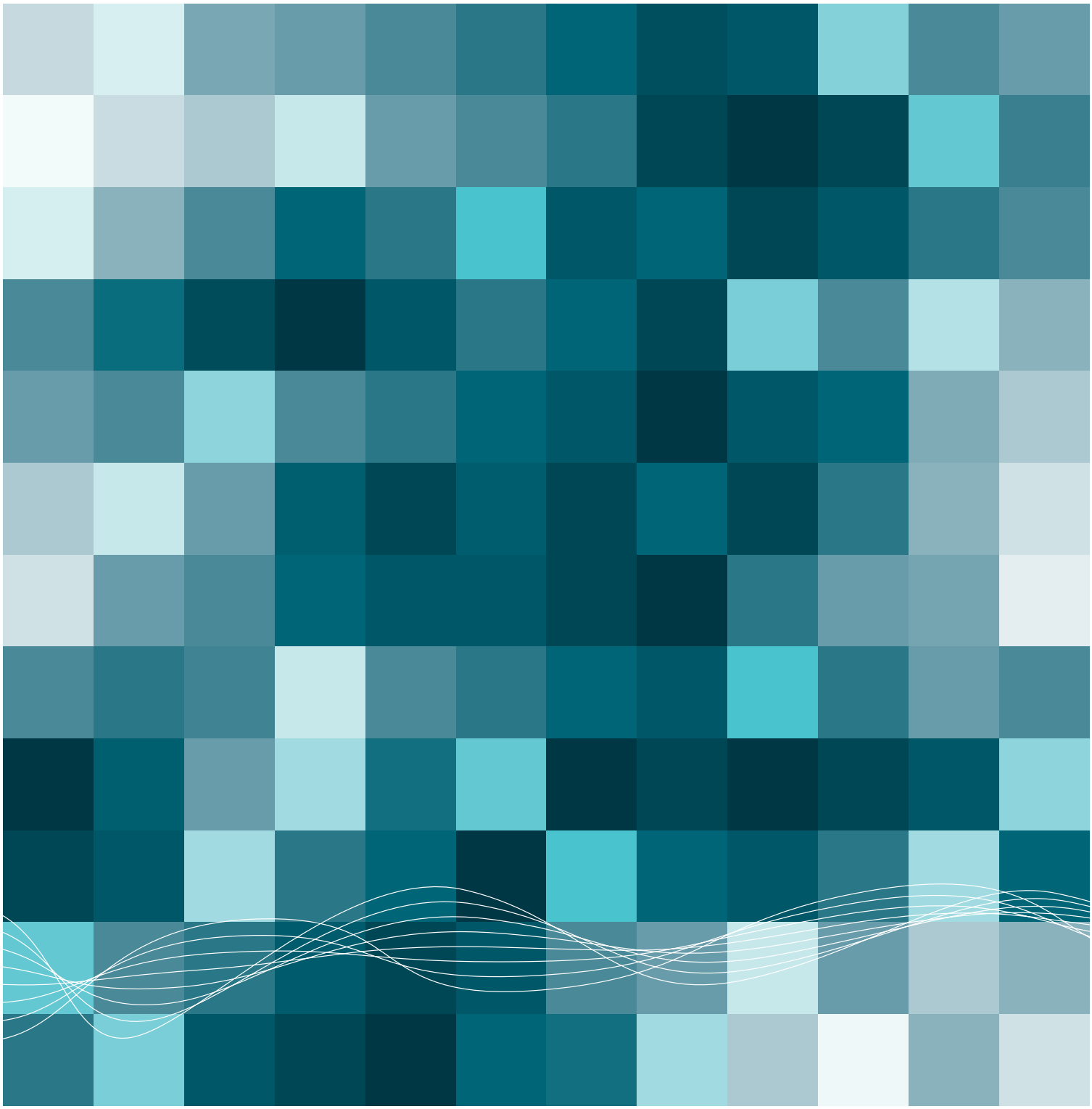
CENTRAL SYDNEY AREA HEALTH SERVICE



Annual Report 2003-04

Central Sydney Area Health Service