SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

SSWAHS Statutory Annual Report 04>05

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SSWAHS

Sydney South West Area Health Service

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SSWAHS Locations

Our major healthcare centres:

1. Balmain Hospital
2. Bankstown Hospital
3. Bowral Hospital
4. Camden Hospital
5. Campbelltown Hospital
6. Canterbury Hospital
7. Concord Hospital
8. Department of Forensic Medicine
9. Fairfield Hospital
10. Karitane
11. Liverpool Hospital
12. Royal Prince Alfred Hospital
13. Rozelle Hospital
14. Sydney Dental Hospital
15. Tresillian

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

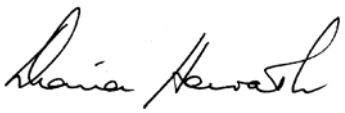
The Hon John Hatzistergos MP
NSW Minister for Health
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister

I have pleasure in submitting the Sydney South West Area Health Service (SSWAHS) 2004/05 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2004/05 Directions for Health Service Annual Reporting.

Yours sincerely



Prof Diana Horvath AO
Chief Executive

Chief Executive Year in Review

On 27 July 2004, I was formally appointed the administrator of Central Sydney Area Health Service (CSAHS) and South West Sydney Area Health Service (SWSAHS).

This was the first step towards the amalgamation of two separate board-governed entities into one executive-governed entity. Enshrined in legislation as Sydney South West Area Health Service, it became effective on 1 January 2005.

The new area is the most populous of the seven new area health services formed through amalgamation.

It covers a land area of 6,380 km stretching from inner city Balmain to rural Bowral and serves a population of approximately 1.33 million representing 20 per cent of the NSW population.

The amalgamation brought together an established area health service characterised by an older population and tradition and a young dynamic rapidly growing health service on the cusp of change.

The new area is the most ethnically diverse health area in Australia, with 39 per cent of the population speaking a language other than English at home. It also includes some of the poorest communities in the State – Fairfield is the fourth most disadvantaged LGA in NSW and Canterbury and Liverpool are in the bottom quartile.

The culture and management structure of the two areas were very different.

CSAHS incorporated the established services of the inner west of the city, closely linked to the University of Sydney by 120 years of tradition, with significant medical training programs producing many of the specialists employed across the State and beyond.

It was the first health service in Australia to move to a clinical stream structure (in 1995). It had instigated a detailed clinical services-driven total asset management program – the Resource Transition Program – which had changed the landscape of hospitals and health centres across the inner west.

SWSAHS covered the rapidly expanding population of the south-west corridor of Sydney and its numbers are expected to increase by a further 300,000 by 2030.

It was run on a sector management model – devolving responsibility for hospital and community health services to a series of semi-autonomous health services.

At the time of the amalgamation it had only just developed its clinical services plan *South Western Sydney Health Network – The Way Forward 2004-2008* which introduced clinical streams and greater clinician involvement in decision making and resource allocation.

It had also struggled with recruitment of clinicians, trained and trainee, because of the rapid population growth and comparatively recent involvement with the University of NSW Medical School.

The amalgamation is already reaping many benefits and we will see more next year.

In Corporate Services gradual elimination of duplication has allowed us to return savings to frontline clinical services. Financial management has been simplified with the creation of one general ledger.

An area-wide approach to purchasing and tendering means more competitive prices can be achieved for the benefit of clinical services.

The area-wide nursing service has focused on recruiting nurses into permanent positions and has centralised the staffing function in each facility to reduce vacancy rates, agency staff and overtime usage.

The development of the clinical governance unit has allowed us to take an area-wide approach to patient safety and clinical safety issues.

The Statewide Incident Information Management system (IIMS) has been successfully implemented across the Area and more than 1,400 managers have trained on the system, supporting patient safety programs.

The Professional Practice Unit established at the former SWSAHS to deal with complaints, grievances and professional issues is now an area-wide service.

The investment in *The Way Forward* has continued as intended. During the year, all monies were kept strictly quarantined between the two former Area Health Services under ministerial direction, and both sets of accounts are presented for public viewing. These have also been subjected to two audits, one for the period July-December 2004, and the other for January-June 2005.

With the great advantage that the two previous area health services had both selected Cerner for their clinical computing, we will continue our 'trailblazing' development of integrated clinical systems. The roll-out of these as fully functional packages via the newly established Health Technology Unit will benefit the rest of the State.

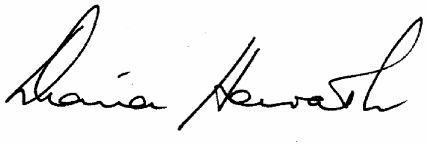
Chief Executive Year in Review

It is an exciting concept which we know will inspire our skilled staff long into the future.

The amalgamation is an ongoing process. I would like to place on record my thanks for the patience and continuing efforts of all staff who have kept on with their daily workload with commitment, despite the obvious anxiety of so many about the future, and their role in it. We have undertaken 32 planning exercises, many of which are now being implemented in conjunction with our union colleagues.

The amalgamation has seen a number of senior managers leave us and although there will be further changes to the organisation, I do not believe we will have undue difficulty in placing every staff member who wishes to stay with us. People are our most treasured resource and their value cannot be overestimated.

As we are setting the new clinical stream structure in place, and simultaneously dismantling old sector management, we are also progressively centralising many of the administrative support functions. This will free many people from dreaded paper work. It will also change reporting and accountability lines, but it won't change the activity at the frontline – people will still be getting sick, being treated and going home again after care. The fundamentals of our services remain constant, even though the governance frameworks may be altered.



Prof Diana Horvath AO
Chief Executive

Highlights

$2.2 million for premature study

Liverpool Hospital joined 19 other neonatal intensive care units in Australia by participating in a $2.2 million National Health and Medical Research Council funded trial on oxygen needs of very premature babies.

The study was a major investment which could improve the long-term health of thousands of very premature babies not only in south-western Sydney but worldwide.

The study, which aims to enrol 1200 babies born more than 12 weeks prematurely, will determine the safest level of oxygen in the first few weeks after birth.

At two years of age, the babies will have a specialist examination to compare health and developmental skills.

Professor of Midwifery

Dr Pat Brodie was appointed as the inaugural UTS Professor of Midwifery, to develop and implement models for midwife-led maternity care throughout both the Area and the State.

Canterbury Hospital celebrates 75 years

Canterbury Hospital celebrated its 75th anniversary with an official ceremony launched by the NSW Minister for Health, Morris Iemma.

The Hospital was opened in 1929 with just 28 beds to serve a population of 70,000 people.

Seventy-five years later it is a 184-bed metropolitan general hospital that caters for a diverse population of more than 135,000 people of whom 57 per cent were born overseas.

Cardiac catheter lab opens

The third cardiac catheter laboratory at Liverpool Hospital was opened by Premier Bob Carr and Health Minister Iemma. The $2.8 million upgrade of the cardiac catheter laboratories at Liverpool Hospital will provide reduced procedure time and improved safety for patients and staff.

Chronic care collaboration

A Chronic Care Collaborative in SSWAHS eastern zone was successful in improving services for people with Chronic Obstructive Pulmonary Disease (COPD) and strengthening communication between key stakeholders across the State.

The collaborative team included respiratory nurses, general practitioners, area health service executives, health promotion officers, respiratory physicians, pulmonary rehabilitation physiotherapists, an emergency physician, a smoking physiologist and a consumer representative.

Other interventions to increase the use of self-management strategies for patients with COPD have followed the collaboration.

Croydon Health Centre opens

The purpose-built $23 million Croydon Health Centre opened in December 2004. The centre accommodates nine different community health services, a 67-bed aged care facility and a 60-bed special care nursing home. The centre provides early childhood health services, child, adolescent and family health services, community nursing, paediatric services including audiology, physiotherapy, occupational therapy and orthoptics, mental health clinical services, a mental health living skills centre, community dentistry and health interpreter services.

Drug stimulates killer T-cells to fight cancer

Researchers at RPA discovered how the drug thalidomide, once responsible for birth defects, works in the battle against multiple myeloma, a debilitating blood cancer.

Laboratory studies conducted at the Institute of Haematology at RPA, show that the drug stimulates the body's own immune system to produce killer T cells specifically directed to the cancer cells.

Highlights

Echocardiology comes to Campbelltown

Macarthur area heart patients in need of urgent diagnosis now have access to a state-of-the-art echocardiology service at Campbelltown Hospital.

The new echocardiology service is part of the $133.7 million five-year Macarthur strategy and is part of a new cardiology network initiative which has provided 10 dedicated cardiology beds at Liverpool Hospital for patients from all areas of south-western Sydney, giving cardiac patients faster access to urgent procedures.

Critically ill patients are diagnosed on the spot at Campbelltown Hospital, stabilised and then transferred to the cardiology centre at Liverpool Hospital.

South-western Sydney has the State's highest incidence of heart disease.

Linear accelerator

A second linear accelerator was commissioned at Campbelltown Hospital cancer treatment centre, with treatment of patients commencing in April 2005. In addition, installation and commissioning of a new linear accelerator in the Radiation Oncology department at RPA is underway and the replacement of a 10-year-old LINAC at Liverpool has commenced.

Men's health surveyed

Concord Hospital launched the world's largest study of older men's health, aiming to recruit 3,000 men over the age of 70 for a five-year project.

The study will examine health issues such as falls and fractures, osteoporosis, muscle weakness, male hormones, bladder and prostate health and mobility.

Mental health units

Work on the 50-bed acute adult inpatient Mental Health Centre at Liverpool Hospital is almost complete.

The centre will also house the ambulatory care service which provides 17,000 home and walk-in visits for adults each year and a new dedicated research area focusing on population mental health and schizophrenia which will offer training programs in psychology, occupational therapy and social work.

In May, Health Minister Iemma officiated at the sod-turning ceremony at the new sub-acute mental health unit at Campbelltown. The 20-bed unit will be open for business in 2006.

Mental health services located at Glebe Community Health Centre began the move to a state-of-the-art Community Health Centre in Camperdown as part of a $408 million development of services and facilities in the eastern zone.

New test for asthma

A team of researchers from RPA developed a simple test to help diagnose and manage asthma, one of Australia's most common diseases, affecting one in four children and one in 10 adults.

The RPA test, developed commercially by the hospital through a licence with Australian biotech company, Pharmaxis, uses a naturally occurring plant sugar. When inhaled, the sugar mimics a natural process that occurs in asthma patients allowing clinicians to measure the body's reaction and medicate accurately.

Nursing and Midwifery Services

Since the amalgamation, Nursing and Midwifery Services have worked towards developing a single area-wide service. The delivery of education and recruitment functions have been reorganised and centralised to promote efficiency and benefits of these strategies are already apparent. A focus on recruitment of nurses and midwives into permanent positions has reduced vacancy rates, agency staff and overtime and there has been a significant and successful recruitment drive of overseas nurses and midwives.

SSWAHS provides an extensive range of needs-based educational and professional development opportunities and is a registered higher education institution. As well as providing formal education, SSWAHS is also committed to continuing professional development for nurses and midwives with over 200 area-wide clinical enhancement and professional development programs offered through the year.

Highlights

Predictable Surgery Plan

Efforts to cut long-term waiting lists for surgery across the Area are showing results, with increases in booked surgery activity and a decline in the number of patients waiting more than 12 months for surgery.

The Area's implementation of the statewide Predictable Surgery Plan has resulted in hospitals across the area sharply cutting the number of patients waiting for surgery for more than 12 months and increasing access to surgery for patients in all urgency categories. Canterbury Hospital achieved its target of zero patients waiting longer than 12 months for surgery by the end of June 2005.

Measures to increase throughput and safety included the opening of additional beds, the introduction of 23-hour wards, the appointment of additional surgeons and the addition of new surgical lists. In the western zone, Liverpool Hospital has consolidated less urgent surgery at Fairfield and Bankstown allowing it to focus on urgent and complex surgery.

RPA redevelopment

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

Staff morale improved in the new surrounds, boosting recruitment and retention rates of nursing staff.

The RMOQ courtyard was awarded first place in the prestigious NSW Heritage awards, in the B1conservation built heritage category.

A number of administrative and other services relocated into the refurbished King George V building including, the George Institute, The RPA Museum, Mental Health, Aboriginal Mental Health, Child and Family Health Services and Aboriginal Liaison Services.

Smoke-free health

SSWAHS chief executive Professor Diana Horvath launched phase three of the Area's smoke-free environment policy at Liverpool Hospital on 30 June 2005.

As part of the smoke-free policy, counselling and four weeks' free nicotine replacement therapy (NRT) will be provided on request to all employees who quit smoking. Ongoing support with cost-price NRT will continue after the four-week period.

A similar NRT program will be offered to nicotine-dependent patients after assessment on admission. Employees and patients with an existing medical condition or pregnant women must first obtain a medical practitioner's approval to use NRT.

The World Health Organisation has identified smoking as the single most important preventable cause of avoidable illness and premature death. Each year in Australia there are over 19,000 tobacco-related deaths.

State-of-the-art MRI aids patients

Health Minister Iemma officially opened the new 3.0 Tesla Magnetic Resonance scanner in June 2005, which will significantly improve the diagnosis and treatment of stroke, one of the key causes of death and disability for Australians. It is also a key diagnostic tool for psychiatric disorders.

The MRI will also have important benefits for patients when mental health facilities relocate to Concord Hospital, as well as for the diagnosis and treatment of a range of other disorders.

Sydney Kid's comes to Campbelltown

The Sydney Children's Hospital Macarthur Unit was opened at Campbelltown Hospital in August 2004, providing services to children in the south-west of Sydney that were previously only available in Randwick or Westmead.

The new unit has close links with Sydney Children's Hospital and offers paediatric surgery, enhanced paediatric emergency medicine and neurology, a specialist child diabetes service, a new centre for community child health and a joint child and adolescent mental health unit for the two hospitals.

Three new paediatric specialists have been cross-appointed between Sydney Children's and Campbelltown Hospitals to deliver the new services.

Asset Management

Resource Transition Program (eastern zone)

Royal Prince Alfred Hospital

Stage 1 of the RPA East Campus Redevelopment was completed in late 2004 with all clinical services located in the new complex. The new design has resulted in improved staff morale, along with increased recruitment and retention rates, particularly amongst nursing staff.

The reinstated RMOQ courtyard was awarded first place in the prestigious NSW Heritage awards, category B1 conservation built heritage in March 2005.

Stage 2 of this program will commence in late 2005. This $30 million project will complete the 'hot-floor' (Level 3) of the clinical services building and provide the final link to the surgical suite. Construction of the Perioperative unit at the entrance to the operating theatre suite will streamline services for patients and improve theatre efficiencies.

Completion of the new Stage 2a laboratories will enhance opportunities for teamwork and working partnerships between the various specialised units of the amalgamated Laboratory Services, facilitating faster and more reliable specimen testing and a more efficient service to clinicians.

Concord Repatriation General Hospital

Health Minister Iemma officially opened the new 3 Tesla MRI machine in June 2005. A key diagnostic tool for psychiatric disorders, the $2.8 million state-of-the-art machine is the first available to public patients in NSW.

Work will begin on the new $40 million mental health precinct in late 2005, providing 174 mental health inpatient beds, as well as extended-care and rehabilitation services.

A new ambulatory care building completed construction of the rehabilitation, aged care and medicine precinct and provides an entrance to refurbished aged care and rehabilitation wards accommodating 98 inpatient beds. The project brings together a number of disparate services, enhancing the level of care for this patient group.

Croydon Health Centre

The $30 million Croydon Health Centre was opened in December 2004. This inner-west health centre project has been a successful public-private partnership between SSWAHS, Catholic Health Care Services and Bovis Lend Lease.

The project included construction of the Croydon Health Centre, a mental health rehabilitation unit, a 127-bed nursing home (including a 60-bed special care nursing home), underground car parking for 200 vehicles and the future development of over 110 independent and assisted living apartments.

The new Croydon Health Centre provides an integrated, community-based range of services including early childhood, child, adolescent and family, community nursing and post-acute care services alongside dental services, podiatry, mental health and drug health teams. Interpreter services are also located within the centre. The co-location of all these services allows a continuity of care across all age groups within the Burwood, Ashfield and Croydon catchments.

Marrickville Community Health Centre

Construction of the Marrickville Community Health Centre is underway with completion expected in 2006. This $7 million project will provide a purpose-built, one-stop facility for community-based services including early childhood, child, adolescent and family, community nursing and post-acute care services, multicultural and migrant health alongside mental health and mental health rehabilitation (living skills), podiatry and sexual health services. These will form an important part of the continuum of care of health services for residents of the Marrickville LGA.

Asset Management

Capital Works Program (western zone)

Camden and Campbelltown Hospitals

The $133.7 million Macarthur strategy continued over the financial year. This visionary project involves the demolition and sympathetic reconstruction of major sections of Camden hospital and the redevelopment of Campbelltown Hospital.

Work at Campbelltown Hospital is entering its final phase with the refurbishment of Maternity Services and North Block. From its commencement in 2000, this project has seen Campbelltown Hospital transformed from an ageing district hospital into a modern provider of high-level clinical care.

The construction of a $6.2 million non-acute mental health facility at Campbelltown Hospital commenced in March 2004 and is due for completion in late 2005. This unit will complement the service currently provided by the acute inpatient facility and the adolescent service and will greatly enhance SSWAHS's ability to provide mental health services to the Macarthur community and neighbouring areas including Liverpool.

Liverpool Hospital

The $1.5 million extension of the Information Services Building was completed in April 2005. Funded by the NSW Department of Health, the new data centre is the support hub for a number of key statewide information management initiatives.

With a budget of over $9 million, alterations and extensions to the Emergency Department will be completed in September 2005. This innovative project consists of staged works, allowing one of the busiest emergency departments in the State to continue functioning during redevelopment. Its completion will provide one of the largest trauma centres in Australia and allow SSWAHS to meet anticipated increases in the demand for emergency care in south-west Sydney.

A major new mental health facility on the Liverpool Hospital campus is scheduled for completion in early 2006. This $26 million facility will greatly enhance the treatment of the mentally ill residents of the area.

STARTTS – Fairfield Hospital

The Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) provides a holistic range of professional outpatient and outreach services to refugees.

A series of building works completed in February 2005, at a cost of $1.5 million, allowed STARTTS to expand its role and enhance the level of community based service it provides to those in need across the metropolitan area.

Health Service Profile

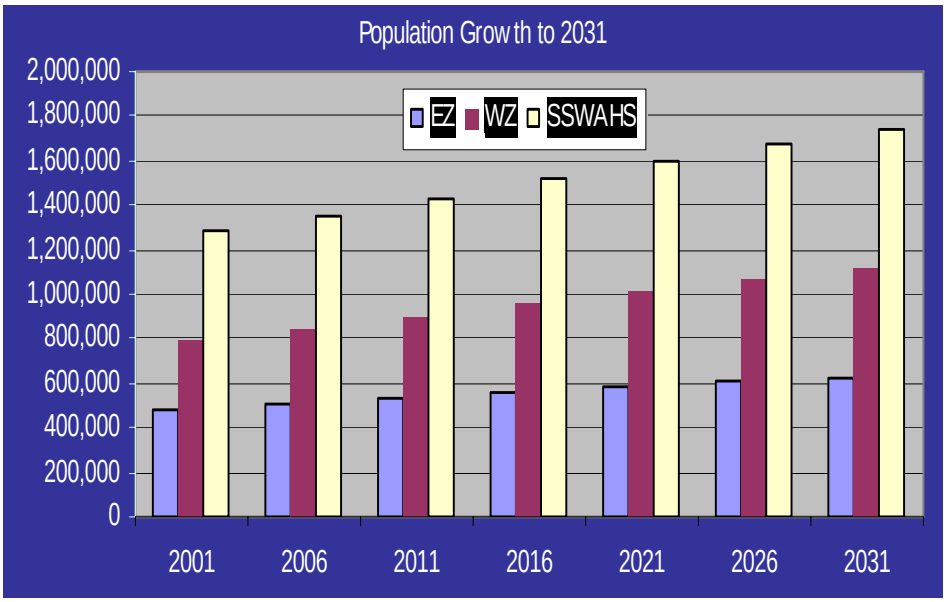
On 27 July 2004, The Hon Morris Iemma, Minister for Health, announced the amalgamation of Area Health Services (AHS) across NSW, including formation of the new Sydney South West Area Health Service (SSWAHS), combining the previous Central Sydney and South Western Sydney Area Health Services. The amalgamated areas came into being as legal entities from 1 January 2005 with existing areas continuing in legal force until that time.

SSWAHS is comprised of the following local government areas (LGAs):

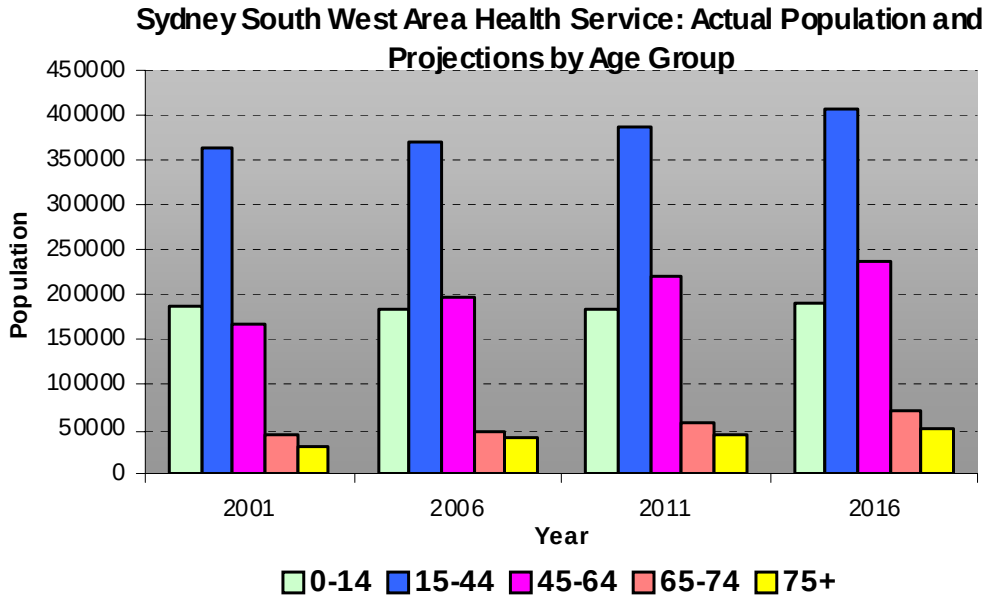
- Sydney (part)
- Leichhardt
- Marrickville
- Ashfield
- Burwood
- Strathfield
- Canada Bay
- Canterbury
- Bankstown
- Fairfield
- Liverpool
- Campbelltown
- Camden
- Wollondilly
- Wingecarribee

SSWAHS covers a land area of 6,380 square kilometres and has a current population of approximately 1.33 million, representing 20 per cent of the NSW population.

With areas of both substantial new land release for residential development and medium density urban infill, SSWAHS is one of the fastest growing parts of the State with its population projected to increase by up to 300,000 people by 2030, a 22 per cent increase.



Health Service Profile



Source: Department Infrastructure Planning and Natural Resources, 2004

Population characteristics

SSWAHS is the most ethnically diverse health area in Australia, with 39 per cent of the population speaking a language other than English at home. This is most notable in Fairfield and Canterbury, where over 60 per cent of the population do not speak English at home. A high proportion of new migrants to Australia choose to settle in the south-west of Sydney, including refugees. There are considerable variations between local government areas (LGAs) in the proportions of the population identifying as Aboriginal (highest in South Sydney and Campbelltown).

In addition to the influx of new migrants to the Area, the population grows by around 19,000 new births per annum. In some parts of the Area, notably Canterbury, Liverpool and Bankstown, birth rates are between 2.09 to 2.16, considerably above the State average of 1.79 and this trend is projected to continue with young families expected to comprise a large proportion of new residential developments.

LGAs with the highest proportion of younger people (0-14 years) are Camden, Campbelltown and Liverpool. Across the Area there are 266,000 children under the age of 15 representing 20 per cent of the total population.

LGAs with the highest proportion of older people (85 years+) are Ashfield, Burwood and Strathfield. Across the Area there are 180,000 people over the age of 65, representing 17 per cent of the population. There are large numbers of elderly people in some of the SSW local government areas, with more than 24,000 people over the age of 65 in Bankstown and around 18,000 in both Fairfield and Canterbury. Hospital data indicates that people over the age of 65 years utilize 45 per cent of all acute hospital bed days. The number of people aged over 65 years is projected to increase by 45 per cent by 2016 at which time they will represent 13 per cent of the total population.

South-western Sydney has some of the poorest communities in the State, characterised by a large number of recent migrants, significantly higher unemployment and a high proportion of families dependent on welfare. Such areas include Fairfield, the fourth most disadvantaged LGA in NSW as ranked by the SEIFA Index, and Canterbury and Liverpool, which are both in the lowest quartile.

The age standardised death rates for SSWAHS residents are higher than the State average for both males (721.8 per 100,000 vs 709) and females (457 per 100,000 vs 443).

The major causes of death are circulatory diseases, cancers, injury/poisoning and respiratory diseases. These comprise about 80 per cent of all deaths in both SSWAHS and NSW. The four major causes of death are the same for both males and females. Deaths due to cancer, injury/poisoning and respiratory diseases were higher among males. The proportion of female deaths due to injury/poisoning is about half that for males (4 per cent vs. 8.5 per cent).

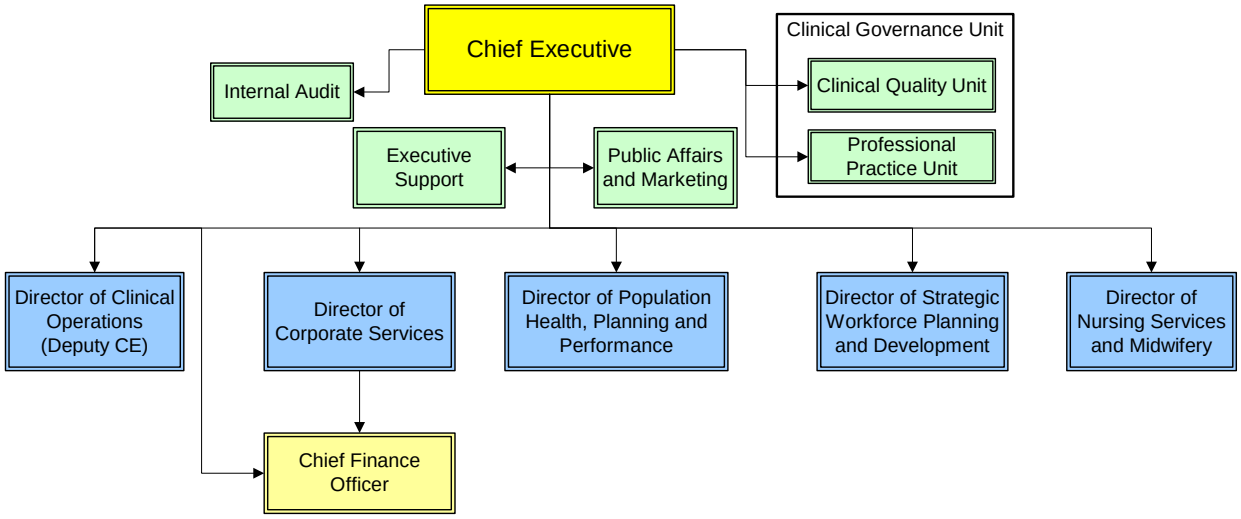
Organisation Chart

As part of the amalgamation of area health services across New South Wales, the NSW Department of Health formalised a single organisational and management structure for area health services. The aim of the structure is to improve corporate governance and management of area health services.

The organisational structure is separated into tiers and incorporates the clinical governance model as well as legislative and statutory responsibility for the Sydney South West Area Health Service (SSWAHS).

The first tier within SSWAHS is the position of Chief Executive. The Chief Executive is accountable for the overall corporate governance, performance and strategic planning of the organisation. The position of Chief Executive reports directly to the Director-General of NSW Health.

The seven positions within the second tier of SSWAHS report to the Chief Executive. These senior management positions are responsible for the delivery of clinical services, strategic planning, workforce planning, performance, corporate support, finance and nursing for the organisation.



Purpose and Goals

The SSWAHS purpose, vision and strategic direction has 10 inter-related *Focus Areas for Action*, which summarise the key priorities for the Area Health Service. They are: -

To keep people healthy

Population health

SSWAHS will invest strategically to improve population health. SSWAHS will take action to address social and environmental conditions conducive to better health; reduce individual behavioural health risk factors detrimental to health; and advocate for unmet needs and inequalities in population health.

To provide the health care people need

Accessible health care

No one in SSWAHS should be disadvantaged from achieving and maintaining good health. Improving health requires that people have access to the health services they need. An important priority for SSWAHS over the next three years is to ensure that its residents have equal access to health services.

Health care in the community

Primary health care providers are the most visible and utilised part of the health care sector, and generally the first point of contact for people seeking help with their health. A strong and vital primary health care system is therefore essential to the pursuit of better health outcomes in SSWAHS. SSWAHS will ensure that with greater choice in the setting where care is delivered, care is integrated, safe, of high quality and appropriate to the needs of patients, consumers and their carers.

To deliver high quality health services

Collaboration and community participation

The pursuit of better health outcomes is not just the responsibility of individuals or of the wider health system. By strengthening our partnerships with our local communities and with other service providers we can work together to effectively advance the health and wellbeing of the communities we serve.

High quality clinical care

Fostering a culture that promotes high quality health care through safety and compliance, clinical review, best practice and clinical risk management is fundamental to the pursuit of effective clinical governance. SSWAHS will strategically invest in enhancing the governance of its clinical services to ensure that patients and consumers receive reliable, appropriate, high quality and evidence-based clinical care.

To manage health services well

Workforce capability

Investing in our workforce and ensuring that the organisation has the right volume and mix of skills is essential to the fulfilment of our purpose and vision. Becoming an employer of choice by building the kind of work environment that will attract skill and expertise to our Area, and entice people to stay, is an important strategic priority for SSWAHS.

Continuous learning

Building a successful future in SSWAHS is dependent upon a capacity to transform our local knowledge, discoveries, talents and creative energies into a sustainable benefit for our staff and communities. SSWAHS will invest in building its knowledge base through research, encourage growth through innovation, and enhance the organisation's service, academic and research capabilities.

Leadership and direction

Strengthening the capacity and capability of our organisation is critical to the successful pursuit of our vision. This requires strong and enduring corporate governance arrangements. SSWAHS will continue to build and strengthen corporate governance systems and structures across the Area Health Service as a whole.

Information management

A myriad of benefits may be obtained from strategic investment in structured information management systems. Indeed, information systems are critical to effective health service provision and patient management, as well as system efficiencies.

Over the next three years, SSWAHS will ensure that staff at all levels of the organisation have access to technological support and timely and appropriate information to deliver high quality health services.

Financial sustainability

SSWAHS is responsible for ensuring that resources are used optimally and fairly to deliver health services to the people of SSWAHS.

Corporate Governance

The Chief Executive

The Chief Executive carries out all functions, responsibilities and obligations in accordance with the Health Services Act of 1997.

The Chief Executive is committed to better practices as outlined in the Guide on Corporate Governance, issued by NSW Health.

The Chief Executive has practices in place to ensure the primary governing responsibilities of the Sydney South West Area Health Service (SSWAHS) are fulfilled with respect to:

- setting strategic direction
- ensuring compliance with statutory requirements
- monitoring performance of the Area Health Service
- monitoring financial performance of the Area Health Service
- monitoring the quality of health services
- industrial relations/workforce development
- monitoring clinical, consumer and community participation
- ensuring ethical practice

Strategic direction

The Chief Executive has processes in place for the effective planning and delivery of health services to the communities and patients serviced by SSWAHS.

This process includes setting a strategic direction for both the organisation and for the health services it provides.

Code of conduct

The Chief Executive and the Area Health Service has adopted a Code of Conduct (the Code) to guide all employees and contractors in carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community, compliance with laws and regulations, and ethical responsibilities.

A statement about the Code is included in the annual report.

Risk management

The Chief Executive is responsible for supervising and monitoring risk management by the Area Health Service, including the SSWAHS system of internal controls. The Chief Executive has mechanisms for monitoring the operations and financial performance of SSWAHS.

The Chief Executive receives and considers all reports of SSWAHS external and internal auditors and, through the Audit and Corporate Risk Management (CRM) Committee, ensures that audit recommendations are implemented.

SSWAHS has a Risk Management Program and Risk Register that includes both clinical and non-clinical risks.

Committee structure

SSWAHS has a committee structure in place to enhance its corporate governance role. The committees meet regularly, have defined terms of reference and responsibilities, and are evaluated against agreed performance indicators.

Quality committees

The Chief Executive has systems and activities in place for measuring and routinely reporting on the safety and quality of care provided to the community. These systems and activities reflect the principles, performance and reporting guidelines as detailed in the Framework for Managing the Quality of Health Services in NSW documentation. The key quality committees for SSWAHS are the Clinical Quality Councils (eastern and western zones).

Audit and Corporate Risk Management (CRM) committee

The Chief Executive has established an Audit and CRM Committee.

The Audit and CRM Committee is chaired by an independent external expert, with the following membership:

- Chair: Independent external expert
- Manager Internal Audit
- Director Clinical Operations
- Chief Financial Officer
- Independent Auditor
- Chief Executive (in attendance)

Corporate Governance

The Audit and CRM Committee meets four times per year. The objectives of the Committee are to:

- maintain an effective internal control framework
- review and ensure the reliability and integrity of management and financial systems
- review and ensure the effectiveness of the internal and external audit functions
- monitor the management of risks to the health service, including responsibility for reviewing and updating the Risk Register. For clinical risks, authority to analyse risks, implement preventative risk strategies and control risks is delegated to the Clinical Quality Councils (eastern and western zones). For non-clinical risks, authority to analyse non-clinical risks, implement preventative risk strategies and control risks is delegated to officers, as outlined in the Risk Management Program.

Finance and Performance committee

The Chief Executive has established a Finance and Performance Committee. This Committee is chaired by the Chief Executive, with the following membership:

- Director Clinical Operations
- Director Corporate Services
- Chief Financial Officer
- Director Population Health, Planning and Performance
- Director Nursing and Midwifery

The Finance and Performance Committee meet 12 times per year. The objectives of the Finance and Performance Committee are to:

- examine budget allocations
- monitor overall financial performance in accordance with budget targets
- develop and maintain efficient, cost effective finance functions and information systems
- ensure appropriate financial controls are in place
- manage funds effectively

The Chief Executive complies with the provisions of the Accounts and Audit Determination for Health Services issued by NSW Health.

Performance appraisal

The Chief Executive has ensured that there are processes in place to:

- monitor progress of the matters and achievement of targets contained within the Performance Agreement between the Chief Executive and the Director-General of NSW Health.
- regularly review the performance of the SSWAHS through the Annual Governance Review process.

This statement reflects the corporate governance arrangement in place with the Sydney South West Area Health Service (SSWAHS).

Performance Indicators

To keep people healthy

More people adopt healthy lifestyles

SSWAHS Performance Measures	2003	Target 04-05	2004
Chronic disease risk factors			
• Alcohol (risk drinking behaviour %)	34	▼	28
• Smoking (daily or occasionally %)	24	▼	24
• Overweight or obese (%)	47	▼	49
• Physical activity (adequate %)	46	▲	53
• Fruit (recommended daily intake %)	50	▲	46
• Vegetables (recommended daily intake %)	9	▲	6

Chronic disease risk factors – overweight and obese

Major factors impacting performance

Increasing overweight and obesity in the population is a phenomenon faced by all developed countries. Factors that impact upon overweight and obesity are often outside of the control of health services.

Prior to amalgamation, a needs assessment around obesity prevention was undertaken in the eastern zone, and a number of recommendations made for area-wide activities. In the western zone, population nutrition and physical activity plans have been prepared.

Actions being taken to meet target include

There has been considerable investment in the eastern zone in an Area Active Transport policy, designed to increase physical activity through less motor vehicle use. This program will be expanded to the western zone.

A new strategic plan for health promotion is being prepared with explicit focus on obesity prevention. This will include the development of an area-wide policy, a staff development and training strategy, and strategies with partner organisations to increase physical activity and nutrition awareness.

SSWAHS Performance Measures	2002	2003
Potentially avoidable mortality - persons aged 75 and under (age-adjusted rate per 100,000 population)	185	169

Performance Indicators

To keep people healthy

Prevention and early detection of health problems

SSWAHS Performance Measures	02-03	03-04
Fall injuries - for people aged 65 years + (age standardised hospital separation rate per 100,000 population)		
• Male	1,937	1,987
• Female	2,928	2,797

Falls injuries

Target achieved for females. An area-wide approach to falls injuries has commenced and a project officer to coordinate prevention and in-hospital approaches will be appointed in 2006.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
People aged 65 years + immunised against:			
Influenza - in the last 12 months (%)	76	85	76
Pneumococcal disease – in the last 5 years (%)	46	▲	44

People aged 65 yrs+ immunised against Influenza – in the last 12 months

Major factors impacting performance

The individual practice of GPs has the largest influence on influenza immunisation rates in over 65 year olds.

Actions being taken to meet target include

Regular formal and informal liaison with Divisions of General Practice about immunisation issues is conducted and direct advice and education has been provided to general practitioners about vaccination matters. Liaison with nursing home staff is ongoing. A project to vaccinate Aboriginal elders in the western zone was undertaken in 2005.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Breast cancer screening – two yearly participation rate for women 50-69 years (%)	46.1	49.8	47.3

Breast cancer screening

Following the establishment of the NSW Cancer Institute, the Area has renegotiated the breast screening target to 49.8% of the eligible age group (women aged 50-69) and has been allocated additional funds to help achieve this new target.

Performance Indicators

To keep people healthy

A healthy start to life

SSWAHS Performance Measures	2003	2004
First antenatal visit before 20 weeks gestation (%)		
• Aboriginal mothers	58	61
• Non-Aboriginal mothers	80	83
Low birthweight babies – births with birthweight less than 2,500g (%)		
• Aboriginal	11	9
• Non-Aboriginal	6	7

First antenatal visit and low birth weight babies

Targets were exceeded due to much better coordination and integration between maternal and child services, community health and specialised services, for example, Aboriginal Health and Drug Health.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Infants fully immunised - at 12 to < 15 months (%)	92	94	90

Infants fully immunised - at 12 to < 15 months

Major factors impacting performance

SSWAHS works closely with GPs to influence immunisation rates, as GPs are the providers of at least 85 per cent of childhood vaccinations in NSW for this age group. While considerable efforts by the Area Health Service are put into immunisation coordination, education of general practitioners, and liaison with Divisions of General Practice, it is the individual clinical practice of GPs which is the largest influence on this indicator.

Other factors impacting performance include

Conscientious parental objection to immunisation affects the number of children immunised. Redfern, Pyrmont and Glebe postcode areas have higher rates of conscientious objection to immunisation than the NSW State average.

Actions being taken to meet target include

Regular formal and informal liaison with Divisions of General Practice about immunisation issues is being undertaken. Council clinics are to be supported in their activities and ACIR reporting and annual updates will be conducted for nurse immunisers.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Families First Universal Health Home Visits (UHHV):			
• Offered			
• Received within 2 weeks of the birth	Data not available		Data not available

Performance Indicators

To provide the health care people need

Emergency care without delay

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Off stretcher time - transfer of care to emergency department within > 30 minutes of ambulance arrival (%)	64	90	59
Emergency department (cases treated within Australian College of Emergency Medicine (ACEM) benchmark times %)			
• Triage 1	100	100	100
• Triage 2	79	80	79
• Triage 3	53	75	56
• Triage 4	61	70	65
• Triage 5	87	70	86

Emergency department - cases treated within ACEM benchmark times (%): Triage 3 (within 30 minutes)

Major factors impacting performance include

ED activity in Campbelltown in Triage 2 and Triage 3 patient presentations has shown significant growth. Building works in Liverpool ED disrupted access between Waiting/Ambulance and Triage. Also, the number of mental health patients spending prolonged periods in ED has increased, especially at Liverpool and Campbelltown Hospitals, delaying access of arriving patients to the treatment areas.

Actions being taken to meet target include

Completion of building works at Liverpool Hospital and the Clinical Redesign project on patient flow in Liverpool and RPA EDs has enhanced access at these facilities. Work has also commenced with ED directors across the Area to implement recruitment and retention strategies for emergency physicians to fill vacant positions. A psychiatric emergency care centre (PECC) will open at Liverpool; a new 50-bed acute mental health centre will open at Liverpool and a 30-bed sub-acute mental health unit will open at Campbelltown.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Access block - (% of ED patients not transferred to an inpatient bed within 8 hours of commencement of active treatment) as at 30 June 2005	42	34	36

Performance Indicators

To provide the health care people need

Shorter waiting times for booked non-emergency care

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Waiting times - booked medical and surgical patients as at 30 June 2005			
• Waiting more than 30 days (categories 1 & 2)	1,086	▼	1,119
• Waiting more than 12 months (categories 1,2, 7 & 8) as at 30 June 2005	2,007	1,100	1,282

Waiting times - booked medical and surgical patients: More than 30 days - categories 1 and 2 (number)

Actions being taken to meet target include

Directors of Surgery are leading work to ensure appropriate categorising of Category 1 patients by surgeons. A regular list review and audit by the Area coordinator is in process to ensure that Category 1 and 2 patients have timely priority access to surgery.

Waiting times - booked medical and surgical patients: More than 12 months - categories 1,2, 7 and 8 (number)

Note: Long waits declined at the start of year from 2500 to 1282 at the end of June 2005.

Actions being taken to meet target include

The appointment of an additional ENT surgeon and a PRNIP ophthalmologist at Bankstown will decrease waiting times. Additional beds (101 across the Area) have been opened and are available for elective surgery. A 23-hour surgical ward model is being implemented at Liverpool, RPA and Concord, and additional general surgical lists at Bankstown are now permanently in place. A Predictable Surgery Plan has been implemented to achieve 2005/06 performance targets. The consolidation of complex sub-speciality surgery in the western zone to increase throughput and safety, for example, plastics and urology at Bankstown and joint replacement at Fairfield. This reduces the likelihood of non-urgent surgery having to be cancelled at Liverpool to accommodate emergency and trauma cases.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Average length of stay - overall, including same day admissions (days)	4.6		4.6
Public hospital beds occupied by patients waiting for other care or accommodation	Data not available		Data not available

Performance Indicators

To provide the health care people need

Fair access to mental health services

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Mental health – need met for services (%)			
• Ambulatory care	48%		48%
• Acute inpatient	80%		80%
• Non-acute inpatient	34%		26%

Mental health

Commissioning of a new 50-bed mental health facility at Liverpool Hospital will increase bed capacity, access to acute beds and overnight inpatient separations. This facility is scheduled for commissioning during early 2006.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Radiotherapy utilisation rates	Data not available		Data not available

Performance Indicators

To deliver high quality health services

Consumers satisfied with all aspects of services provided

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
% of the surveyed population rating their health care as "excellent, very good or good" for:			
• Emergency department	74	▲	75
• Hospital inpatient	91	▲	92
• Community Health Centres	88	▲	92

Consumer response

Data provided through the Continuous Health survey indicates that all targets are achieved.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Complaints resolved within 35 days (%)	86	80	87

Complaints resolved

The establishment of a Professional Practice Unit in the Area has had a major impact on the quality and timeliness of complaint management.

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Standardised measure of patient experience following treatment	Data not available		Data not available

Performance Indicators

To deliver high quality health services

High quality clinical treatment

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Unplanned:			
• **Overnight re-admission to hospital** (within 28 days of discharge following booked surgery %)	3.81	▼	1.70
• **Re-admission to ICU** (within 72 hours of discharge from an ICU)	2.09	▼	1.52
• **Return to an operating room** (booked surgery only %)	0.95	▼	0.82

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Mental Health acute adult readmission - within 28 days to same facility (%)	5	</=10	6
Incident management reporting	Data not available		Data not available

Performance Indicators

To deliver high quality health services

Care in the right setting

SSWAHS Performance Measures	02-03	03-04
Potentially avoidable hospital admissions - age adjusted rates per 100,00 population		
• Vaccine preventable	75	65
• Acute	691	1,447
• Chronic	1465	712

SSWAHS Performance Measures	02-03	03-04
Potentially avoidable hospital admissions - age adjusted rates per 100,00 population		
• Aboriginal	3,334	3,000
• Non-Aboriginal	2,185	2,186

Aboriginal Health – potentially avoidable hospital admissions – (age-adjusted rates per 100,000 population):

Major factors impacting performance include

Vascular health is the leading health problem for the Aboriginal population. Environmental Health is another aspect of Aboriginal Health which has broad consequences including asthma, food borne diseases, trachoma and rheumatic heart disease. Self-harm is also an area of critical importance as is the issue of drug and alcohol abuse, which can lead to hospital admissions. Admissions into the health care system by Aboriginal people often occur at the chronic stage of disease.

Actions being taken to meet target include

Aboriginal Health now has a number of social and emotional wellbeing staff who aim to address and support self harm through capacity building of individuals. An MOU on alcohol and drug use has been developed for the greater west of Sydney, intended to direct drug health and Aboriginal health services to reduce harmful drug and alcohol use. From this MOU, an Aboriginal drug health action plan has been developed.

Vascular health is being addressed by Aboriginal health through the Aboriginal home visiting program. Also, the Aboriginal Health Promotion Plan has recently been completed and focuses on smoking, physical activity, nutrition and stress in order to combat vascular health problems. RPA has recently introduced the Aboriginal Cardiovascular Health project targeting indigenous users of services at RPA.

Non-Aboriginal health - potentially avoidable hospital admissions – (age-adjusted rates per 100,000 population):

This indicator reflects a need for improvement in primary, secondary and tertiary prevention and improved models of care for patients with chronic and complex conditions. The Area has a wide range of strategies to improve both these areas, for example, improved immunisation rates, diabetes management programs, chronic obstructive pulmonary disease (COPD) programs. A significant improvement in avoidable admission has occurred, for example, due to the COPD program. The Area will continue to implement these and other strategies to prevent avoidable admissions.

Performance Indicators

To manage health services well

Sound resource and financial management

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Net Cost of Service General Fund (General) - variance against budget)	n/a	0	-0.08
Total general creditors profile monthly average (days)			51 days
Creditors >45 days as at the end of year ($)	n/a	0	$1.9 million
Major and Minor Works: variance against approved BT4 capital allocation (%)	-2.3	0	13.1
Maintenance expenditure as % of total replacement value of assets	Data not available		0.85% for 6 months ending 30 June 2005

To manage health services well

Skilled, motivated staff working in innovative conditions

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Proportion of total staff that are: medical, nursing, allied, dental or uniformed ambulance (%)	66.0	▲	66.9

Staff

SSWAHS is the largest Area health Service in NSW with a workforce of 16,411. The workforce has grown steadily over recent years with nurses being the largest component of our workforce.

To manage health services well

Strong corporate and clinical governance

SSWAHS Performance Measures	Baseline 03-04	Target 04-05	Achievement 04-05
Corporate Governance Statement			Non quantitative: no data supplied
Clinical Governance Statement			Non quantitative: no data supplied

Clinical Governance

Clinical Governance Directions Statement

The NSW Patient Safety and Clinical Quality Program was implemented in 2004 to improve clinical governance by providing staff with the support they need to deliver safer, better quality care.

Under the program, Sydney South West Area Health Service (SSWAHS) was required to implement the clinical governance functions from the Implementation Plan that commenced in June 2005.

This is to be achieved through the establishment of the Clinical Governance Unit. The Unit provides the roles of support, performance and conformance to develop and monitor policies and procedures for improving systems of care. This includes the designation of a Senior Complaints Officer to receive and manage serious complaints.

Program reporting

SSWAHS Clinical Governance program performance reports were lodged with NSW Health in October 2004 and June 2005.

100 per cent of the Clinical Governance performance measures due by June 2005 were implemented.

In achieving this result, SSWAHS is satisfied that it has implemented the required clinical governance functions.

Clinical Governance Unit 2004/05

CGU formation and quality improvement

To ensure and improve the safety and quality of health care for our patients and our community, a Clinical Governance Unit (CGU) has been established with Dr Peter Kennedy as the Director.

At SSWAHS, the quality of care and service provided to our consumers is of great importance to all staff and is fundamental to our everyday work practices. The commitment to quality and safety is apparent when reflecting on the implementation of our patient safety program, and when reviewing the recent results of each facility's Australian Council on Health Standards, Evaluation and Quality Improvement Program (ACHS EQuIP) Accreditation surveys.

All facilities continue to meet EQuIP Accreditation standards. This has been challenging as there is now mandatory criteria that must be met before an organisation can be accredited. Our staff are also dedicated to continuous improvement in all aspects of their work. The CGU unit provides training and assistance to departments undertaking quality improvement projects. These projects have achieved success in many externally run quality awards including:

2004 NSW Multicultural Communication Award

Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) won the 2004 NSW Multicultural Communication Award for a series of posters in community languages encouraging HIV/STI screening among gay men from Culturally and Linguistically Diverse (CALD) backgrounds - Tadgh McMahon

Australian Healthcare Association (AHA) National Awards 2004

Finalist: RPA - *Improving Medical Imaging Report Turn Around Times* – A/Prof Michael Fulham

NSW Premiers Award 2004

Finalist: RPA - *Improving Medical Imaging Report Turn Around Times* - A/Prof Michael Fulham.

Asia Hospital Management 2004 Awards

Runner-up: RPA - *Improving Medical Imaging Report Turn Around Times* - A/Prof Michael Fulham (IT and e-commerce category)

Runner-up: CRGH - *Weigh Scale Transporter* - Stan Scahill (customer service category)

Baxter NSW Health Awards 2004

Finalist: RPA - *Improving Medical Imaging Report Turn Around Times*

Finalist: SDH - *Helping Carers Care*

Finalist: Area - *Fortifying texture modified meals with infant cereal: thick, cheap and easy!*

Highly commended: Area -*Teaching the Tools of Quality Using Automated Electronic Templates*

SSWAHS Quality Improvement Poster competition: June 2005

1st Prize

Eastern zone: Respiratory Medicine - *Chronic Care Collaborative - Better outcomes for persons with chronic obstructive pulmonary disease*

Equal 2nd prize

Liverpool: Neurosurgery Department - *Falling head over heels. Reducing falls in neurosurgery patients*

Fairfield: Joint Whitlam Program – Orthopaedics - *Restrictive blood transfusion practices following primary TKR*

Equal 3rd prize

Concord: Ward 6 North - *Preparing yourself for surgery*

Liverpool: Risk Management Working Party Multidisciplinary Team - *Rapid screening reviews of hospital mortality*

Highly commended

RPA: Department of PET and Nuclear Medicine *'Meaningful' clinical indicators in a medical imaging department*

Professional Practice Unit (PPU) and patient complaints

The Professional Practice Unit (PPU) is responsible for overseeing the management of all complaints within the Area. The PPU manager is the Area's designated senior complaints officer. As well as dealing with complaints, grievances and professional practice issues, the unit also proactively promotes ethics, professional practice and the SSWAHS code of conduct.

The PPU currently consists of a manager and an Area patient complaints officer who have a combination of clinical, legal and mediation skills. They also have administrative support. The PPU meets monthly with the Area's patient liaison officers to develop a standard best practice approach to complaint handling. The PPU also works closely with the Human Resource and Development unit to facilitate education around professional practice, ethics, code of conduct and complaint handling.

IIMS

The Incident Information Management System (IIMS) project is a statewide initiative designed to support the NSW Safety Improvement Program. It is a key component in the NSW Patient Safety and Clinical Quality Strategy.

Designed to assist clinicians, managers and other health care workers to minimise any risks in health services by managing all health care incidents as they occur, IIMS has been successfully implemented in SSWAHS and staff are now using the system to notify incidents of all types.

More than 1,400 managers have been trained on the system and are now using it to manage incidents. Reports generated from IIMS have been providing information for patient safety and quality improvement programs. Ongoing support is available and continuous improvements for IIMS software are occurring in order to meet staff needs.

Root cause analysis / patient safety program

Root Cause Analysis (RCA) is used to review and analyse an incident to identify the factors that contributed to it and to recommend actions to prevent a similar occurrence. SSWAHS has now undertaken 147 Root Cause Analyses into serious incidents and many improvements to patient care have been implemented as a result.

Staff must be trained in the RCA process before they can lead an RCA investigation. 278 staff have been trained in the RCA process so far. Training was initially conducted by NSW Health and the Clinical Excellence Commission. A small faculty of our staff have undergone the *Train the Trainer* program and are now able to train staff within SSWAHS. Two RCA training courses were run by our staff in 2004/05.

Selected Activity Levels

Selected data for the year ended June 2005 part 1

* Data provided by NSW Health

Hospital name	Separations	Planned as % of total separations	% of same day separation	Total bed days	Average length of stay (acute) [3]	Daily average of inpatients [4]
Rozelle Hospital	3,074		2.0%	64,484		177
Department of Forensic Medicine						
Scarba House – Central Sydney Unit						
Balmain Hospital	2,096		15.3%	24,200		66
Canterbury Hospital	15,652	21.6%	25.9%	58,801	3.5	161
RPA Hospital	56,376	47.6%	43.2%	236,050	4.2	647
Community Health – Central Sydney AHS						
Tresillian Care Centre	2,368		0.9%	11,296		31
Thomas Walker	526	23.0%	59.1%	2,389		7
Concord Hospital	39,287	68.8%	60.1%	141,092	3.4	387
RPA Institute Rheumatology / Orthopaedics	2,129	89.7%	25.9%	9,978	4.7	27
Sydney Dental Hospital						
Karitane Mothercraft Society	884	52.9%	2.3%	3,481		10
Scarba House – South West Sydney AHS						
Camden Hospital	7,938	59.9%	72.3%	26,571	2.2	73
Fairfield Hospital	15,049	26.5%	25.5%	51,329	3.4	141
Liverpool Hospital	57,966	52.7%	53.7%	219,212	3.7	601
Campbelltown Hospital	22,171	17.6%	16.7%	92,164	4.1	253
Bankstown Hospital	27,047	38.4%	36.3%	130,069	4.6	356
Braeside Hospital	3,409	0.1%	69.6%	22,970		63
Queen Victoria (Thirlmere)						
Bowral Hospital	8,492	22.0%	44.7%	23,365	2.6	64
South West Sydney AHS Expenditure						
SSWAHS Total	**264,464**	**43.5%**	**43.0%**	**1,117,451**	**3.8**	**3,062**

Selected Activity Levels

Selected data for the year ended June 2005 part 2

* Data provided by NSW Health

Hospital name	Occupancy rate [5]	Acute bed days	Acute overnight bed days	Non-admitted patient services	ED attendances [8]	Expenses – all program ($000)
Rozelle Hospital				12,021		
Department of Forensic Medicine				51,284		
Scarba House – Central Sydney Unit				2,128		
Balmain Hospital				124,803	15,665	
Canterbury Hospital	89.0%	52,277	48,237	181,036	24,157	
RPA Hospital	94.9%	235,916	211,588	589,403	45,575	
Community Health – Central Sydney AHS				340,236		
Tresillian Care Centre				58,474		
Thomas Walker				9,791		
Concord Hospital	105.8%	130,329	106,825	289,535	23,605	
RPA Institute Rheumatology / Orthopaedics	60.2%	9,978	9,426	19,139		
Sydney Dental Hospital				186,024		
Karitane Mothercraft Society				30,354		
Scarba House – South West Sydney AHS				8,044		
Camden Hospital	82.5%	16,445	10,701	120,067	9,775	
Fairfield Hospital	76.1%	51,262	47,422	270,646	23,768	
Liverpool Hospital	97.6%	211,083	179,938	556,540	46,909	
Campbelltown Hospital	92.5%	91,108	87,385	328,780	34,758	
Bankstown Hospital	96.7%	120,814	110,996	396,942	30,673	
Braeside Hospital				21,985		
Queen Victoria (Thirlmere)				4,111		
Bowral Hospital	85.9%	22,017	18,219	98,614	16,095	
South West Sydney AHS Expenditure				318,225		
SSWAHS Total	**94.1%**	**941,229**	**830,737**	**4,018,182**	**270,980**	**1,981,885**

* See notes on page 32.

Selected Activity Levels

Selected data for the year ended June 2005

Notes:

Inpatients activity data are not directly comparable to previous years' published data in the following ways:

- the Health Information Exchange (HIE) data were used except for The Children's Hospital at Westmead, Sydney South West and North Coast where Department of Health Reporting System (DOHRS) data were used for bed days due to issues in the HIE;
- the number of separations includes care type changes;

All historical data were recalculated using the same method and source of data.

2. Includes services contracted to the private sector.

3. Acute average length of stay = (acute bed days) / (acute separations)

4. Daily average of inpatients = total bed days / 365.

5. The bed occupancy rate includes only June data and covers only major facilities. This is not comparable with earlier reports as bed occupancy previously contained information for a full year and included community and non-acute facilities. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres and recovery wards. From 2004/05 Residential Aged care, Confused and Disturbed Elderly, Community residential and respite activity was also excluded. Unqualified baby bed days were included in occupied bed days from 1 July 2002.

6. June 2005 Justice health inpatient data were not available and are not included.

7. Acute separation is defined by service category of acute or newborn.

8. Emergency Department attendances are based on DOHRS and Emergency Department Information System (EDIS) and are not comparable to previous years' data as pathology and radiology services performed in Emergency Departments are excluded from 2004/05 data.

9. Non-Admitted Patients Service data for the Justice Health were provided directly by Justice Health rather than through DOHRS as for other Area Health Services.

10. Inpatients data for 2000/01 are incomplete due to the introduction of the HIE in 2000.

Selected Activity Levels

Bed and bed equivalents and bed occupancy, June 2005

Beds in emergency departments, delivery suites, operating theatres and recovery rooms are excluded

* Data provided by NSW Health

Hospital name	June bed count – all beds	General hospital units	Nursing home units	Community residential	Other units	Bed equivalents
Rozelle Hospital	194				194	
Balmain Hospital	78	78				
Canterbury Hospital	184	184				
RPA Hospital	721	721				
Tresillian Family Care Centres	36	36				
Thomas Walker Hospital	17	17				
Concord Hospital	411	411				
RPA Institute of Rheumatology / Orthopaedics	54	54				
Karitane Mothercraft Centre	16	16				
Camden Hospital	82	82				
Fairfield Hospital	206	206				
Liverpool Hospital	649	649				
Campbelltown Hospital	283	283				
Bankstown Hospital	395	395				
Braeside Hospital	72	72				
Carrington Centennial Nursing Home	94		94			
Queen Victoria (Thirlmere)	100		100			
Bowral Hospital	83	83				
Mental Health Group Homes - Bankstown	3			3		
Mental Health Group Homes - Campbelltown	14			14		
Mental Health Group Homes - Liverpool	43			43		
Compacks	19					19
Transitional Care Home based	30					30

* See notes on page 34.

Selected Activity Levels

Bed and bed equivalents and bed occupancy, June 2005

Notes:

The numbers of available beds presented reflect the average for June 2005 and are not comparable with information from previous years as these were based on average available beds for a full financial year. Since March 2005, the bed information previously obtained from the Department of Health Reporting System (DOHRS) was replaced by a new beds collection, which provided more detailed information on bed type and availability. Owing to the limited period that the new bed collection has been in place, it is not possible to provide an average number of beds for the year.

Beds in emergency departments, delivery suites, operating theatres and recovery wards are excluded.

A bed equivalent is the estimated additional bed capacity arising from services provided to reduce a patient's period of stay in hospital or from initiatives that provide alternatives to an admission to hospital. The number of bed equivalents is not comparable with those in the 2003/04 Annual Report, as these were derived based on admissions reclassified to non-inpatients. Data on such activity are no longer collected.

Health Service Locations

Public Hospitals

Balmain Hospital
29 Booth Street
Balmain NSW 2041
Tel: (02) 9395 2111
Fax: (02) 9395 2020
Email: lee.barlow@email.cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Bankstown Hospital
Eldridge Road
Bankstown NSW 2200
Tel: (02) 9722 8000
Fax: (02) 9722 8570
Email: chris.wood@swsahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Bowral and District Hospital
Corner Mona Road and Bowral Street
Bowral NSW 2576
Tel: (02) 4861 0200
Fax: (02) 4861 4511
Email: elizabeth.brunette@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Camden Hospital
Menangle Road
Camden NSW 2570
Tel: (02) 4634 3000
Fax: (02) 4654 6240
Email: jane.ferguson@swsahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Campbelltown Hospital
Therry Road
Campbelltown NSW 2560
Tel: (02) 4634 3000
Fax: (02) 4634 3880
Email: jane.ferguson@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Canterbury Hospital
Canterbury Road
Campsie NSW 2194
Tel: (02) 9787 0000
Fax: (02) 9787 0031
Email: canterbury@email.cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Concord Repatriation General Hospital
Hospital Road
Concord NSW 2139
Tel: (02) 9767 5000
Fax: (02) 9767 6991
Email: concordinfo@email.cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Fairfield Hospital
Corner Polding Street and Prairievale Road
Prairiewood NSW 2176
Tel: (02) 9616 8111
Fax: (02) 9616 8240
Email: sandra.lombardini@swsahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Liverpool Hospital
Corner Elizabeth and Goulburn Streets
Liverpool NSW 2170
Tel: (02) 9828 3000
Fax: (02) 9828 6318
Email: anne.crowley@swsahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Royal Prince Alfred Hospital
Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 6111
Fax: (02) 9515 5001
Email: susan.cameron@cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Rozelle Hospital
Corner Church and Glover Streets
Leichhardt NSW 2040
Tel: (02) 9556 9100
Fax: (02) 9818 5712
Email: rozelle@email.cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Sydney Dental Hospital
2 Chalmers Street
Surry Hills NSW 2010
Tel: (02) 9293 3200
Fax: (02) 9293 3488
Email: sydneydentalhospital@email.cs.nsw.gov.au
Web: www. sswhealth.nsw.gov.au

Health Service Locations

Third Schedule Facilities

Tresillian Family Care Centres
Head Office
McKenzie Street
Belmore NSW 2192
Tel: (02) 9787 0800
Fax: (02) 9787 0880
Email: tresillian@email.cs.nsw.gov.au
Web: www.tresillian.net

Carrington Centennial Care
90 Werombi Road
Camden NSW 2570
Tel: (02) 4659 0590
Fax: (02) 4655 1984
Email: carrington@carringtonrv.org.au
Web: www.sswhealth.nsw.gov.au

Braeside Hospital
340 Prairievale Road
Prairiewood NSW 2176
Tel: (02) 9616 8600
Fax: (02) 9616 8605
Email: connie.chan@swsahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Karitane
Corner The Horsley Drive and Mitchell Street
Carramar NSW 2163
Tel: (02) 9794 1800
Fax: (02) 9794 1858
Email: robert.mills@swsahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Queen Victoria Memorial Home
615 Thirlmere Way
Picton NSW 2571
Tel: (02) 4683 6900
Fax: (02) 4683 6910
Email: jane.hartley@swsahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Other Services

Department of Forensic Medicine
50 Parramatta Road
Glebe NSW 2037
Tel: (02) 8584 7800
Fax: (02) 9552 1613
Email: pattersonm@email.cs.nsw.gov.au
Web: www.forensic.org.au

Sydney South West Laboratory Services
Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 7960
Fax: (02) 9515 7931
Email: maureen.harrison@cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Community Facilities - eastern zone

Community Health Services

Camperdown Child, Adolescent and Family Health Service
Camperdown Community Health Centre
Level 5, King George V Building
Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 9788

Croydon Health Centre
24 Liverpool Road
Croydon NSW 2132
Tel: (02) 9378 1100
Fax: (02) 9378 1111

Croydon Child, Adolescent and Family Health Service
Croydon Health Centre
24 Liverpool Road
Croydon NSW 2132
Tel: (02) 9378 1100

Canterbury Child, Adolescent and Family Health Service
Canterbury Community Health Centre
Corner Thorncraft Parade and Canterbury Road
Campsie NSW 2194
Tel: (02) 9787 0600

Canterbury Community Nursing Service
Canterbury Community Health Centre
Canterbury Hospital
Canterbury Road
Campsie NSW 2194
Tel: (02) 9787 0599

Canterbury Multicultural Youth Health Service
Canterbury Community Health Centre
Corner Thorncraft Parade and Canterbury Road
Campsie NSW 2194
Tel: (02) 9787 0600

Health Service Locations

Cellblock Youth Health Service
142 Carillon Avenue
Camperdown NSW 2050
Tel: (02) 9516 2233

Community HIV/AIDS Allied Health
Redfern Community Health Service
1 Albert Street
Redfern NSW 2016
Tel: (02) 9395 0444

Community Nutrition
Level 6, King George V Building
Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 9729

Community Paediatric Occupational Therapy Services
Camperdown Child, Adolescent and Family Health Services
Level 5, KGV
Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 9788

Community Paediatric Physiotherapy Services
Croydon Health Centre
24 Liverpool Road
Croydon NSW 2132
Tel: (02) 9378 1100

Concord Community Nursing Service
Concord Hospital
Hospital Road
Concord NSW 2139
Tel: (02) 9767 6199

Croydon Community Nursing Service
24 Liverpool Road
Croydon NSW 2132
Tel: (02) 9378 1100

Eastern and Central Sexual Assault Service
L5, King George V Building
Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 9040

Lewisham Community Nursing Service
C/- Ann Walsh House
Ozanam Village
West Street
Lewisham NSW 2049
Tel: (02) 9560 9711

Marrickville Child, Adolescent and Family Health Service
184 Livingstone Road
Marrickville NSW 2204
Tel: (02) 9550 0155

Migrant Health Team
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Tel: (02) 9395 0444

Multicultural HIV/AIDS and Hepatitis C Service
Level 1, Building 12
Corner Grose Street and Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 5030

Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Tel: (02) 9395 0444

The Sanctuary
6 Mary Street,
Newtown NSW 2040
Tel: (02) 9519 6142

Early Childhood Health Services

Eastern Sector Centres

Balmain
530A Darling Street
Rozelle NSW 2039
Tel: (02) 9810 1609

Camperdown
Level 5, KGV
Missenden Road
Camperdown NSW 2050
Tel: (02) 9515 9944

Dulwich Hill
12 Seaview Street
Dulwich Hill NSW 2203
Tel: (02) 9560 2747

Glebe/Ultimo
Corner Pyrmont Bridge Road and Glebe Point Road
Glebe NSW 2037
Tel: (02) 9660 3451

Leichhardt
11 Marion Street
Leichhardt NSW 2040
Tel: (02) 9560 5604

Health Service Locations

Marrickville
228 Illawarra Road
Marrickville NSW 2204
Ph: (02) 9569 6048

Redfern
Corner Elizabeth and Redfern Streets
Redfern NSW 2016
Tel: (02) 9698 1613

Early Childhood Health Services

Western Sector Centres

Ashfield
260 Liverpool Road
Ashfield NSW 2131
Ph: (02) 9716 1853

Concord
57A Wellbank Street
Concord NSW 2137
Tel: (02) 9743 1654

Croydon
24 Liverpool Road
Croydon NSW 2132
Tel: (02) 9378 1156

Drummoyne
64 College Street
Drummoyne NSW 2047
Tel: (02) 9181 2619

Five Dock
Corner Park Road and First Avenue
Five Dock NSW 2046
Tel: (02) 9713 6140

Homebush
A2 Fraser Street
Homebush NSW 2140
Tel: (02) 9746 7763

Summer Hill
Summer Hill Community Centre
131 Smith Street
Summer Hill NSW 2130
Tel: (02) 9798 3169

Early Childhood Health Services

Canterbury Sector Centres

Belmore
Senior Citizens Hall
Redman Parade
Belmore NSW 2192
Tel: (02) 9718 0157

Campsie
143 Beamish Street
Campsie NSW 2194
Tel: (02) 9718 3177

Earlwood
Corner Homer and William Streets
Earlwood NSW 2206
Tel: (02) 9718 4847

Lakemba
35 Croydon Street
Lakemba NSW 2195
Tel: (02) 9759 2034

Roselands
L94, Level 1
Roselands Shopping Centre
Roselands NSW 2196
Tel: (02) 9750 7452

Community Facilities - western zone

Fairfield LGA

Prairiewood Community Health Centre
Corner Polding Street and Prairie Vale Road
Prairiewood NSW 2176
Ph: (02) 9616 8169

Cabramatta Community Health Centre
7 Levuka Street
Cabramatta NSW 2166
Ph: (02) 8717 4000

Fairfield Community Health Centre
53-65 Mitchell Street
Carramar NSW 2163
Ph: (02) 9794 1700

Health Service Locations

Liverpool LGA

Moorebank Community Health Centre
29 Stockton Avenue
Moorebank NSW 2170
Ph: (02) 9602 6419

Hoxton Park Community Health Centre
596 Hoxton Park Road
Hoxton Park NSW 2171
Ph: (02) 9827 2222

The Miller HUB
16 Woodward Crescent
Miller NSW 2168
Ph: (02) 9608 8920

Health Services Building
Corner Campbell and Goulburn Street
Liverpool NSW 2170
Ph: (02) 9828 4844

Bankstown LGA

Bankstown Community Health Centre
36-38 Raymond Street
Bankstown NSW 2200
Ph: (02) 9780 2777

Primary Health Nursing
Level 2, 27 Greenfield Parade
Bankstown NSW 2200
Ph: (02) 9205 4244

Macarthur LGA

Ingleburn Community Health Centre
59A Cumberland Road
Ingleburn NSW 2565
Ph: (02) 9605 8900

Narellan Community Health Centre
14 Queen Street
Narellan NSW 2567
Ph: (02) 4640 3500

Rosemeadow Community Health Centre
5 Thomas Rose Drive
Rosemeadow NSW 2560
Ph: (02) 4633 4100

Wollondilly Community Health Centre
5-9 Harper Close
Tahmoor NSW 2573
Ph: (02) 4683 6000

Wingecarribee LGA

Bowral Community Health Centre
Bendooley Place
Bowral NSW 2576
Ph: (02) 4861 8000

Area Healthcare Service Planning

In late 2004, the Department of Infrastructure, Planning and Natural Resources released the revised population projections for NSW, including the proposed south-west growth area centered around Bringelly and Leppington.

This new growth area and accelerated land release will mean an additional 90,000 people will reside in the western zone by 2016, and by 2030 the population will increase by an estimated extra 250,000 to 300,000 people. Demand for a substantial expansion in health service capacity will result. In addition, population growth due to medium density urban consolidation in the inner and middle ring suburbs will require a review of health service capacity in those areas.

As a result of the formation of the new Area Health Service, and in recognition of the need for early planning for new land releases, the Area has commenced development of an Area Health Plan to identify population health needs to 2016, and more broadly, to 2021. This plan follows on from the framework developed in *The Way Forward 2004-2008* for the former South Western Sydney Area Health Service and the Resource Transition Program developed by Central Sydney Area Health Service. Planning groups have been formed consisting of clinicians, managers, community representatives and general practitioners.

Asset Strategic Planning needs to be driven by clear and detailed service plans that outline the roles and future activity levels of health services in SSWAHS. The Area Asset Strategic Plan will be informed by the Area Health Plan. In addition, a Human Resource Strategic Plan will be commenced following the completion of the Area Health Plan in late 2005.

Facilities

Balmain Hospital

A/General Manager Ann Kelly

Category of hospital and major services provided

Balmain Hospital and its community based services continued to provide the focus for aged care services and rehabilitation for SSWAHS eastern sector. The General Practice Casualty provides treatment for the health needs of residents in the local area. These services will continue to include people from culturally and linguistically diverse backgrounds.

Summary of activity

Balmain Hospital has a total of 78 beds with 90 per cent occupancy rate. Total bed days numbered 24,200 with a daily average of 66.

Major goals and outcomes

During March the Postgraduate Medical Council conducted a survey for accreditation of junior medical officers at Balmain Hospital. Accreditation was achieved with positive outcomes.

The NSW Food Authority conducted an inspection of Balmain Hospital Food Services. The report indicated Balmain complied with regulations. Minor recommendations were made and have been implemented.

Key issues and events

The hospital mortuary was refurbished as a result of environmental factors that were identified through Environmental Occupational Health and Safety Audits.

Future direction within the Area network

Balmain Hospital and community-based services will continue to provide care for elderly patients and those requiring rehabilitation services including culturally and linguistically diverse patients and clients. The hospital is also working toward adding to its provision of alternative medicine with a medical acupuncture clinic to be offered to clients in the near future.

Facilities

Bankstown Hospital

A/General Manager Glenda Cleaver

Category of hospital and major services provided

Bankstown Hospital is a principal referral hospital which provides acute services such as emergency medicine, maternity, generalist and specialist surgery, general and specialist medicine, day surgery, outpatients, neonatology and adult mental health as well as a range of specialist outpatient services.

The Bankstown Health Service consists of the Bankstown Community Health Centre, The Corner Youth Health Service and Yagoona Adult Dental Health Clinic.

Summary of activity

The hospital treated over 27,000 patients and provided over 463,251 non-admitted patient service occasions during the year. The Community Health Service provided over 176,329 service occasions. There were almost 31,000 attendances at the ED and 1,847 babies were born.

Major goals and outcomes

The hospital won a 2004 Baxter NSW Health Award for Education and Training and a Certificate III in Aged Care for the HSC subject provided at Bankstown in conjunction with Bankstown Senior College.

A Demand Management Plan was developed and implemented to address patient flow and access through the ED.

The discharge process has been streamlined and use of the patient discharge lounge has increased from approximately 50 patients a month to 180 patients a month.

The Bankstown Early Intervention Peer Consultation Project was launched as part of the DoCS Early Intervention program. It will provide workers with professional support, knowledge and skills to benefit children and families and keep them from entering or being re-reported into the child protection system.

Key issues and events

Renovations to the ED have resulted in improvements in Triage Category 4 performance.

With the Implementation of NSW Department of Health Incident Information Management System (IIMS) for recording all clinical and non-clinical incidents, incident reporting has increased by approximately 20 per cent.

Future direction within the Area network

Bankstown Hospital will continue contributing to planning for the Area structure and the Clinical Service Plan for Community Health as well as building services to meet local population health needs.

The hospital will continue the implementation of strategies to reduce patient numbers waiting for elective surgery as well as implementing initiatives arising from *South Western Sydney Health Network - The Way Forward*.

Facilities

Bowral Hospital
A/General Manager Denis Thomas

Category of hospital and major services provided

The Bowral and District Hospital provides a range of high quality health services including general medical, obstetrics and gynaecology, paediatric, surgical, and emergency services. It also administers the Wingecarribee Community Health Centre.

Summary of business activity

Admissions to the hospital were 1.04 per cent above target, 0.01 per cent down on the previous year. Non-admitted patient services were 8.71 per cent above target, 6.09 per cent above the previous year. Additional funds were allocated to surgical services, with an increase in theatre activity to 2480 cases for the full year, and a reduction in the long wait list to 80. Of these procedures, 65.4 per cent of patients were admitted and discharged on the same day, 0.05 per cent above target. There were 696 babies born. Admissions via the Emergency Department (ED) were down by 2.62 per cent on the previous year. Community Health occasions of service were up 9.4 per cent.

Major goals and outcomes

Bowral Hospital has been granted $1.8 million to remove asbestos across the site. Plans have been submitted to the NSW Department of Health for the refurbishment of the children's ward and relocation of the short stay unit.

Medical staffing was increased, with the appointment of Dr Ajay Vatsayan (staff specialist obstetrics and gynaecology). The ED benefited from the temporary appointment of Dr Janet Talbot-Stern (Emergency Physician) as Acting Director. Also in the ED, triage nurse positions have been established, improving the quality of care patients receive on presentation to ED.

The Clinical Advisory Council, consisting of representatives from medical, nursing, community, and allied health disciplines continues to provide a high level of clinical leadership to the hospital, as well as overseeing strategies to improve the level of patient safety and quality of services across the organisation.

Key issues and events

The 2004 Health Awards, an internal event, was well represented by all departments.

Bowral Hospital has benefited greatly from a number of generous bequests and donations from members of the Southern Highlands community. Community participation remains a high priority, with nine community members providing valuable input into key committees, one of whom sits on the Area Clinical Council.

Future direction within the Area network

The amalgamation of the two area health services will continue to impact positively on the hospital, increasing opportunities for developing partnerships between hospitals.

Implementation of clinical services plans will increase networking opportunities with clinical services across the Area. Appointments to the positions of general manager and director of clinical and support services will be finalised.

Facilities

Camden and Campbelltown Hospitals
General Manager Amanda Larkin

Category of hospital and major services provided

Campbelltown Hospital is a level four hospital of 273 beds. It is a centre of excellence in the provision of cardiology and maternal care. It also provides mental health services including a psychogeriatric unit. Camden Hospital is a level two hospital of 75 beds. Its specialty is rehabilitation and palliative care.

Camden and Campbelltown Hospitals also administer the Queen Victoria Memorial Home and Macarthur community and mental health services.

Summary of business activity

In the past year, 44,534 people presented to the ED with 13,644 admissions. Non-admitted patient services extended to 448,560 people. The occupancy rate was at 80.86 per cent and the average length of stay 3.99 days. There were 2306 babies born. Total theatre procedures were 21,856.

Major goals and outcomes

Camden and Campbelltown Hospitals had three main priorities in 2004/05: to restructure the governance arrangements; redevelop quality systems; and review the budgetary position. Significant progress was made on these three goals.

The governance structure was revised to incorporate senior clinicians on the Executive. Level one committees were reviewed to ensure they accurately reflect the key business of the organisation.

The main quality focus has been on the establishment of the Clinical Review Committee, the peak patient safety and quality committee. Significant work has also been undertaken in preparation for our ACHS Equip Survey in November 2005.

Extensive work to identify critical funding issues and opportunities for further efficiencies was done and will be ongoing.

Key issues and events

The Cardiology Service commenced with the appointment of an interim director and four staff specialists. Refurbishment work at Camden Hospital was completed and the Special Care Nursery at Campbelltown Hospital was opened. Both these projects are part of the $133.7 million Macarthur Redevelopment Strategy.

A special event was the relocation of the Auxiliary Baby Boutique to the foyer area of Campbelltown Hospital.

Following a review of obstetric services at Camden Hospital by an expert panel, it was resolved to transfer births to Campbelltown Hospital and commence work on the development of a midwife-led model of care. Professor Pat Brodie was appointed to lead the development of the service and significant progress has already been made. In the meantime, antenatal and postnatal services are provided at Camden Hospital.

Executive appointments have been made to the positions of general manager, director of Nursing and Midwifery Services, director of Medical Services and the director of Mental Health.

Future direction within the Area network

2004/05 has seen the progressive development of clinical streams across the area health service. These new streams will provide important clinical support for Camden and Campbelltown Hospitals, especially in areas such as critical care, surgery, mental health and women's health.

Facilities

Canterbury Hospital
General Manager Gary Miller

Category of hospital and major services provided

Canterbury Hospital (CH) is a metropolitan general hospital which serves a diverse population of over 135,000 people with more than 57 per cent born overseas.

Services provided include general surgery and medicine, obstetrics and gynaecology, paediatrics, aged care, rehabilitation and palliative care.

Summary of activity

Canterbury Hospital had 184 beds available for the year with an 89.1 per cent occupancy rate. Total bed days numbered 58,552 with a daily average of 160.

Major goals and outcomes

Waiting time for patients admitted to hospital through the Emergency Department (ED) has been reduced through provision of an additional 14 beds and the introduction of the Access Block Improvement Program.

There was a 20 per cent reduction in the number of patients waiting more than eight hours for a ward bed. Improved access to interpreter services for non-English speaking background (NESB) patients in ED reduced their waiting time.

Additional theatre sessions were scheduled as part of a strategy to improve waiting times for patients requiring surgery. As a consequence, the number of patients waiting more than 12 months for surgery was reduced to zero in June 2005.

Key issues and events

CH celebrated 75 years of caring for the local community in October with a number of functions including a Foundation Day service, an art competition for local schools and a 75th Anniversary Birthday Ball held at the Canterbury Hurlstone Park RSL.

The Anniversary Ball raised $100,000 for operating theatre equipment.

Future direction within the Area network

The hospital will continue to implement initiatives arising from the Access Block Improvement Program and the Predictable Surgery Program.

Facilities

Concord Repatriation General Hospital
A/Executive Director Danny O'Connor

Category of hospital and major services provided

Concord Repatriation General Hospital (CRGH) is a principal referral facility and a teaching hospital of the University of Sydney. It offers a comprehensive range of specialty and sub-specialty in-patient and out-patient services.

CRGH leads NSW response in Adult Burns Trauma and the unit is acknowledged internationally. Research at CRGH has a primary theme of ageing, with excellence in men's health, bone disease and genetic aspects of neuro-degenerative disorders. An important feature of the research at CRGH is the multidisciplinary nature of many of the studies.

Summary of activity

CRGH has an average 393 available beds with 89.43 per cent occupancy rate. Total bed days numbered 143,289 and average length of stay was 3.6 days. Total separations numbered 39,287 and same day separations were 23,625 or 60 per cent of total admissions. There were 23,605 ED attendances.

Major goals and outcomes

The installation of the state-of-the-art licenced 3 Tesla MRI technology in June 2005, the only machine of its kind in NSW for public hospital patients, provides clinicians with much higher resolution images than previously possible and allows for more accurate and earlier diagnoses in a wide range of conditions including cancer and psychiatric disorders.

A Professor of Medicine was appointed and the position of Chair of Pharmacy created.

The NSW Health Sustainable Access Program (SAP) has led to the opening of a 15-bed rehabilitation ward, six monitored cardiology beds, 14 other acute beds and four sub-acute beds.

Key issues and events

The opening of a purpose-built 15-bed rehabilitation ward, along with completion of the redesigned Aged Care Precinct and completed commissioning of the multistorey building for acute services have all helped to increase the quality of service.

Staff enthusiastically celebrated the cultural diversity of the hospital at the inaugural Multicultural Week.

Future direction within the Area network

Completing plans and commencing construction of the 174 bed Mental Health Service.

Establishment of a 25-bed Drug Health Service and outpatient service.

Construction of a purpose-built childcare centre to support consumer demand for increased places in the 0-2 years group is planned

Progressing the amalgamation of services within the newly created SSWAHS.

Facilities

Department of Forensic Medicine
General Manager Mark Patterson

Category of facility and major services provided

The Department of Forensic Medicine (DOFM) offers high quality forensic medicine services to the NSW State Coroner as well as statewide support for forensic medicine practitioners in all areas of autopsy-based and clinical forensic medicine.

DOFM is the premier forensic medicine educational body for undergraduate and postgraduate students in NSW.

DOFM's expertise includes disaster investigations, in particular, Disaster Victim Identification (DVI) as well as aviation medicine, bereavement counselling, medical investigation of crime scenes, pre-trial and trial advice, provision of second opinions and presentation at medico-legal seminars.

Summary of activity

With a staff equivalent full-time of 45.14 DOFM had total admissions (bodies received) of 2239. 1766 post mortem examinations were carried out, of these 96 were high risk autopsies.

Major goals and outcomes

The Support After Suicide Group (SASG), a DOFM program, continues to burgeon with former ABC radio personality, Sally Loane, recently appointed Patron. SASG provides a cost-effective way of providing long-term support for people affected by suicide. Through their role with SASG, counsellors at Glebe and Westmead are able to offer appropriate support to many more of the suicide bereaved than would otherwise be possible.

As previously reported, a number of DOFM forensic pathologists retired or resigned during 2002/03. Despite a well-documented worldwide shortage of experienced Forensic Pathologists, DOFM has successfully recruited to the last two vacant positions Dr Paul Morrow, Forensic Pathologist from Vermont, USA and Dr Matthew Orde, Forensic Pathologist from Brighton UK, under an Area of Need Program.

Successful negotiations have been concluded to reintroduce NSW Bone Bank donations through DOFM.

Key issues and events

DOFM staff participated in the DVI processes involved with both the Boxing Day Tsunami and the Sea King Helicopter Crash in NSW, Indonesia and Thailand.

DOFM representatives continue to sit on the Forensic Pathology Co-ordinating Committee of the NSW Department of Health, advising on forensic medicine and pathology services available to support the justice system.

The General Manager DOFM was licenced under the Anatomy Act 1997 to conduct the study and practice of anatomy within the terms of the Act. There are currently 130 people listed on the DOFM body donation database.

Future direction within the Area network

DOFM's involvement in the establishment of the NSW Forensic Medicine and Pathology Authority will continue. If established, the proposed independent statutory authority will have overall responsibility for the provision of forensic medicine and pathology services in NSW. Its charter will be to ensure that those services are co-ordinated and provided to ensure quality, equity and value for all stakeholders throughout the State.

DOFM's successful recruitment of three overseas forensic pathologists will ensure that the backlog of outstanding reports will be reduced and a benchmark of three to four months for the provision of a final post mortem report to the NSW State Coroner can be achieved and maintained.

Facilities

Division of Population Health

Director Associate Professor Peter Sainsbury
MB BS, DObstRCOG, MHP, FRACMA, FAFPHM, PhD

Category of facility and major services provided

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. The Division focuses on the health needs of individuals and communities in SSWAHS (eastern zone). It aims to protect and promote health and to treat illness, recognising the many personal, local and global factors affecting health and illness.

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

Summary of activity

Full-time equivalent staff was 300. The service provided 259,812 occasions of service.

Major goals and outcomes

The Public Health Unit aims to protect the local community against illness proactively by quick responses to emerging situations. The Unit developed an Area SARS plan aimed at developing the Area's capabilities to deal with a possible pandemic.

The co-ordinated school based Immunisation Program has reached 100 per cent of targeted schools. This included 22,283 primary school students immunised for Meningococcal C, 3771 high school students immunised against DTPa (Diptheria, Tetanus and Petussis) and 3124 for Hepatitis A.

Central Sydney Community Nursing Service (CSCNS) have begun research into the management of clients with venous leg ulcers. Between 2003/05 CSCNS achieved a measure of 71-80 per cent against the 40 per cent benchmark set by Department of Veterans' Affairs for the "healing of a clean ulcer within 84 days".

Key issues and events

The HIV Allied Health Community team carried out a pilot study on the effectiveness of low level laser therapy in the management of peripheral neuropathy in people living with HIV. Results have shown significant reduction in pain and improved quality of life for over 60 per cent of clients who received treatment.

The Women's Health Unit is continuing the implementation of its Area plan aimed at improving the health of women. This includes the expansion of domestic violence screening throughout community health services.

Future direction within the Area network

2005/06 will see significant changes for the Division of Population Health. The new SSWAHS Population Health will include area-wide public health and health promotion functions; a unit specialising in epidemiology, surveillance and research; a new unit specialising in urban development, health impact assessment and equity; and the HIV services coordination unit. Community Health Services will become a separate area-wide service.

Facilities

Fairfield Hospital

General Manager Michael Woodhouse (to 19 July 2005)
Mark Shepherd (from 25 July 2005)

Category of hospital and major services provided

Fairfield Hospital is a 210-bed acute general hospital providing a wide range of hospital and community based health services including acute care services in medicine, surgery, obstetrics, paediatrics and emergency medicine. It also administers three community health centres located at Prairiewood, Fairfield and Cabramatta.

Summary of business activities

There were 23,768 Emergency Department (ED) presentations and 15,052 separations. Total bed days numbered 219,212 with an average daily average of 141. The NAPOS equivalent was 269,884. An increase in elective surgery for the last quarter of the financial year 2004/05 resulted in a 17 per cent increase in service provision for elective surgery.

Multidisciplinary teams located at the three community health centres provided 129,051 occasions of service.

Major goals and outcomes

Employment of visiting medical officer (VMO) specialist emergency physicians during the weekdays has been a significant factor in improving the quality of care provided to patients. Development of a Medical Emergency Team (MET) call service has enhanced the facility's response time for potential emergencies and improved outcomes for patients.

The appointment of a full-time staff specialist cardiologist enhanced the management of acute cardiac patients.

Paediatric services have been enhanced with the employment of a full-time staff specialist paediatrician to the ED and the secondment of the paediatric registrar from Children's Hospital Westmead.

Key issues and events

A 20-bed sub-acute ward has been established in rehabilitation and geriatric services.

A staff specialist in maternity services has been employed and student midwives are working in rotation between the units. Pregnant women who are identified at Fairfield as being high risk are now managed at Liverpool Hospital, ensuring complications are minimised.

Future direction within the Area network

Critical care services will continue to be enhanced through ongoing networking.

An ECHO cardiology service is planned for commissioning and the purchase of new diagnostic equipment for antenatal ultrasound will allow the recommencement of these services.

The capacity for more elective surgery will be developed and budgetary performance improved.

The ward-based cardiac "Telemetry" service will be implemented.

Facilities

Karitane Mothercraft Society

Chairman, Board of Directors Professor Bryanne Barnett
Executive Manager Robert Mills

Category of hospital and major services provided

Karitane is an affiliated health organisation staffed by child and family health professionals. It operates from four sites: the Administration Centre located at Carramar – incorporating Education and Research, the Residential Unit and the Volunteer Program; Jade House at Fairfield Heights, which houses the perinatal mood and anxiety disorders unit; and two Family Care Centres located at Liverpool and Randwick.

Karitane's philosophy is to empower families by enhancing parenting knowledge, skills and confidence both antenatally and with children up to five years of age, allowing clients to make a successful adjustment to parenthood. There is a strong focus on research activities.

Summary of activity

839 families received support through the services of the Liverpool and Randwick Family Care Centres. 498 families were admitted to the Residential Family Care Unit at Carramar where an evaluation study is exploring the outcomes for over 150 families post-discharge.

The 24-hour Karitane Careline received 20,656 calls.

Karitane Volunteer Programs had 98 Volunteers working throughout the year supporting 684 families with home visiting, playgroups and maternity hospital visits.

Jade House recorded 2727 client contacts and 145 new referrals.

Major goals and outcomes

The past year has seen Karitane successfully progress through goals from the 2003/06 Strategic Direction, enabling the organisation to provide timely and evidenced-based care.

The Parent Child Interaction Therapy (PCIT) Clinic for toddlers commenced for children two-five years of age who display behavioural problems. The therapy places an emphasis on improving the quality of the relationship between the parent and child.

Key issues and events

A celebration was held to mark 10 years of operation of the parenting facility at Carramar where Health Minister Iemma launched a new Karitane video, *Asleep at Last!*, developed to assist families in settling their child, and a resource poster for parents, the *Baby Map,* highlighting the importance of an infant's need to communicate through play. An Aboriginal artwork commissioned by the Karitane Board entitled *Creation* by local artist Shareen Clayton was unveiled by the Mayor of Fairfield, Mr Nick Lalich.

Karitane received an Award for Excellence in Partnership, Non-Government and/or Community Organisation in the University of Western Sydney 2004 Regional Partnership Awards.

Future direction within the Area network

Initial plans for Karitane's capital redevelopment program are nearing completion. The total cost of the capital redevelopment program is approximately $5 million and will mainly be funded from Karitane's trust funds. NSW Health has also provided a $1 million grant towards the redevelopment.

New capital works on the Carramar site will include an expanded education and research facility with a conference venue and an outreach service. Jade House will be re-located from Fairfield Heights to Carramar in a purpose-built mental health facility consisting of a day-stay unit for women with perinatal mood disorders and postnatal depression. The building program is due for completion in early 2007.

Karitane's collaborative activities with other organisations will continue, including implementing specific services to support the cultural diversity of our clients.

Facilities

Liverpool Hospital
General Manager Dr Teresa Anderson

Category of hospital and major services provided

Liverpool Hospital, with over 3,000 staff, is the tertiary referral hospital for south-western Sydney, providing leadership in clinical care, teaching and research. The Hospital provides a comprehensive range of high-level services including emergency, trauma, intensive care, oncology, medical, surgical, mental health, women's health, newborn care and community services. Liverpool Health Service consists of the Liverpool, Hoxton Park, Miller and Moorebank Community Health Centres and the Cartwright Dental Clinic.

Summary of Business Activity

During the year there were 57,964 admissions, 15,728 operations and 3,119 babies born. There were 543,762 Non Admitted Patient Occasions of Services (NAPOS) and privately referred NAPOS increased by 31.79 per cent to129,460. This was due to an increasing ability to treat patients on a 'day only' basis, with no overnight stay required.

Major goals and outcomes

Access to clinical services has been significantly enhanced with the opening of additional beds - one intensive-care, five newborn intensive-care, and 14 high-dependency mental health beds. As part of the Cardiac Network Strategy for Interventional Procedures, 10 cardiac beds have also been opened. In addition, 20 medical beds and 10 23-hour surgical beds have been opened under the Sustainable Access Project. A new Cardiac Catheter Laboratory was also opened.

To further develop Liverpool's role as a major teaching hospital, Professors of Medicine, Ophthalmology and Rheumatology were appointed during the year.

Key issues and events

Two major capital works programs are nearing completion. The $9.1 million refurbishment of the ED will increase capacity to 72 beds, including four Psychiatric Emergency Care Centre (PECC) beds. The new $32.6 million Mental Health building will provide significantly improved mental health facilities.

The Liverpool Paediatrics and Ambulatory Care Team provides a multidisciplinary approach to support early discharge, prevent admissions and assist children with chronic illnesses remain in the community. The team also provides an integrated developmental assessment service.

Future direction within the Area network

Implementation of the Clinical Services Plan *South Western Sydney Health Network - The Way Forward 2004-2008* is providing a framework for the establishment of new area-wide clinical service streams. Further development of services over the coming year will aim to improve access to health care for our community. The next stage of planning for the development of Liverpool Hospital will also continue.

Facilities

Royal Prince Alfred Hospital
Executive Director Di Gill

Category of hospital and major services provided

Royal Prince Alfred Hospital (RPA) is a principle provider of specialist healthcare and one of the leading medical teaching hospitals in Australia. The wide range of services provided at RPA include 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, respiratory medicine and cancer services, including the Melanoma Unit, Breast Cancer Institute, and the Sydney Cancer Centre.

Summary of activity

RPA has a total of 721 beds with 95.1 per cent occupancy rate. Total bed days numbered 236,255 with a daily average of 647.

Major goals and outcomes

Significant emphasis has been placed on improving patient safety at an organisation-wide level. Sustainable key patient safety outcomes include the implementation of Root Cause Analysis protocols, increased reporting through the AIMS IIMS notification database and the establishment of the Surgical Outcomes Research Centre (SOuRCe).

Recent improvements in technology have facilitated a wider range of techniques in the Transplant Service, leading to a 100 per cent increase in the number of cases attended. Complicated breakthrough procedures such as domino and split liver transplants can now be carried out with reduced risk.

Due to an improved method of managing surgical lists, theatre allocations and an increase in funding, a significant reduction in the long wait lists has been achieved. Notably, the Ear Nose and Throat surgery wait lists have been reduced from 111 in July 2004, to 32 at 30 June 2005.

Stage 1 of the RPA East Campus Redevelopment was completed in late 2004 with all clinical services located in the new complex. Stage 2 of this program will commence in late 2005. This $30 million project will complete the hot-floor of the clinical services building and provide the final link to the surgical suite.

Key issues and events

A number of strategic initiatives have been implemented to improve patient flow and access through the ED.

Nursing recruitment has improved dramatically with the number of vacancies reducing by half over the last 18 months with the greatest improvement in the 2004/05 period.

Implementation of an electronic medical record and electronic discharge summary has improved patient information distribution and reduced time taken for clinicians to access patient results, medical imaging and reports.

Improvements in campus security have enhanced patient, visitor and staff safety.

Future direction within the Area network

Following release of the RPA Strategic Plan 2005/07 in early 2005, departmental operational planning has since commenced with specific focus on the five key goals of the organisation, Safe Quality Patient Care; Better Value; Sharing a Clear Direction, Skilled Valued Workforce and Informed Decision Making.

A systematic review, evaluation and endorsement process for hospital policies and procedures has been established. Additional work has been done to ensure compliance with legislation and NSW Department of Health policy. Further improvements in the circulation of policy information and review of existing practices will be a key focus over the coming period.

Facilities

Rozelle Hospital
A/General Manager Gary Rowley

Category of hospital and major services provided

Rozelle Hospital is the major facility for adult mental health inpatient services for SSWAHS. Along with clinical services including psychogeriatric care, drug and alcohol inpatient care, adult acute and rehabilitation, and care for war veterans, Rozelle Hospital accommodates a number of special projects and the administration for the north-east cluster of Area mental health.

Summary of activity

Rozelle Hospital has a 216 bed capacity and a bed occupancy rate of 78.4 per cent. Total bed days numbered 65,679 with a daily average of 180.

Major goals and outcomes

In late 2004, the mental health clinical stream including Rozelle Hospital successfully undertook a periodic review by the Australian Council on Healthcare Standards, maintaining its accreditation status.

As part of the Resource Transition Program, the psychogeriatric nursing home services were relocated from Rozelle Hospital to a modern purpose-built facility at the new Croydon Health Centre. Patients have been transferred to the new unit which provides individual rooms for residents.

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.

Key issues and events

In a partnership with Catholic Health Care, psychogeriatric patients from two wards at Rozelle were transferred to the new Holy Spirit facility at Croydon. This new facility allows residents to live in individual rooms in purpose-built accommodation.

Community mental health rehabilitation services were moved from Leichhardt to a location on the grounds of Rozelle Hospital. This has enabled Rozelle inpatients to more easily become connected into community-based activities prior to discharge.

Future direction within the Area network

The recent amalgamation of health services presents several challenges for Rozelle Hospital including how best to respond to the need for acute inpatient beds from across an enlarged Area. The transfer of psychogeriatric patients to Catholic Health Care has enabled Rozelle Hospital to examine innovative ways to address the health care needs of the population.

Construction of a new mental health in-patient facility will commence in 2006 and will provide a safer environment for both patients and staff.

Facilities

Sydney Dental Hospital
General Manager Graeme Angus

Category of hospital and major services provided

The Sydney Dental Hospital (SDH) (formerly the United Dental Hospital) provides a general dental service to the eligible patients within the SSWAHS and currently to eligible patients residing in the northern sector of South Eastern Sydney Area Health Service (SESAHS). As one of two dental teaching hospitals in NSW, the SDH also provides specialist treatment to people referred from across the State. Specialist services provided include paediatrics, orthodontics, oral surgery, periodontics, prosthodontics, endodontics, and implantology.

Through its Special Care Dental Unit, the SDH provides services to people who have other health conditions commonly associated with poor oral health or reduced access to dental services. These patients include those with chronic mental health conditions, drug dependencies, serious medical conditions and the frail elderly. This Special Care Unit conducts a weekly outreach service to nursing homes in the Area.

Summary of activity

The SDH provided 186,024 occasions of service.

Major goals and outcomes

Following a recruitment strategy aimed at attracting dental officers to the public health service, eight new graduates were employed. The New Graduate Dental Program involved partnerships with Wagga Wagga and the Illawarra region

The Special Care Dentistry unit, headed by Dr Natalie Oprea, attracted grants from the Ashfield Local Council and the Area Health Service. These grants have allowed the expansion of a program of education seminars targeting carers to improve the oral hygiene of patients in their care.

The Special Care and Paediatric dentistry units were successful in increasing access to theatres in 2005, substantially reducing waiting time for patients requiring general anaesthesia at Concord and Canterbury Hospitals.

Key issues and events

The SDH celebrated its centenary in August 2004 with a week of activities highlighting the advances in dental treatment over the past century. A Public Oral Health Forum attended by representatives from across Australia was also hosted by the hospital as part of its centenary week.

SSWAHS Oral Health Service and the SDH were successful in their bid for a $2.3 million minor capital works allocation in June 2005. This funding allowed the purchase of a NEWTOM3G dental scanner, the only one its kind available to dentists in NSW.

Dr Sameer Bhole and Dr Barbara Taylor were inducted as Fellows of the International College of Dentists for their achievements in the dental profession.

Future direction within the Area network

Continue to expand the availability of specialist dental services through collaborations with specialists services based at WCOH.

Improve service delivery by facilitating changes to implement a single oral health stream in SSWAHS.

Provide a single level of access for patients wishing to access public dental services through the merger of the patient management information system (ISOH) and the dental access centre and the creation of a centralised waiting list for general treatment in the area.

Continue to improve the recruitment and retention of dental staff and officers in order to meet the increasing demand on services.

Facilities

Tresillian Family Care Centres

General Manager David Hannaford
President of Council Bob Elmslie OAM

Category of hospital and major services provided

The child and family health professionals at Tresillian Family Care Centres offer advice to families with a baby or child up to five years old. Parents are generally referred to Tresillian after seeking help from their local early childhood health clinic and other health professionals. Approximately two thirds of parents utilising Tresillian's services are first time parents and their queries are most often related to breastfeeding and sleep and settling patterns. Our health professionals also deal with many women who have complex mental health issues including post-natal depression.

Summary of activity

Tresillian has four centres located at Belmore, Willoughby, Wollstonecraft and Penrith. Last year Tresillian assisted 4526 families across our residential units, 4628 in Day Stay and 3103 in Outreach.

The Tresillian 24-hour Parents Help Line, based in Belmore, received in excess of 54,000 calls per year. Tresillian's call centre is staffed by child and family health nurses who provide advice to parents on a range of issues.

Major goals and outcomes

A new strategic plan for the period 2005/10 was developed after a series of consultations with staff and key stakeholders including government and non-government organisations. The Tresillian Council approved the new strategic plan in June.

Key issues and events

NSW Health engaged Tresillian Family Care Centres to develop and implement the NSW Health Families First Statewide Education Project. The two-year project, which began in November 2004, will support the implementation of health home visiting, integrated perinatal and infant care and the family partnerships model.

Dr Cathrine Fowler, manager of the Education and Research Unit and Julie-Anne Murphy, nurse educator, recently presented at the Australian Association of Maternal, Child and Family Health Nurses Conference 2005. Their paper, *Understanding Motherhood from the Inside* was a collaborative project with NSW Corrective Services based on research undertaken at the Emu Plains minimum security corrective services unit where children from 0-6 years of age live with their mothers.

The paper was based on two 10-week mother/infant relationship programs focused on enhancing the mothers' ability to provide responsive, appropriate care to their young children and reduce negative parenting interactions. Made possible with a $22,000 grant from the NSW Department for Women, the programs have been so successful that they will be expanded into other correctional facilities in NSW in the near future.

Future direction within the Area network

The Tresillian Council and the Board of Karitane are building a closer relationship as both services are now located in the Sydney South West Area Health Service. Initial discussions will concentrate on the possibility of sharing resources in research, education, quality improvement and Parents Help Line.

Allied Health and Clinical Support Services

Allied Health will become an area-wide service in 2006. This provides a unique opportunity to review and improve on models of care delivery, with an emphasis on ensuring clinical guidelines and care delivery are consistent, evidence-based, effective, monitored and measured.

South-western Sydney is the fastest growing area of Sydney and the increasing population, including a large aged population, will continue to place significant demands on a range of allied health and clinical support services.

Western Zone

Clinical Director Anthony Schembri
BSW(Hons) GradDipPubAdmin MAASW(ACC)

Summary of activity, including the range of services provided

Allied Health and Clinical Support Services provides a diverse range of clinical care and treatment services, as well as clinical education, quality improvement, research and support services. Services are delivered from all hospitals and community health facilities of the western zone as well as statewide tertiary level services such as Bankstown's Centre for Excellence in Stuttering Treatment.

Established in 2005, the stream departments include nutrition and dietetics, occupational therapy, speech pathology, genetics, interpreters, clinical libraries, pharmacy, psychology, counselling, orthoptics, podiatry, physiotherapy and social work. Area professional directors were appointed to most departments of the new area service.

Major goals and outcomes

The Health Care Interpreter Service (HCIS) has successfully responded to the challenge of providing interpreting services for the newly emerging African languages by recruiting and training interpreters for the Sudanese, Dinka, Somali, Kikuyu, Kineru, Kinyarwanda, Swahili and Kirundi languages.

The HCIS, in cooperation with the University of NSW, implemented a pilot research project, *Impact of Professional Interpreters in the Emergency Department* to explore the influence of language and culture on patient-doctor communication in the emergency department.

The Area Counselling network was established and has consolidated information on clinical and professional governance across counselling teams, resulting in improved clinical outcomes in counselling service clients.

The Nutrition and Dietetics department, with funding from the University of Wollongong, appointed a clinical educator allowing the department to increase the number of dietetic students on clinical placement at the hospital.

Allied health and clinical support staff delivered university teaching and student clinical education and formed a taskforce to progress the development of an academic allied health unit.

Key issues and events

The Allied Health and Clinical Support Guest Lecture Series was launched by Dr Greg Stewart and speakers in 2005 were Professor David Richmond AO and Professor Richard Hugman. The SSWAHS Community and Allied Health Outcomes conference was held in October 2004. The theme was *Working Together in Partnership*.

Future direction within the Area network

Allied Health will become an area-wide service in 2006. The further development of hospital avoidance programs and the trend for early discharge has increased the demand on Allied Health's outpatient, domiciliary and community services. Allied Health will continue to develop and enhance the provision of a diverse range of clinical care and treatment to patients seven days a week.

Allied Health Services

Eastern Zone
Clinical Director Katherine Moore

Summary of activity, including the range of services provided

Allied Health professionals work in hospitals and community health settings to facilitate improvements to the physical and psychosocial functioning of clients. The Allied Health Service grouping includes the eight professions of physiotherapy, podiatry, psychology, speech pathology, social work, nutrition and dietetics, occupational therapy and orthotics.

Major goals and outcomes

An Allied Health Stroke Outreach Team is now in operation to support people who have suffered a stroke on their return home and in the first few years of recovery. Outcomes demonstrate improvements in patients' function along a number of parameters following intervention from this team.

Speech Pathology is now provided on weekends, and outcomes demonstrate an enhanced general rate of recovery. Weekend service provision across other allied health groups is being reviewed.

A full-time rather than on-call physiotherapy service has commenced in the ED at RPA. The benefit of this service, possible decreases in Category 4 and 5 waiting times through improved bed management, will be reviewed.

Best practice guidelines for the transfer of patients to residential aged care facilities has been implemented across SSWAHS eastern zone in 2004/05 and will be implemented in the western zone in 2005/06.

Over the past three years, occasions of service provided to inpatients has remained stable, while outpatients has increased. There has been a move towards providing outpatient interventions as groups rather than to individuals. This is particularly beneficial for people with chronic and complex health care needs, and results in more patients being seen in a timely manner.

Future direction within the Area network

Allied Health will work closely with the Area Executive and other clinical streams in preparation for the formation of a single Allied Health stream across both zones.

Activity Levels

Key Indicators	2001/02	2002/03	2003/04	2004/05
Staff EFT	211	210	212	218
Inpatient occasions of service	214,796	222,123	226,297	224,901
Outpatient occasions of service	119,148	113,074	110,512	139,777

NB. This table only applies to Allied Health in RPA, Concord and Canterbury Hospitals.

Population and Drug Health Services

Population health and drug health services are currently operating under eastern and western zones. In the eastern zone, the Division of Population Health and Drug Health Services are facilities that are both within the Population and Drug Health Services clinical group. In the western zone, Drug Health Services is one of a number of health services that report to the Division of Population Health.

SSWAHS will create a single Population Health entity across both zones in 2005/06. Drug Health Services will also become a single area-wide service.

Eastern Zone

Clinical Director Associate Professor Peter Sainsbury
MB BS, DObstRCOG, MHP, FRACMA, FAFPHM, PhD

Summary of activity, including the range of services provided

Population and Drug Health Services comprises a range of services including: Community Health Services, Drug Health Services, Multicultural and Women's Health, as well as the Public Health and Health Promotion Units.

The Drug Health Service in the eastern zone provides a wide range of inpatient and outpatient clinical services to the public. Staff are also involved in teaching and research.

Major goals and outcomes

Access, treatment and health care for substance-using pregnant women and their families has been improved through a new team located at RPA Women and Babies consisting of services from drug health, maternity and obstetrics, social work, neonatology services, mental health and Aboriginal services. Preliminary results indicate reduced prematurity and stillbirths and increased neonatal birth weights among participants.

The Redfern Waterloo Street Team has moved from an outreach service to a program-based service, increasing the quality and effectiveness of interaction with children and young people from Redfern and Waterloo. Over 4000 contacts have been made in 2004/05 with 90 per cent of the clients being Aboriginal.

Key issues and events

Strategies to improve pharmacotherapy treatments for opioid dependent persons have involved increased partnerships with General Practitioners. 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. Recent topics have included: cannabis, detoxification, managing chronic pain and a clinical update for GP opioid prescribers.

Future direction within the Area network

Drug Health Services has continued to meet the public health challenge of preventing and caring for HIV and Hepatitis C among intravenous drug users. A primary area of focus has been Redfern/Waterloo. Despite media and public attention, the Resource and Education Program for Injecting Drug Users (REPIDU) has continued to provide a daily service to people on the Block in Redfern. Services include provision of sterile injecting equipment; health education and advice; brief interventions and referral to other health and welfare services.

(See the facility report for the Division of Population Health on page 48 for further information about Population and Drug Health Services in the eastern zone).

Key indicators	2001/02	2002/03	2003/04	2004/05
Staff EFT	461+	449.5	459	417.9
Occasions of Service	444,591	424,797	418,438	410,742

+ increase due to NSW Drug Summit funding

Division of Population Health

Western Zone

Professor Jeanette Ward MB BS MHPEd Phd FAFPHM (until January 2005)
A/Director Population Health Mark Thornell BSW (from January 2005)

Summary of activity, including the range of services provided

The Division of Population Health designs and delivers evidence-based health strategies aimed at improving the health status of the population, reducing inequalities between population groups and addressing gaps in services.

In 2004/05 our services included Aboriginal Health, Health Promotion, Public Health, the Resource, Evidence Management and Surveillance (REMS) Centre, Women's Health, Multicultural Health, Community Paediatrics and the statewide Refugee Health Service. Drug Health Services also operated within the Division of Population Health for the first half of 2004/05 before becoming a separate clinical service.

Major goals and outcomes

28 primary schools across the western zone are receiving support from health staff as part of the Health Promoting Schools project. The project is focused on physical activity, nutrition or mental health.

The Public Health Unit assisted the Area GP Unit in the screening and vaccination of a number of newly arrived refugees from Africa. December 2004 saw the completion of the meningococcal C vaccination of children at primary and high schools.

An epidemiological profile for SSWAHS was developed to assist in the amalgamation of the former Central and South Western Sydney Area Health Services.

The Aboriginal drug health advisory sub-committee action plan was developed and implemented.

The Families First Multicultural Communication Program worked with local communities and produced communication campaigns for Arabic, Somali and Vietnamese speaking communities. The campaigns focus on positive parenting and raising awareness of health and other services.

The Community Paediatric Program of Excellence training program and associated Child Health Research Group was established.

Key issues and events

The Division of Population Health was successful in obtaining project and research grants in excess of $2 million.

Drug and alcohol education and training modules were developed for registered nurses and new graduates as part of the NSW drug and alcohol nursing strategic plan.

The development and implementation of a cannabis strategy for the western zone has commenced.

The Villawood Icebreaker Project was launched in April 2005 by Her Excellency Professor Marie Bashir, Governor of NSW.

The Capacity Building in Evidence Based Population Health project was established. The aim of the project is to train all staff in evidence-based population health to ensure best practice and best use of resources.

Future direction within the Area network

The Families First Multicultural Communication Program will expand to include three new communities in 2005/06.

Mental Health Services

Mental Health Services

Clinical Director Victor Storm MBBS MPA FRANZCP FAFPHM

Summary of activity, including the range of services provided

The Mental Health Service is an area-wide service providing community-based and clinical inpatient services across the age spectrum including early intervention, acute assessment and treatment, rehabilitation, community support, consultation/liaison, dietary disorders, and old age psychiatry. It also conducts extensive education, training and research activities.

Programs are provided in partnership with community agencies and non-government organisations, divisions of general practice, local schools, and other government departments.

Major goals and outcomes

Infant, Child and Adolescent Mental Health was instrumental in publishing a manual and CD for clinicians – *A Practical Guide for the Implementation of Integrated Perinatal and Infant Care*.

A depression prevention program for primary age children was developed and implemented across SSWAHS and two other area health services.

In the inner west, community services have moved from their stand-alone buildings into purpose-built or renovated co-located buildings at Camperdown and Croydon. Construction has begun on new accommodation for services in the Marrickville area.

Key issues and events

The Psychiatry Research and Teaching Unit (PRTU) at Liverpool published 21 research papers in areas of population mental health and traumatic stress. The PRTU was a key partner in a successful five-year National Health and Medical Research Council grant of $4.7 million to conduct research in the area of traumatic stress studies. It was also successful as a collaborative partner in grant submissions to AusAID ($150,000), Australian Rotary Health Research Fund ($23,000), South West Sydney Area Health Service Health Research Foundation ($23,000), and the Australian Research Council Special Research Initiative ($10,000).

The Psychiatry Research Unit at Rozelle published 36 papers and book chapters on Health Services treatment and organization and neuro-psychiatry. The service has also been a successful partner with the University of Sydney's Brain Mind and Research Institute and others in a successful five-year National Health and Medical Research Council grant of $7.1 million to conduct research into emerging severe mental illness in young people.

Future direction within the Area network

Planning for the amalgamation began prior to December 2004 with establishment of transition working groups. A consultant has been contracted to bring together the reports and recommendations of the working groups and develop a comprehensive strategic plan for mental health across SSWAHS.

Consultation is occurring with hospital managers and clinicians to look at issues of access to acute mental health inpatient beds plus establishment of Psychiatric Emergency Care programs for people presenting to Emergency Departments.

Nursing and Midwifery Services

Nursing and Midwifery Services

Director Kerry Russell RN M.Cert Ba.Admin MCN

Summary of activity, including the range of services provided

Nursing and Midwifery Services are responsible for the standard of nursing care across the area health service. This encompasses recruitment and retention of staff, education, clinical practice and research for a workforce of some 6,500 nurses.

Since the amalgamation, Nursing and Midwifery Services have worked towards and made significant progress in developing a single area-wide service.

Major goals and outcomes

There has been a focus on recruitment of nurses and midwives into permanent positions and the subsequent reduction in the use of agency staff and overtime.

The number of trainee enrolled nurses employed has increased. SSWAHS entered into a new agreement with the University of Tasmania and the University of Notre Dame to provide clinical placements for their undergraduate nursing students.

The delivery of education services has been reorganised and an area-wide approach to education adopted.

Recruitment of overseas nurses and midwives has also been centralised, resulting in a short visa turnaround time, and significantly more overseas nurses/midwives being employed. To date, 174 full time nurses have been recruited from overseas, 22 of whom we have sponsored as permanent residents.

The Nursing Reasonable Workload has been implemented at RPA, Campbelltown and Camden hospitals.

Key issues and events

A partnership with the University of Tasmania has been developed for the clinical placement of 30 final year nursing undergraduate students at Concord, RPA and Area Mental Health Services. It is anticipated that this will lead to recruitment opportunities following completion of their program. Some of these students are part of an exchange program between the University of Tasmania and Swedish universities.

Marketing material which promotes nursing and midwifery as a single service across the Area has been developed in booklet, DVD and CD formats.

The appointment of Professor Pat Brodie to the newly created clinical Chair of Midwifery Practice Development and Research with the University of Technology, Sydney was a highlight for the area health service.

Future direction within the Area network

Nursing and Midwifery Services will continue to work to create an innovative clinical environment with demonstrated best practice outcomes and a focus of developing staff in leadership and management.

An on-line, area-wide, casual staff pool will be established. Employment of permanent staff will continue to be increased and the reduction in agency staff will continue.

Networking and partnerships with international organisations which may provide future recruitment opportunities will continue to be pursued. This may include undergraduate student placements and the provision of postgraduate programs.

The midwifery models of care at Camden Hospital will continue to progress in accordance with the strategic direction of the Area.

Quality Clinical Indicators

Clinical indicators (CIs) are rate-based figures 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, they can act as an alert for further investigation or review of clinical practice to improve the quality of care provided to our patients. The former CSAHS (eastern zone SSWAHS) has published in its annual report since 2002/03 a selection of CIs that have either a State or national comparison. We have continued the reporting in this year's annual report and have included some western zone indicators where they collect the same indicator.

Adult Renal Transplantation

Numerator: Number of patients/grafts surviving at one year
Denominator (n): Number of renal transplant patients/grafts
SWRS: State Wide Renal Services

Year	% Survival at One Year			
	SWRS (CSAHS) Patients	**Australian/NZ Patients**	**SWRS (CSAHS) Grafts**	**Australian/NZ Grafts**
1998	98% (n=59)	95%	96% (n=59)	91%
1999	100% (n=51)	95%	98% (n=51)	90%
2000	92% (n=52)	97%	91% (n=52)	94%
2001	97% (n=62)	96%	96% (n=62)	93%
2002	98% (n=61)	98%	95% (n=61)	95%
2003	100% (n=66)	98%	98% (n=66)	92%
2004	97% (n=70)	Not available	96% (n=70)	Not available

Adult Liver Transplantation survival rates

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

Numerator: Number of patients/grafts surviving at one year
Denominator: Number of liver transplant patients/grafts
ANZLTR: Australian and New Zealand Liver Transplant Registry

Year	% Survival At One Year			
	RPA PATIENTS	**ANZLTR* PATIENTS**	**RPA GRAFTS**	**ANZLTR* GRAFTS**
1999	89% (n=28)	93% (n=117)	87% (n=31)	90% (n=124)
2000	90% (n=39	92% (n=151)	83% (n=42)	90% (n=157)
2001	82% (n=27)	86% (n=125)	79% (n=28)	80% (n=135)
2002	100% (n=43)	96% (n=151)	96% (n=47)	94% (n=157)
2003	97% (n=38)	94% (n=143)	93% (n=41)	92% (n=150)
2004/05	88% (n=50)	NA	87% (n=52)	NA

Quality Clinical Indicators

Obstetrics

Numerator: Number of deliveries / interventions for year
Denominator: Number of babies delivered for year
2004 data not available at publication

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%	
RPAH	61.9%	2.0%	7.7%	0.5%	14.2%	13.4%	
Fairfield	76.2%	1.3%	6.4%	0.6%	9.2%	6.4%	100%
Liverpool	71.6%	0.7%	6.1%	0.8%	11.3%	9,5%	100%
Campbelltown	69.5	0.2	6.6	0.2	13.1	10.3	100%
Camden	85.0%	5.1%	0.4%	0.2%	1.3%	8.1%	100%
Bankstown-Lidcombe	73.8%	1.9%	5.8%	0.9%	10.6%	6.9%	100%
Bowral	61.5%	4.7%	14.1%	0.3%	11.5%	8.0%	100%
NSW Statewide Rate	62.8%	3.4%	6.8%	0.4%	15.1%	11.5%	100%

2002	Normal Delivery	Forceps Vaginal	Vacuum Extraction	Vaginal Breech	Elective Caesarean	Emergency Caesarean	Total
Canterbury Hospital	70.6%	2.3%	8.3%	0.1%	10.1%	8.7%	100%
RPAH	62.3%	1.8%	9.2%	0.7%	13.3%	12.8%	100%
Fairfield	77.8%	1.0%	7.9%	0.3%	8.0%	4.9%	100%
Liverpool	74.0%	1.1%	6.7%	0.9%	9.2%	8.1%	100%
Campbelltown	74.5%	0.7%	5.1%	0.5%	10.6%	8.6%	100%
Bankstown-Lidcombe	75.9%	1.3%	7.6%	0.6%	8.6%	6.1%	100%
Bowral	63.1%	3.6%	14.7%	1.0%	9.6%	8.0%	100%
NSW Statewide rate	64.2%	3.6%	6.9%	0.4%	13.9%	11.0%	100%

Quality Clinical Indicators

2001	Normal Delivery	Forceps Vaginal	Vacuum Extraction	Vaginal Breech	Elective Caesarean	Emergency Caesarean	Total
Canterbury Hospital	75.3%	2.1%	7.1%	0.2%	6.6%	8.7%	100%
RPAH	65.8%	2.0%	6.7%	0.5%	13.9%	11.2%	100%
Fairfield	77.8%	1.3%	5.2%	0.4%	9.8%	5.5%	100%
Liverpool	72.3%	2.0%	6.9%	1.0%	8.7%	9.0%	100%
Campbelltown	75.5%	0.9%	5.3%	0.3%	9.9%	8.1%	100%
Bankstown-Lidcombe	74.9%	1.5%	5.2%	0.6%	9.5%	8.3%	100%
Bowral	64.7%	6.8%	11.5%	0.6%	9.2%	7.2%	100%
NSW Statewide rate	65.4%	4.0%	6.5%	0.5%	13.0%	10.5%	100%

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

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 NICU's from the New South Wales Health Neonatal Intensive Care Unit Study (NICUS). In the more recent reported time periods, we have more premature babies surviving.

Numerator: Number of babies born at a particular gestational age, surviving to discharge from hospital
Denominator: Number of babies born at a particular gestational age
2004/05 data not available at publication

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

Quality Clinical Indicators

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.

Numerator: The number of patients admitted to hospital with a diagnosis of acute asthma for whom there is documented evidence of an appropriate discharge plan.
Denominator: The total number of patients admitted to hospital with a diagnosis of acute asthma, during the time period under study.
ACHS = Australian Council on Healthcare Standards

	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 – June 2004	July – Dec 2004	Jan – June 2005
RPAH	83.0 %	83.0 %	91.2%	89.0%	96.7%	93.2%	98.0%	89%	89%	96%	95%
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	Not available	Not available

Orthopaedics – post-operative infection following total hip replacement

It is important that we 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 collects the infection rate figures.

Numerator: Number of total hip replacement patients with late evidence of infection within 12 months post discharge following primary total hip replacement.
Please note that this numerator only includes patients who are managed by the facilities orthopaedic team. It does not include patients who present to other hospitals.
Denominator: Number of patients undergoing total hip replacement.
ACHS = Australian Council on Healthcare Standards

	Jan - June 2001	2001/02	2002/03	2003/04	2004/05
Royal Prince Alfred Hospital	0%	0.33%	2.9%	1% as at Aug 04	0.6% (Jan-June 05)
Concord RG Hospital	0%	0%	0%	0% as at Aug 04	1.5%
Fairfield Hospital				4.7% (October 2003-June 2004) *	3% (Jan 2005-June 2005) *
ACHS National Aggregate Rate 2000	0.9%	0.9%	Not available	Not available	Not available

* Includes infections identified in acute period and later infections presenting to the same hospital. Does not include Superficial SIs diagnosed by GPs or other hospitals.

Quality Clinical Indicators

Day of Surgery Admission Rate

Day of surgery admission (DOSA) rate measures how many patients are admitted on the day of their surgery compared to all patients admitted to surgery. A high DOSA rate has advantages:

- 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 preadmission clinics better prepares patients for surgery,
- a decreased time in hospital means less risk of infection.

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

	Eastern zone	Western zone	NSW Health target	NSW Health statewide rate
1997/98	18.1%	47.1%		Not available
1998/99	34.1%	77.7%		Not available
1999/00	50.9%	77.2%		Not available
2000/01	74.4%	81.0%	80%	77.7%
2001/02	81.3%	85.0%	80%	83.3%
2002/03	85.0%	89.7%	80%	83.9%
2003/04	89.2%	90.0%	80%	87.4%
2004/05	89.6%	91.1%	80%	

Central Sydney Laboratory Service - 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% of cases which is more efficient than the national aggregate of 93.3%.

Numerator: Number of urgent haemoglobin validated report results with a turn-around-time less than 60 minutes, after hours
Denominator: Number of requests for urgent haemoglobin results received by the lab after hours

	Jan – June 2003	July - Dec 2003	Jan – June 2004	July - Dec 2004	Jan – June 2005
CSAHS Labs	95.5%	95.8%	98.3%	97.36%	96.81%
SWAPS	N/A	98.38%	99.13%	95.69%	98.88%
ACHS National Aggregate rate	65.57%	93.37%	95.95%	57.38%	Not available

Quality Clinical Indicators

SSWAHS eastern sector physiotherapy clinical indicator - total knee joint replacement surgery

Definition of Numerator: Total Number of TKR patients who achieve 80° active knee flexion and -5° active knee extension by Day 7, or discharge
Definition of denominator: Total numbers of patients receiving physiotherapy following TKR surgery

SSWAHS – east and benchmarks	2001 / 02	2002 / 03	2003 / 04	2004 / 05
Canterbury	Not collected (100%: 2001)	76%	76%	77%
Concord RGH	Not collected (58%: 2001)	79%	64%	21%
RPAH	78%	76%	76.5%	78.5%
NSW Physiotherapy rate	70%			

Speech Pathology – improvements in voice quality following speech pathology

Numerator: total number of voice patients who rated an actual improvement in voice quality following Speech Pathology intervention
Denominator: total number of voice patients completing treatment and voice outcome scales
NSW Benchmark (Sydney Voice Interest Group): 80%
n=25 (18 RPA, 6 Concord Hospital, 1 Canterbury Hospital)

	2001/02	2002/03	2003/04	2004/05
Allied Health	83.3%	87.5%	88%	88%

Corporate Services

Summary of business activity

Non-clinical support services across SSWAHS are managed by Corporate Services. This is a diverse portfolio including risk management, occupational health and safety and rehabilitation, procurement and tendering, contract management, overseeing complex investigations and administrative and legal services.

Major goals and outcomes

Amalgamation

Transition and amalgamation planning for corporate services was undertaken in the latter part of 2004, with business cases being developed for the amalgamation of supply services, HR, payroll, ISD, finance, pathology, engineering services, capital works, transport and fleet management and OHS services. Recommendations for future service provision were cognisant of the plans being developed under the NSW Health Shared Corporate Services Program.

In mid 2005, SSWAHS established working groups in supply, payroll and human resources to implement amalgamation plans. The working groups have representatives from management, staff and unions and underpin the consultative process. SSWAHS actively participated in the committees and working parties to progress the NSW Health shared corporate services program.

The benefits of the amalgamation are already apparent across all areas of corporate services with savings returned to clinical services. Financial management has been simplified with the creation of one general ledger replacing a number of different systems, facilitating good corporate governance. A risk analysis has been completed and a risk register is being developed for the whole of the Area Health Service.

An area-wide approach to purchasing and tendering means more competitive prices can also be achieved for the benefit of clinical services.

The development of area-wide policies and procedures for grievance management, disciplinary management and management of bullying and harassment is designed to ensure consistent process is applied across the Area, leading to improved management of these issues to the benefit of individual staff and their managers. A code of conduct was issued to staff and placed on the intranet to facilitate ongoing access.

Key issues and events

Waste management

SSWAHS facilities continued to develop and implement strategies in line with the Government's Waste Reduction and Purchasing Policy (WRAPP). 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

SSWAHS electricity consumption was reduced by 897,661 KWh over the past two years. Natural gas consumption was reduced by 50,864,307 MJ or 18% over the past two years. Water consumption was reduced by 95,000KI or 13% over the last two years with a reduced cost of $37,861 or five per cent over the last period.

Future direction

In order to progress the amalgamations to corporate services, working groups will be established and will include representatives from unions and staff to assist with workplace redesign.

Existing energy and waste management plans will be reviewed and an area-wide strategy developed.

Existing policies and procedures will continue to be reviewed in order to develop a set of simple, area-wide guidelines for staff.

Financial Services

Summary of business activity

The Finance Department operates to ensure that SSWAHS financial resources and assets are managed efficiently and effectively through appropriate planning, coordination and monitoring. The development of area-wide financial and accounting policies and procedures ensures the consistent process and enhancement of quality control and has been a major focus for the division.

Major goals and outcomes

Planning for the amalgamation of the financial services function of the former CSAHS (eastern zone) and SWSAHS (western zone) into a single service was undertaken. Upgrading of the Oracle Financials system from version 10.7 to version 11i for the eastern zone was completed in April 2005 and the implementation of 11i was rolled out to the western zone with an expected 'go live' date in September 2005. The Oracle Financials 11i for SSWAHS operated on the same chart of accounts with one integrated general ledger and is used as the major budgeting and financial reporting tool. Implementation of uniform financial and budget performance reporting management for both the facilities and clinical groups across the Area was progressed and is close to finalisation.

Key issues and events

A uniform chart of accounts for SSWAHS was completed and published in the Area intranet. The cost centre structure for the western zone clinical groupings was completed and set up in the chart of accounts.

The consolidated SSWAHS Annual Financial Report for period ending 30 June 2005 was prepared in accordance with the Australian Equivalents of International Financial Reporting Standards (IFRS).

Future direction

The Financial Services Department continues to place a high priority on provision of quality budget and financial management information system for all stakeholders. Over the next year, the main financial and associated sub-financial system will be fully integrated into a single area-wide financial system with a single interface with the general ledger.

Information Management Services

Summary of business activity

The amalgamated Information Management and Technology Services (IM&TS) provides information management and technology support to SSWAHS clinical, corporate and support services.

Major goals and outcomes

The two open data networks of the former CSAHS and SWSAHS were linked into a single area-wide data network following the amalgamation in 2005. In order to support easier communication the two voice networks were also linked, IT help desk services were combined to provide a single area-wide service and a single internet and intranet service was formed. The finance and supply system for the eastern zone was upgraded to the latest version as the first stage in an area-wide consolidation project.

Additional Electronic Medical Record (EMR) ability continued to be provided to facilities in the eastern zone including: electronic diagnostic test and service ordering to RPA; electronic discharge summaries to RPA, Balmain and CRGH; replacement of obstetrics and neonatal systems at RPA; implementation of a paperless EMR solution for Gastroenterology and Liver Services; and implementation of an integrated scheduling/billing module for Cancer Services.

Planning for the introduction of electronic medication management has commenced and provision of a single area-wide EMR system with integrated laboratory information is underway.

Key issues and events

The statewide incident management system, IIMS, was implemented and secure internet access solutions were established in order to provide clinicians with remote access to selected systems.

A project to rationalise and integrate the email solutions of the new AHS was commenced.

Future direction

The Information Management and Technology Strategy places a high priority on projects that support the patient care process. Over the next five years, the EMR system will continue to grow into a single, integrated, patient-centred, enterprise-wide clinical information system.

IM&TS will continue to enhance and pilot additional EMR functionality across the area health service. A program to provide approximately 5000 clinicians with access to integrated results and orders capability is a priority in 2005/06.

Other major projects include: the delivery of EMR functionality to Drug Health Services, Cancer Services, and community-based health; building the complexity of information available through the EMR by interfacing it with several other specialist systems such as intensive care, and neurosciences; and the rollout of a single area-wide integrated laboratory information management system.

Public Affairs and Marketing

Summary of business activity

The Public Affairs and Marketing department promotes the corporate identity of SSWAHS, its hospitals and healthcare facilities. It is the first point of contact for the media. Our goal is to communicate both internally and externally, the work being carried out at our facilities for the benefit of patients and the wider community.

Our expertise includes internal and external communication strategies, media advocacy, specialised promotion campaigns, corporate publications and event management.

Major goals and outcomes

Public Affairs and Marketing completed a review of its services with a view to becoming an area-wide service post-amalgamation.

Production of a regular electronic newsletter began, informing staff about the amalgamation and the new management structure. A quarterly area-wide printed newsletter for distribution to all staff was also produced.

The community was kept informed of new clinical initiatives and services, additional funding, and progress on the capital works being undertaken at our hospitals and health services.

Key issues and events

Many stories from facilities across SSWAHS were featured in national, metropolitan and local media, including:

- The $133.7 million five-year Macarthur strategy at Camden and Campbelltown hospitals.
- The RPA series on Channel 9 entered its 11th year and work began on a documentary for SBS on maternity services at Canterbury hospital.
- Agreement was reached for filming to begin next year at the ICU at Liverpool hospital for a documentary to be screened on SBS.
- The $23 million Croydon Health Centre opened by Premier Bob Carr.
- His Royal Highness Prince Charles visited RPA and the Sydney Cancer Centre as part of his Australian tour.
- Construction began on the $9.1 million Liverpool Emergency and Trauma Services Facility.
- The development of a new 50-bed sub-acute Mental Health unit at Liverpool. Premier Iemma officiated at a sod-turning ceremony in May for the 20-bed sub-acute Campbelltown Mental Health unit.
- A second linear accelerator was commissioned at Campbelltown Hospital cancer treatment centre. Installation and commissioning of a new linear accelerator in the Radiation Oncology department at RPA began and the replacement of a 10 year-old LINAC at Liverpool has commenced.
- Concord Hospital installed a state-of-the-art 3.0 Tesla Magnetic Resonance scanner, the only one of its kind available to public patients in NSW.
- A wide range of research developments were made, including the launch of the metabolic rehabilitation clinical at Concord, the development at RPA of a new vaccine to fight TB and the International Multiple Myeloma Conference held at RPA.
- The promotion of health issues such as smoking cessation, sexual health, screening for babies and drink spiking.

Future direction

The Public Affairs and Marketing unit will continue to provide a superior level of service to its clients across the area. The unit will also promote the ideals of the health service to the public and the staff. In the new financial year, Public Affairs and Marketing will promote the new Mental Health unit at Liverpool and the opening of the Aged Care Precinct at Concord Hospital.

Internal Audit

Summary of business activity

Internal Audit is an independent, objective, assurance and consulting activity designed to improve SSWAHS's operations by bringing a systematic, disciplined approach to risk management, control and governance processes.

Major goals and outcomes

Internal Audit aims to provide an independent review of hospital systems, operations, activities, policies and procedures and where warranted, recommend cost effective controls and solutions.

Key issues and events

Since 2000, the SSWAHS Internal Audit Manager has been the convenor of the NSW Health Audit Working Party which meets annually to develop audit programs and provide guidance to Area Health Service Audit Departments.

The SSWAHS Internal Audit Manager is also the health industry representative on the NSW Corruption Prevention Network and provides a regular program of fraud awareness to area health service employees.

Future direction

The Internal Audit Department successfully merged its RPA and Liverpool Hospital audit units during the year and now operates one consolidated audit plan for the Sydney South West Area Health Service.

Workforce Profile

Summary of business activity

The main workforce activity has been the ongoing amalgamation of two area health services to form SSWAHS. This has involved the key service areas of human resources and workforce development. Work has also commenced on bringing a more strategic focus to workforce planning, workforce development and people management processes. This strategic work will continue into 2005/06.

Major goals and outcomes

The Human Resource Development Service and Nursing Education have expanded their services. Customised training and development has been significantly increased and aimed particularly at managers and teams.

The implementation of vocational qualifications through the Health Training Package has been targeted at support services, allied health assistants, dental assistants, pharmacy assistants and ward orderlies.

Training programs are being developed by the Human Resource Development Service in collaboration with the Professional Practice Unit to ensure our workforce is ethical and professional in its conduct towards patients, staff and the community.

Policies and procedures on grievance, disciplinary procedures and harassment have been reviewed and redrafted after consultation with staff. The new policies and procedures aim to enhance senior management involvement in those matters which may impact on patient care and staff management.

Key issues and events

An outline of the area workforce plan has been completed, with ongoing consultation with key groups throughout the area to continue during 2005/06 as part of finalising the plan.

Future direction

2005/06 will see the completion of the Area's strategic workforce plan, setting out future workforce requirements and a range of innovative actions for meeting them.

The Human Resources Division will continue to review current policies and procedures to identify areas of improvement in our people management services and an expanded workforce development program focused on building skills can be anticipated.

Executive Reports

Professor Diana Horvath AO
Chief executive

Key responsibilities: The chief executive is accountable for the overall corporate governance, performance and strategic planning of the organisation. The position of chief executive reports directly to the Director-General of NSW Health. All second tier positions report to the chief executive.

Significant achievements in reporting year: see chief executive report on page 5 to 6.

Mike Wallace, MSc (Soc), BSc
Director of clinical operations

Key responsibilities: The director of clinical operations is responsible for operational service and strategic management of the area health service hospitals and facilities as well as the directorates of the clinical stream and clinical business units. Directors and managers of these facilities and clinical services report directly to the director of clinical operations and are accountable for their facility's or service's performance.

Significant achievements in reporting year: see facility reports pages 41 to 55 and asset management report page 10 to 11.

Jan Whalan, BPharm, MPH, MBA, AFAIM
Director of corporate services

Key responsibilities: The director of corporate services manages a diverse portfolio which includes finance and budget, information technology, shared corporate services and area health service corporate services such as engineering, fleet, legal, risk management and procurement.

Significant achievements in reporting year: see corporate services report on page 68.

Candy Cheng, B COM (UNSW), FCPA
Chief finance officer

Key responsibilities: The chief finance officer is responsible for the management of the area health service's financial resources through the development and implementation of financial management systems for budget control and performance measurement. The chief finance officer also provides prompt and appropriate advice to the chief executive and senior executive on budget and finance matters.

The position of chief finance officer has dual reporting to the chief executive and the director of corporate services.

Significant achievements in reporting year: see financial services report on page 69.

Dr Greg Stewart, MB BS, MPH (Syd), FRACMA, FAFPHM
Director of population health, planning and performance

Key responsibilities: The director of population health, planning and performance is responsible for the strategic planning and performance for the area health service. The position also manages Aboriginal Health Services and Population Health Services which include public health, health promotion, health surveillance and counter disaster management and planning.

Significant achievements in reporting year: see performance indicator data on page 18 - 27.

Paul Gavel, MEc.,BEc
Director of strategic workforce planning and development

Key responsibilities: The director of strategic workforce planning and development is responsible for human resources, industrial relations and learning and development services across the area health service. In addition, the director will manage the development and implementation of an area health service workforce plan. This will involve liaison with the three university medical schools in the provision of appropriate clinical placements in hospitals and medical schools, as well as with other medical colleges and training organisations.

Significant achievements in reporting year: see workforce profile report on page 73 and teaching and training initiatives report on page 86.

Executive Reports

Kerry Russell, RN, Cert Mgt, Bach Admin (UNE)
Director of nursing services and midwifery

Key responsibilities: The director of nursing services and midwifery is responsible for the administration and management of nursing services across SSWAHS. This includes the development and implementation of nursing policy and practice, professional development and recruitment and retention issues.

Significant achievements in reporting year: see nursing and midwifery services report on page 61.

Dr Peter Kennedy, MB BS FRACP
Director of clinical governance

Key responsibilities: The director of clinical governance is responsible for the strategic and operational management of the Clinical Quality Unit and the Professional Practice Unit as well as the development and implementation of uniform quality policies across the area health service.

Significant achievements in reporting year: see clinical quality report on page 62.

Dr Victor Storm, MB BS MPA FRANZCP FAFPHM
Director of mental health services

Key responsibilities: The director of mental health services is accountable for setting the clinical direction and coordination of clinical services for the Mental Health Unit across the Area. This includes making senior appointments within the service group, planning for clinical services and the establishment of targets and performance indicators.

Significant achievements in reporting year: see mental health services report on page 60.

Julie Roberts, BSC (Computer Science)
Chief information officer

Key responsibilities: The chief information officer is responsible for the coordination, management and operation of the various information management and technology functions of the area health service. These include strategic planning, information technology policy development, security management, database management, IT investments, systems engineering, computer resources management, telecommunications and web-based activities. The chief information officer is also the principal advisor on information management and information technology issues to the executive of SSWAHS.

Significant achievements in reporting year: see information management report on page 70.

Staff Profile

Number of full time equivalent staff employed by SSWAHS as at 30 June 2005

* Data provided by NSW Health

Sydney South West Area Health Service	June-02	June -03	June -04	June 05
Medical	1,395	1,459	1,584	1,544
Nursing	5,982	6,187	6,367	6,573
Corporate Administration	671	644	755	679
Allied Health Professional	2,774	2,891	2,836	2,870
Hospital employees (eg wardsmen, technical assistants and ancillary staff)	2,801	2,990	2,924	2,944
Hotel Services	1,439	1,495	1,444	1,402
Maintenance and Trades	204	220	211	200
Other	219	221	227	199
Total	**15,485**	**16,107**	**16,348**	**16,411**
Medical, Nursing & Allied Health staff as a proportion of all staff (%)	**65.6**	**65.4**	**66.0**	**66.9**
Third Schedule	469	472	442	329

Notes:

In 2004, an independent review of corporate administration FTEs resulted in more consistent application of the definition being applied by Health Services. As a result, corporate administration figures for June 02,03 and 04 have been adjusted accordingly.

Equal Employment Opportunity

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.

Sydney South West Area Health Service believes equity is a fundamental right of every employee, and by applying equal employment opportunity 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 Equal Employment Opportunity (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 for CSAHS

In July 2004, the Minister for Health announced changes to the NSW health system, including a statewide restructure of health administration. The outcome was the amalgamation of the existing 17 Area Health Services into eight areas. As a result, Central Sydney Area Health Service (CSAHS) and South West Sydney Area Health Service (SWSAHS) amalgamated to form Sydney South West Area Health Service (SSWAHS) as from 1 January 2005.

The planned outcomes for CSAHS were to facilitate a skilled and valued workforce by continuing to: improve occupational health and safety (OH&S) by providing effective human resource systems; provide appropriate training and support for staff; maintain the Area's grievance management system; meet with the working party to look at issues surrounding bullying and harassment in the workplace; and continue to review the Aboriginal Employment Strategy, Disability Plan and HR Strategic Plans.

Compulsory manual handling training is included in the CSAHS orientation program for all new staff. A record of staff who have attended manual handling training is kept in a database maintained by the Human Development and Resource Services. When injuries do occur, CSAHS management provides rehabilitation programs to assist and support injured workers to return to their pre-injury duties.

The Area Director of Human Resources represented management on the working party to look at issues surrounding bullying and harassment. A review of these policies was undertaken in 2004 and the updated policies have now been distributed throughout the Area Health Service.

Statistical data produced by CSAHS for 2004/05 indicates that the total number of staff who identified as Aboriginal or Torres Strait Islander has increased again this period from 1.6 percent to 1.8 percent. CSAHS has reported increases in Aboriginal and Torres Strait Islander respondents up to 0.4 percent for the past three years (i.e., 2001/02 – 0.8%; 2002/03 – 1.2% and 2003/04 – 1.6%).

CSAHS pursued structured placement programs for Aboriginal and Torres Strait Islander people, including traineeships. Of the four people who enrolled in the Trainee Enrolled Nurse (TEN) Program last March, two have graduated and are working in other Area Health Services, and two will graduate in October this year. One person commenced in the April 2005 TEN Program group.

A further 10 staff were supported by the Elsa Dixon Aboriginal Employment Program and have been permanently placed in the Area Health Service. SSWAHS continues to support and recognise the importance of these programs as a means of developing the Aboriginal health workforce within the Area.

Further to the staff satisfaction survey conducted in the eastern zone in 2003, and from the work done by three working parties formed as a result of that survey, a number of initiatives have been carried out. A common theme across the three working parties was the importance of the role of middle management. An additional survey was sent out to managers regarding methods of consultation and participation. The analysis of this survey was distributed to Executive Directors, General Managers (eastern zone) and SSWAHS Learning and Development unit to assist with future planning for communication across facilities. An internal website has been developed for the SSWAHS intranet enabling managers to access strategies and information to help in their day-to-day management tasks.

Equal Employment Opportunity

Achievement of last year's EEO planned outcomes for SWSAHS

The Aboriginal Employment Coordinator position was reviewed and regarded. A survey was conducted to identify Aboriginal and Torres Strait Islander positions (including Elsa Dixon positions); a skill needs analysis was conducted; and staff mapped against Aboriginal Health Priority areas to identify staffing gaps (to link with the survey and skills analysis to determine positions to be requested for Elsa Dixon Aboriginal Employment Program recruitment/funding, and with a view to preparing the Aboriginal Workforce Development Plan).

Nursing and Midwifery services have four Aboriginal and Torres Strait Islander people in training.

EEO Planned Outcomes for 2005/06

SSWAHS plans to review the CSAHS Aboriginal and Torres Strait Islander Employment Strategy to reflect the needs of the amalgamated area and develop the SSWAHS Aboriginal and Torres Strait Islander Employment Strategy. This will be achieved through consultation with staff from the western and eastern zones.

SSWAHS will continue to review the Governing Body of Management Manual, including the Human Resource policies to reflect changes brought about by the amalgamation process. This will be achieved through a consultation process and when policies have been completed they will be distributed to facility managers and placed on the SSWAHS intranet site.

As a consequence of the amalgamation, the Area Health Service will continue to ensure that any adjustment of the workforce and redeployment of existing staff will be done by consultation, ensuring that all EEO groups are treated fairly.

Statistics 2004/05

The statistical information for the following tables (salary levels and employment type) was obtained from a report generated by the Premier's Department from the Workforce Profile data, for the period 1 July 2004 to 30 June 2005. The salary levels are those used for the EEO statistical data 2004/05 period. These figures are adjusted annually by ODEOPE to reflect industry-wide wage increases granted to various groups of employees.

Equal Employment Opportunity

SSWAHS Percentage of Total Staff (Head Count) by Salary Level – 2004/05

	<$31,352	$31,352 to $41,777	$41,178 to $46,035	$46,036 to $58,253	$58,254 to $75,331	$75,332 to $94,165	>$94,165 (non SES)	> $94,165 (SES)	Total	Estimate range (95% confidence level)
Total Staff (Number)	351	6,154	1,753	5,181	3,605	1,476	798		19,318	
EEO respondents	(268) 76%	(4,418) 72%	(1,393) 79%	(3,671) 71%	(2,543) 71%	(993) 67%	(545) 68%	0	(13,831) 72%	
Men	(65) 19%	(1,692) 27%	(369) 21%	(872) 17%	(848) 24%	(704) 48%	(535) 67%	0	(5,085) 26%	
Women	(286) 81%	(4,462) 73%	(1,384) 79%	(4,309) 83%	(2,757) 76%	(772) 52%	(263) 33%	0	(14,233) 74%	
Aboriginal People & Torres Strait islanders	(9) 3.4%	(127) 2.9%	(15) 1.1%	(45) 1.2%	(13) 0.5%	(7) 0.7%	0	0	(216) 1.6%	1.4% to 1.7%
People from Racial, Ethnic, Ethno-Religious Minority Groups	(39) 15%	(786) 18%	(299) 21%	(943) 26%	(573) 23%	(290) 29%	(154) 28%	0	(3,084) 22%	22.0% to 22.8%
People whose language first spoken as a child was not English	(103) 38%	(1,646) 37%	(504) 36%	(1,199) 33%	(699) 27%	(278) 28%	(120) 22%	0	(4,549) 33%	32.4% to 33.2%
People with a Disability	(1) 0%	(141) 3%	(32) 2%	(117) 3%	(76) 3%	(28) 3%	(13) 2%	0	(408) 3%	2.8% to 3.1%
People with a Disability requiring work-related adjustment	0	(36) 0.8%	(6) 0.4%	(32) 0.9%	(15) 0.6%	(4) 0.4%	(2) 0.4%	0	(95) 0.7%	0.6% to 0.8%

Equal Employment Opportunity

SSWAHS – Percentage of Total Staff (Head Count) by Employment Type – 2004/05

	Full-time	Part-time	Full-time	Part-time	Contract SES	Contract – Non SES	Training Positions	Retained Staff	Casual	Total
Total Staff	11,510	4,920	2,242	416	0	16	218	0	3,800	23,122
Respondents	(8,409) 73%	(3,483) 71%	(1,524) 68%	(235) 56%	0	(3) 19%	(181) 83%	0	(1,417) 37%	(15,252) 66%
Men	(3,405) 30%	(553) 11%	(988) 44%	(75) 18%	0	(9) 56%	(55) 25%	0	(958) 25%	(6,053) 26%
Women	(8,105) 70%	(4,367) 89%	(1,254) 56%	(341) 82%	0	(7) 44%	(163) 75%	0	(2,832) 75%	(17,069) 74%
Aboriginal People & Torres Strait islanders	(146) 1.7%	(44) 1.3%	(20) 1.3%	(3) 1.3%	0	0	(7) 3.9%	0	(29) 2.0%	(249) 1.7%
People from Racial, Ethnic, Ethno-Religious Minority Groups	(1,871) 22%	(671) 19%	(464) 30%	(52) 22%	0	(1) 33%	(27) 15%	0	(299) 21%	(3,385) 22%
People whose language first spoken as a child was not English	(2,889) 34%	(947) 27%	(583) 38%	(56) 24%	0	(1) 33%	(73) 40%	0	(479) 33%	(5,028) 34%
People with a Disability	(274) 3%	(104) 3%	(25) 2%	(5) 2%	0	0	0	0	(26) 2%	(434) 3%
People with a Disability requiring work-related adjustment	(68) 0.8%	(21) 0.6%	(2) 0.1%	(4) 1.7%	0	0	0	0	(3) 0.2%	(98) 0.6%

Equal Employment Opportunity

Trends in the Representation of EEO Groups

	% of total staff				
EEO Group	**Benchmark or Target**	**2002**	**2003**	**2004**	**2005**
Women	50%				74%
Aboriginal people and Torres Strait Islanders	2%				1.6%
People whose first language was not English	20%				33%
People with a disability	12%				3%
People with a disability requiring work-related adjustment	7%				0.7%

Trends in the Distribution of EEO Groups

	% of total staff				
EEO Group	**Benchmark or Target**	**2002**	**2003**	**2004**	**2005**
Women	100				90
Aboriginal people and Torres Strait Islanders	100				75
People whose first language was not English	100				92
People with a disability	100				100
People with a disability requiring work-related adjustment	100				95

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 in 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

SSWAHS eastern zone and western zone are working towards the integration of their Occupational Health and Safety (OHS) policies and programs.

Eastern Zone

SSWAHS eastern zone 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. Training is provided for OHS committee members and managers to assist them to meet their OHS 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

SSWAHS 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.

SSWAHS Eastern Zone	2000/01	2001/02	2002/03	2003/04	2004/05
SSWAHS EZ Claims	666	677	756	745	661
SSWAHS EZ Claim rate/100 equivalent full-time	7.4	8.0	8.8	8.7	7.5
NSW Health claim rate/100 equivalent full-time	8.1	8.4	8.8	8.9	8.0
SSWAHS EZ Claim cost/equivalent full-time ($)	$938	$836	$669	$639	$441
NSW Health claim cost/ equivalent full-time ($)	$1,240	$1,069	$914	$717	$508

Data from NSW Treasury Managed Fund as at 30 June 2005

SSWAHS eastern zone has maintained claim rates and costs better than the NSW Health average for the fund years 2000/01 to 2004/05.

Claims are recorded in the financial year in which they occurred. Data for the 2004/05 year is not yet complete as claims may have occurred during 2004/05 but had not been reported by 30 June 2005.

There was an increase in claims across NSW Health in 2002/03 following changes to NSW Workers Compensation legislation with the introduction of 'provisional liability' commencing January 2002.

Claim costs increase as claims develop over time so that claims made in 2000/01 have accrued more cost than claims made in more recent years. This must be taken into account when comparing claim costs over time.

Comparison of claim rates and claim costs between SSWAHS eastern zone and NSW Health average is used to assess ongoing performance.

There is variation in performance between SSWAHS eastern zone facilities.

Occupational Health and Safety

Claim Rate/100 FTE	2000/01	2001/02	2002/03	2003/04	2004/05
Balmain Hospital	11.6	8.6	8.6	13.9	12.1
Canterbury Hospital	10.1	5.5	5.3	6.3	7.3
Concord Hospital	8.3	10.3	10.1	10.3	9.0
Population Health	4.6	4.7	8.3	7.7	7.4
Royal Prince Alfred Hospital	6.3	7.2	9.0	7.5	6.5
Rozelle Hospital	8.6	10.4	11.4	12.2	10.7
Sydney Dental Hospital	12.9	12.5	11.7	9.0	7.6
SSWAHS average	7.4	8.0	8.8	8.7	7.5
NSW Health average	8.1	8.4	8.8	8.9	8.0

Data from NSW Treasury Managed Fund as at June 30 2005

Claim Cost/FTE	2000/01	2001/02	2002/03	2003/04	2004/05
Balmain Hospital	$704	$101	$387	$1,016	$660
Canterbury Hospital	$1,141	$701	$337	$689	$722
Concord Hospital	$1,490	$910	$609	$916	$460
Population Health	$297	$1,580	$416	$120	$353
Royal Prince Alfred Hospital	$949	$933	$527	$551	$401
Rozelle Hospital	$524	$588	$927	$756	$584
Sydney Dental Hospital	$385	$869	$1,025	$437	$551
SSWAHS average	$938	$836	$669	$639	$441
NSW Health average	$1,240	$1,069	$914	$717	$508

Data from NSW Treasury Managed Fund as at 30 June 2005

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

Claim Rate/100 FTE	2000/01	2001/02	2002/03	2003/04	2004/05
Nurses	8.1	8.3	11.2	10.8	8.7
Medical/Medical support	3.8	4.6	3.2	3.4	4.5
General administration	5.2	5.0	5.6	5.6	4.8
Hotel service	13.8	17.7	14.1	15.2	11.0
SSWAHS average	7.4	8.0	8.8	8.7	7.5
NSW Health average	8.1	8.4	8.8	8.9	8.0

Data from NSW Treasury Managed Fund as at 30 June 2005

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

No of SSWAHS EZ claims	2000/01	2001/02	2002/03	2003/04	2004/05
Manual handling	264	279	276	294	226
Falls, trips, slips	137	133	167	138	143
Hit by moving objects	73	68	81	99	69

Data from NSW Treasury Managed Fund as at 30 June 2005

Occupational Health and Safety

% of SSWAHS EZ claims	2000/01	2001/02	2002/03	2003/04	2004/05
Manual handling	40%	41%	37%	39%	34%
Falls, trips, slips	21%	20%	22%	18%	22%
Hit by moving objects	11%	10%	11%	13%	10%

SSWAHS EZ claims/100FTE	2000/01	2001/02	2002/03	2003/04	2004/05
Manual handling	2.9	3.3	3.2	3.4	2.5
Falls, trips, slips	1.5	1.6	2.0	1.6	1.6
Hit by moving objects	0.8	0.8	0.9	1.2	0.8

Western Zone

Sydney South West Area Health Service western zone maintains a strong commitment to supplying a safe environment for all staff, patients and visitors. Workplace safety and injuries are constantly monitored and workers compensation claims reviewed. A summary of results within SSWAHS western zone for the previous three years is recorded below. Key trends have been identified and strategies developed to reduce workplace incidents.

Workers compensation claims for occupation groups	2002/03	2003/04	2004/05
Total	**802**	**827**	**686**
Nurses	44.63%	37.96%	38.62%
Clerical/Management	4.63	6.52%	8.3%
Allied Health/Medical	12.71%	13.54%	13.85%
General Services	38.03%	41.98%	39.23%

Common injury types	2002/03	2003/04	2004/05
Manual Handling	36%	33.6%	33.67%
Slips/Trips/Falls	17.6%	15.11%	14.43%
Hit Object	17.8%	12.33%	11.37%
Mental Stress	7.2%	9.19%	8.75%
Other	20.14%	29.77%	31.78%

Occupational Health and Safety

Workers compensation claims per 100FTE	2002/03	2003/04	2004/05
Bankstown HS	15.4	14.6	13.2
Wingecarribee HS	7.6	9.5	12.9
Braeside	13.9	10.2	8.5
Camden/Wollondilly HS	18.5	13.3	7.7
Queen Victoria Memorial Home	6.9	6.7	7.4
Campbelltown HS	13.0	13.9	10.4
Carrington	NA	NA	NA
Fairfield HS	11.9	9.7	8.5
Karitane	3.1	5.6	5.8
Liverpool HS	8.2	9.6	8.3
Area	5.8	5.5	5.9
SWAPS	5.2	4.5	2.8
SWSAHS AVG	10.7	10.5	9.3

Manual handling injuries remain the most common type of injury within the health industry. Strategies to reduce these injuries include: manual handling training at initial orientation of new employees and task specific training provided to occupational groupings; supplying lifting equipment for patients and bulky goods transportation; conducting risk assessments of workplace tasks and developing safe work practices to standardise the safest way to perform tasks.

A regular process of hazard inspections is designed to identify physical hazards in the workplace environment and the annual numerical profile safety audit program monitors the progress of all OHS systems and policies. Western zone facilities consistently score either A or B in the Hazard Inspection element of the tool, where A is best practice.

Other workplace safety initiatives undertaken in 2004/05 include:

- Security and aggression minimisation (SAMMA) audits are conducted annually to specifically manage staff and patients and facility safety and security.
- The Safer Place to Work program was implemented for all western zone employees.
- Workplace incident forms record all actual or potential risks and are collated to identify emerging trends.
- Numerous OHS Committees across the western zone actively monitor the work environment and communicate OHS information to all employees.
- Training programs focus on manual handling and ergonomics, hazardous substances, managing aggression, fire safety and incident investigation.
- OHS practitioners meet regularly to network and support a consistent approach to safety across SSWAHS.

During the year, 2004/05 SSWAHS western zone was not prosecuted for any breach of the Occupational Health and Safety legislation.

The western zone remains proactive in the post incident management of injuries. Workplace injuries are reviewed monthly with key staff in each facility. Quarterly Key Performance Indicator (KPI) reports identify the frequency of injuries at specific facilities and are communicated to all key senior staff. Incidents involving patients or visitors are recorded and investigated through a reporting process that ensures any identified risks are eliminated or reduced.

Teaching and Training Initiatives

SSWAHS is one of the leading providers of health education and training in Australia. Our training network extends across the allied health, medical and nursing professions and covers both university placements and postgraduate vocational training. SSWAHS offers an extensive range of needs-based educational and professional development opportunities. We are committed to producing outstanding clinicians with the clinical and leadership skills necessary to succeed in their chosen field and meet the needs of our community.

Allied health

Allied health students are accepted from universities in Sydney for fieldwork placement throughout SSWAHS. Graduate training placements are provided for several disciplines. Allied health in-service programs also operate, providing an opportunity for specialised clinical education. These programs draw on the expertise of allied health clinicians who share their knowledge and experience across their clinical network.

Undergraduate medical student

Our network of undergraduate medical education has links to both the University of Sydney and the University of New South Wales and will be further enhanced in 2007 with the commencement of undergraduate medical education at the University of Western Sydney.

SSWAHS hospitals have a large intake of students allocated to clinical placements, allowing access to a diverse range of health services and experiences. University of Sydney medical students are linked to RPA and Concord hospitals. University of NSW medical students are linked to Liverpool, Bankstown, Campbelltown and Fairfield hospitals.

Junior medical officers

SSWAHS provides placements to around 130 interns through the Primary Allocation Centres at RPA, Liverpool, Concord and Bankstown hospitals.

The intern year vocational medical training is focused around the Primary Allocation Centres at RPA, Liverpool, Concord and Bankstown, and offers a wide array of training programs to suit medical college guidelines.

Training of junior medical officers will increasingly take place across a number of hospitals instead of only one through the development of training networks. Within SSWAHS, medical training placements are provided at RPA, Liverpool, Concord, Bankstown, Campbelltown, Canterbury, Fairfield and Rozelle hospitals. 2004/05 saw the operation of the first networks in basic physician training. New training networks in basic surgery and psychiatry will commence in 2006.

Nursing education and professional development

SSWAHS is a registered higher education institution under the NSW *Higher Education Act 2001* and delivers the accredited Graduate Certificate in Specialty Nursing. In 2004, 43 nurses graduated with the award specialising in anaesthetics/recovery, emergency, family and child health, perioperative and renal nursing. 33 of these graduates are currently employed as specialist nurses within the Area.

SSWAHS is also a recognised provider of clinical education for trainee enrolled nursing and undergraduate bachelor of nursing and midwifery programs. In 2004/05, 16,500 shifts of undergraduate nursing clinical placements were provided and 433 new graduate nurses were employed. 167 trainee enrolled nurses and 48 midwifery students were also provided employment and clinical support, and were retained as qualified nurses within the Area on completion of their programs.

As part of the commitment to expand the enrolled nurses' scope of practice, over 200 enrolled nurses were supported to undertake the approved EN medication administration course. 171 enrolled nurses presently have endorsement from the NSW Nurses and Midwives Board to administer medication.

As well as providing formal education, SSWAHS is also committed to continuing professional development for nurses and midwives. Over 200 area-wide clinical enhancement and professional development programs are offered through the year. In 2004/05, 2,800 nurses and midwives were provided with salary supplementation and another 2,500 supported with workplace release to attend continuing education programs.

SSWAHS has also endorsed the NSW Health Clinical Leadership program with six clinical leaders commencing the 12-month program.

In 2004, two nurse education related entries were submitted to the Baxter NSW Health Awards competition. The entry *A Targeted Specialty Education Program to Build Capacity to Promote Health* was selected as a finalist, the other, *The Development and Implementation of Certificate III in Aged Care Work (Bankstown Health Service),* was the winner in the education and training category.

Research

Below is a brief list of some of the research projects being undertaken at SSWAHS.

A more detailed listing can be found at www.sswhealth.nsw.gov.au

Project Title	Facility / Researchers	Brief	Funding	Length of Project
ADIPS Pilot	**Bankstown Hospital**	Design and participation in multi-centre National Australasian Diabetes in Pregnancy society pilot audit and benchmarking initiative.	Commonwealth Department of Health and Ageing	
Hip Fracture intervention trial (HIPFIT)	**Balmain Hospital** M Singh N Singh S Quine L Clemson C Russell	To improve disability post hip fracture.	NH&MRC $800,000	5 years
Auditory temporal processing in schizophrenia	**Concord Hospital** T Budd		NH&MRC $302,250	3 years
Study of the effect of a new drug for acute lymphoblastic leukemias using a mouse model	**Concord Hospital** L Bennell K Bradstock		NH&MRC $497,250	3 years
Mechanisms for ageing changes in the hepatic	**Concord Hospital** D Le Conteur R Fraser		NH&MRC $407,750	3 years
Case-control studies of completed and attempted suicide in young people in NSW	**Department of Forensic Medicine** R Taylor M Dudley A Page J Duflou J Mowll	This project involves case-control studies of suicide and attempted suicide in young people in urban and rural NSW, investigating antecedents and risk factors.	NH&MRC $802,000	4 years

Research

Project Title	Facility / Researchers	Brief	Funding	Length of Project
A 10-year review of Sudden Death In Young Australians.	**Department of Forensic Medicine** R Puranik C Chow J Duflou M Kilborn M McGuire	This research project examines the causes and circumstances of sudden natural death in the 5 to 35 year age group. In the 427 cases reported to the NSW State Coroner for investigation and subject to detailed investigation, presumed cardiac arrhythmia in subjects with no or minimal structural heart disease was found to be the commonest cause of sudden, natural death in young Australians.	N/A	1 year
Pericar 2	**Sydney Dental Hospital** B Taylor J Toffler	A prospective, randomised control clinical trial investigating links between Periodontal and Cardiovascular risks.	1. NH&MRC $140,500 2. Ramaciotti Foundation $14,000	3 years 1 year
Karitane Volunteer Programs – Outcome Study	**Centre for Health Equity, Training, Research and Evaluation** (CHETRE)	This project describes the processes, impacts and outcomes of the Karitane Volunteer Home Visiting Program on parents and volunteers.	Department of Community Services $30,000	9 months
Centre for Clinical Research Excellence in Respiratory and Sleep Medicine	**RPA Hospital** R Grunstein	The focus of this research is respiratory and sleep disorders and the application of its findings to clinical practice.	NH&MRC $400,000	5 years
Centre of Clinical Research Excellence Program: To improve outcomes in chronic liver disease	**RPA Hospital** G Farrell G McCaughan	This project will investigate treatments for chronic liver diseases, eg hepatitis B and C.	NH&MRC $200,000	5 years

Research

Project Title	Facility / Researchers	Brief	Funding	Length of Project
Expanding the role for non-invasive ventilation in cystic fibrosis (CF)	**RPA Hospital** P Bye R Grunstein I Young S Bell	This project aims to treat people with cystic fibrosis with short-term portable assisted ventilation during flare-ups of the disease.	NH&MRC $100,000	3 years
Tresillian Home Visiting Intervention Project	**Tresillian** C Fowler (Tresillian), C McMahon (Macquarie Uni) N Kowalenko (RNSH) C Rossiter (Tresillian)	Commonwealth Department of Family and Community Services Early Intervention Parenting Grants (2001/04) Commonwealth Government REACH Grant (2004/07. The comparison component funded by Macquarie University (2001/04). **Date:** 2001 first round 2004 second round.	$576,000	6 years
Evaluation of a youth development unit and drug and alcohol use in three remote Aboriginal communities	**Drug Health Services** K Conigrave A Clough	A longitudinal study of substance misuse within three remote Aboriginal communities. The project design has been developed over the past 18 months in collaboration with Menzies University. Data collection commenced in 2004, and will involve evaluation of the effectiveness of a youth development unit.	AERF $181,094	3 years
The role of pharmacotherapy in prevention of relapse in alcohol dependence	**Drug Health Services** P Haber J Bell M Teesson R Mattick C Sannibale K Morley C Thomson	This study is a double-blind randomised placebo controlled treatment trial comparing the effectiveness of Naltrexone and Acamprosate in treating alcohol dependence. This project is being conducted across three sites: RPA, Prince of Wales and Nepean Hospitals.	NH&MRC $420,000	3 years
Revision of the drink-less package and study of its value in training medical practitioners in brief intervention	**Drug Health Services** K Conigrave E Proude, P Haber J Saunders	This project is funded by the Roads and Traffic Authority (RTA) to evaluate, and update the Drink-less kit as a tool to facilitate brief medical intervention for excessive alcohol consumption. Data is to be collected on the value of Drink-less as a tool in training GPs in brief intervention techniques.	Roads & Traffic Authority (RTA) $56,818	1year

Research

Project Title	Facility / Researchers	Brief	Funding	Length of Project
The Central Sydney Tai Chi trial: to reduce the risk of falling for older people	**Health Promotion Unit** A Voukelatos R Cumming S Lord C Rissel	The Central Sydney Tai Chi Trial investigates the effectiveness of a community-based Tai Chi program for people aged 60 years and over, to improve their balance and reduce the risk of falling.	NSW Health, Health Promotion Research Demonstration Grant Scheme $275 000	2.5 years
The significance of bloodstream infections with vancomycin resistant *Staphylococcus Aureus*	**Microbiology SWAPS** I Gosbell	A study to determine the significance of vancomycin resistant MRSA in a patient's blood, and to identify the risk factors for developing blood stream infection with vancomycin resistant MRSA.	Health Research Foundation Sydney South West $25,000	
	Fairfield Hospital	Outcomes following primary Total Hip Replacement and Total Knee Replacement surgery 2003/04.		
Platelet responsiveness to Aspirin and Clopidogrel, and Troponin increment after coronary intervention in acute coronary lesions	**Health Research Foundation** J French	Subject of resistance of individual antiplatelet agents (drugs that make the blood sticky) and the mechanisms as to why this can occur.	Health Research Foundation Sydney South West $24,000	
Examining some of the factors in the immune system causing nerve damage in the animal models of multiple sclerosis and Guillian Barr Syndrome	**Health Research Foundation** G Tran	Study to understand the mechanisms that lead to nerve injury in disease such as Multiple Sclerosis MS and Guillian Barr Syndrome GBS.	Health Research Foundation Sydney South West $25,000	
Adjuvant Tamoxifen - Longer Against Shorter (ATLAS)	**Macarthur Cancer Therapy Centre** Dr Della-Fiorentina Dr Moylan	An international study of the efficacy and safety of prolonged tamoxifen treatment for women with a history of breast cancer.	ANZ Breast Cancer Trials Group	

Research

Project Title	Facility / Researchers	Brief	Funding	Length of Project
A medical oncology study for patients with advanced Non-Small Cell Lung Cancer (NSCLC).	**Macarthur Cancer Therapy Centre** S Della-Fiorentina	A phase II multi-centre, randomised, parallel group, double-blind, placebo-controlled study of ZD1839 (Iressa) (250mg tablet) plus best supportive care (BSC) vs placebo plus BSC in chemotherapy naïve patients with advanced (stage IIIB or IV) Non-small cell lung cancer.	NCIC CTG – National Cancer Institute of Canada Clinical Trials Group	
OAT Trial	**Cardiology Liverpool Hospital** C Juergens	Occluded Artery Trial.	National Institutes of Health $1750 per patient	
	Cardiology Liverpool Hospital T Marwick D Leung, D Prior D Kaye D Hare	Efficacy and Mechanisms of Exercise Training in Diastolic Heart Failure.	NH&MRC $173,000	
Karitane Volunteer Programs – Outcomes Study	**Centre for Health Equity, Training, Research and Evaluation (**CHETRE)	This project describes the processes, impacts and outcomes of the Karitane Volunteer Home Visiting Program on parents and volunteers.	$30,000 from Department of Community Services	9 months

Official Overseas Travel

South Western Sydney Area Health Service
July – December 2004

Name and Unit	Place visited	Purpose of travel	Source of Funds
M Singleton Radiology	Malaysia	Interventional Radiology Society of Australasia Conference	Special Purpose Trust Fund
B Szling Radiology	Malaysia	Interventional Radiology Society of Australasia Conference	Special Purpose Trust Fund / Personal
M Wong Renal Research Unit	New Zealand	First Australasian Home Haemodialysis Workshop	Special Purpose Trust Fund
B Malkus Renal Research Unit	New Zealand	First Australasian Home Haemodialysis Workshop	Special Purpose Trust Fund
D Chong Renal Research Unit	New Zealand	First Australasian Home Haemodialysis Workshop	Special Purpose Trust Fund
A Woodcock Medical Radiation	Helsinki Finland	Annual Congress of the European Association of Nuclear Medicine	Special Purpose Trust Fund
J Mercer SWAPS	Wisconsin USA	International Patogenic Neisseria Conference	Sponsorship
S Frost Simpson Centre	The Nederlands	RC33 Sixth International Conference on Social Science Methodology	Special Purpose Trust Fund
T Barbagiannikos Microbiology	South Carolina and Washington DC USA	11 International Symposium on Staphylocci and Staphylococcal Infections and the 44th Interscience Conference on Antimicrobial Agents and Chemotherapy	Special Purpose Trust Fund
J Ward Population Health	Ottawa Canada	Meeting for TRANS FA (international study of health research funding agencies, support and promotion of knowledge translation) and the 12th Cochrane Colloquium	Special Purpose Trust Fund
M Malik Fairfield Health Service	Rotorua New Zealand	RACMA/NZIHM Conference	Special Purpose Trust Fund
B D'Souza Liverpool Health Service	Hong Kong	9th Congress of the Asian Pacific Society of Respirology	Self funded
L Realph Radiology	Chicago USA	Radiological Society of North America 90th Scientific Assembly Conference	Special Purpose Trust Fund
D Cato Area Counter Disaster	Papua New Guinea	To conduct training for Pogera Mine Medical Centre Nursing, Medical and Paramedical staff	Sponsorship
J Thomas Liverpool Health Service	Rome Italy	The Protocol CASM981C 2442 Investigator Meeting conducted by Novartis Pharmaceuticals	Sponsorship

Official Overseas Travel

Central Sydney Area Health Service
July – December 2004

Name and Unit	Place visited	Purpose of travel	Source of funds
A Swee Neurology	Paris France	Barany Society XXIII International Congress	Special Purpose Trust Fund
A Bishop Centenary Institute	Vienna Austria	20th International Congress of the Transplantation Society	Special Purpose Research Fund
B Blayney Haematology	Orlando USA	2004 Cerner Health Conference	Special Purpose Trust Fund
A Bradshaw Neurology	Paris France	Barany Society XXIII International Congress	Special Purpose Trust Fund
S Brammah Anatomical Pathology	Barcelona Spain	Ultrapath XII Conference on Diagnostic EM	Special Purpose Trust Fund
R Burke Pharmacy	Kansas, Chicago, Los Angeles and Boston USA	Cerner Head Office and site visits re: electronic prescribing	Special Purpose Trust Fund
D Cummins Urology	Bangkok Thailand	XV International AIDS Conference	Scholarship
C Czok Social Work	Bangkok Thailand	XV International World AIDS Conference	Sponsorship
E Daviskas Respiratory Medicine	Glasgow UK	European Respiratory Society Annual Congress 2004	Special Purpose Trust Fund
C Foster Women's and Children's Health	Edinburgh UK	Association for Medical Education in Europe 2004	Special Purpose Trust Fund
C Gebbie Medical Oncology	Bangkok Thailand	Asia Pacific Investigator Meeting for protocol NO16966C	Sponsorship
A Gray-Weale Operating Suite	Rotorua New Zealand	Australian and New Zealand Society for Vascular Nurses Scientific Seminar	Self funded
J Hetherington Endocrinology & Metabolism	Baltimore, USA Lisbon, Portugal Middlesex and Bristol, UK	Meeting with Endocrinology Clinical Unit at John Hopkins University Hospital; International Congress of Endocrinology for Nurses; Turner's Clinic and Endocrinology Nurses Training Course	Special Purpose Trust Fund and grant
C Hill Anatomical Pathology	Florida USA	Cerner Health Conference	Special Purpose Trust Fund
P Kenny CHERE	Hong Kong	International Society for Quality of Life Conference	Special Purpose Trust Fund
P Kirwan Anatomical Pathology	Barcelona Spain	Ultrapath XII Conference on Diagnostic EM	Special Purpose Trust Fund
M Langshaw Haematology	Orlando USA	Cerner Health Conference	Special Purpose Trust Fund
G Malcolm Perinatal Medicine	Edinburgh UK	Association for Medical Education in Europe 2004	Special Purpose Trust Fund
R Martens Respiratory Medicine	Glasgow Scotland	European Respiratory Annual Society Conference	Special Purpose Trust Fund
L McGarvie Neurology	Paris France	Barany Society XXIII International Congress	Special Purpose Trust Fund

Official Overseas Travel

Name and Unit	Place visited	Purpose of travel	Source of funds
S McLennan Endocrinology	Munich Germany	40th European Association for the study of Diabetes (EASD) Annual Meeting	Special Purpose Trust Fund
J Page Radiation Oncology	Sussex UK	8th International workshop on Electronic Portal Imaging; Visit Sussex Oncology Centre, Royal Sussex County Hospital	Special Purpose Trust Fund
J Peake Information Systems	Kansas, Chicago, Los Angeles and Boston USA	Cerner Head Office and other site visits re: electronic prescribing	Special Purpose Trust Fund
Z Puthucheary Intensive Care Unit	Glasgow UK	European Respiratory Society meeting	Self Funded
E Roach Microbiology	Orlando USA	2004 Cerner Health conference	Special Purpose Trust Fund
J Roberts Information Systems Division	Kansas, Chicago, Los Angeles and Boston, USA	Cerner Head Office and other site visits re: electronic prescribing	Special Purpose Trust Fund
L Robertson Information Systems Division	Kansas, Chicago, Los Angeles and Boston, USA	Cerner Head Office and other site visits re: electronic prescribing	Special Purpose Trust Fund
M Shaw Sexual Health Services	Bangkok Thailand	XV International AIDS conference	Sponsorship
K Sommer Endocrinology	Lisbon Portugal	2nd International Congress of Endocrinology Nursing (ICEN)	Special Purpose Trust Fund / Travel Grant
M Todd Neurology	Paris France	Barany Society XXIII International Congress	Special Purpose Trust Fund
C Wang Transplantation Services	Debrecen, Hungary Vienna, Austria	7th Congress of the International Society for Experimental Microsurgery and 20th International Congress of the Transplantation Society	Special Purpose Trust Fund
R Yavor Neurology	Paris France	Barany Society XXIII International Congress	Special Purpose Trust Fund
B Bajuk Perinatal Services	Stockholm Sweden	45th Annual Meeting of the European Society for Paediatric Research	Self funded
T Bolton Diabetes Centre	Beijing China	1st International Congress on Diabetic Vascular Diseases	Sponsorship
J Boserio Neurophysiology	Louisiana, New Orleans, USA	American Epilepsy Society Annual Meeting	Special Purpose Trust Fund
R Brown Haematology	San Diego California USA	American Society of Haematology	Special Purpose Trust Fund
F Burrell Transplant Surgery	Vancouver Canada	13th Annual International Transplant Nurses Society Symposium and General Assembly	Special Purpose Trust Fund
A Carvalho Dietitian	Auckland NZ	AUSPEN Conference	Self funded
M Constantino Diabetes Centre	Singapore	ISPAD/IDF Inaugural Science School for Health Professionals	Sponsorship
T Eade Radiation Oncology	Amsterdam Netherlands	23rd Annual European Society for Therapeutic Radiology and Oncology (ESTRO)	Special Purpose Trust Fund
R Fulton PET and Nuclear Medicine	Rome Italy	2004 IEEE Nuclear Science Symposium and Medical Imaging Conference	Special Purpose Trust Fund

Official Overseas Travel

Name and Unit	Place visited	Purpose of travel	Source of funds
E Frig Dietitian	Paris France	International investigator meeting for Protocol DR15029	Sponsorship
S Gehrig Dietitian	Auckland NZ	AUSPEN Conference	Self funded
A M Haque	Lausanne, Switzerland Germany	ESTRO Course on Basic Clinical Radiobiology; German ProState Brachytherapy Centre visit	Special Purpose Trust Fund
W Harty Sydney Dental Hospital	Singapore	Singapore International Dental Exhibition and Conference (SIDEC)	Sydney Dental Hospital General Fund
J Heyman Dietitian	Auckland NZ	AUSPEN Conference	Self funded
R Holman, Laboratory Information Services	Florida and California USA	2004 Cerner Health Conference and pre-conference course in Florida plus site visit	Special Purpose Trust Fund
K Horneman, Sydney Dental Hospital	Nadi Fiji	44th Annual Meeting of ANZ International Association of Dental Research	Sydney Dental Hospital General Fund
K Kearins Biochemistry	Prague Czech Republic	Monitor and Investigator meeting for MK653A PN071	Sponsorship
R Maher Radiology	Sabah Malaysian Borneo	International Australasian Radiology Society 12th General Meeting	Special Purpose Trust Fund
P Manii Pharmacy	San-Diego California USA	Annual Meeting of the American Society of Haematology	Special Purpose Trust Fund
K Moore Allied Health	Wellington NZ	National Council of Occupational Therapists Registration Board Meeting	Special Purpose Trust Fund
K Nattress Gynaecology / Oncology	Edinburgh, Scotland UK	10th Biennial International Gynaecologic Cancer Society Meeting	Special Purpose Trust Fund and Sponsorship
G Orr Transplant Unit	Vancouver Canada	13th Annual International Transplant Nurses Society Symposium and General Assembly	Special Purpose Trust Fund
E Palmer Diabetes Centre	Beijing China	1st International Congress on Diabetic Vascular Diseases	Sponsorship
A Piper Respiratory Medicine	Hong Kong	Obstructive Sleep Apnoea and Respiratory Care workshops	Sponsorship
Z Puthucheary Intensive Care Unit	Glasgow UK	European Respiratory Society Meeting	Self funded
J Ravens Nutrition and Dietetics	Lisbon Portugal	European Society for Enteral and Parenteral Nutrition (ESPEN) 26th Annual Conference	Sponsorship
J Read Dietician	Auckland NZ	AUSPEN Conference	Self funded
F Rennison Haemophilia Centre	Bangkok Thailand	XXVI International Congress of the World Federation of Haemophilia	Sponsorship
J Sanders Haematology	Miami, Florida USA	DOXIL-MMY-3001 Investigators Meeting	Sponsorship
D Seth Drug Health Services	Heidelberg / Mannheim Germany	12th World Congress on Biomedical Alcohol Research	Special Purpose Trust Fund and Self Funded

Official Overseas Travel

Name and Unit	Place visited	Purpose of travel	Source of funds
D Sze Institute of Haematology	Yuuna / Shanghai / Beijing China	Symposium of Updates in Blood Cancer Research and Medical Education; visit Department of Haematology, Chang Szheng Hospital and Cancer Hospital (Institute), Chinese Academy of Medical Sciences	Special Purpose Trust Fund
D Sze Institute of Haematology	Frankfurt Germany	Research study tour RE: Novel NK Cell Immunotherapeutic Approach in Myeloma	Special Purpose Trust Fund
N Teriana Medical Oncology	San Francisco USA	Clinical Science course	Special Purpose Trust Fund
C Thornton Research Midwife	Vienna Austria	14th World Congress of the International Society for the Study of Hypertension in Pregnancy	Special Purpose Trust Fund
A Ting Laboratory Information Services	Florida and California, USA	2004 Cerner Health Conference and pre-conference course, plus site visit	Special Purpose Trust Fund
J Towson PET and Nuclear Medicine	Helsinki Finland Cambridge UK	EANM 2004 and 1st International Symposium on Radionuclide Therapy and Radiopharmaceutical Dosimetry; visit Addenbrookes Hospital and PET Centre	Special Purpose Trust Fund
M Tran Radiation Oncology	Milpitas California USA	Training course run by Varian Medical Systems	Special Purpose Trust Fund / Sponsorship
Y Wei Renal Transplant Unit	Vienna Austria	XX International Congress of the Transplantation Society 2004	Special Purpose Trust Fund

Official Overseas Travel

Sydney South West Area Health Service – Western Zone
January – June 2005

Name and Unit	Place visited	Purpose of travel	Source of Funds
R Y Bankstown	Hong Kong	13th World Congress of the International Society of Radiographers and Radiological Technologists	Special Purpose Trust Fund
S Charbel Radiology Network	Hong Kong	13th World Congress of the International Society of Radiographers and Radiological Technologists	Special Purpose Trust Fund
M Suen Radiology Network	Hong Kong	13th World Congress of the International Society of Radiographers and Radiological Technologists	Special Purpose Trust Fund
M Peregrina Paediatrics	San Diego California USA	4th Annual Forum for Improving Children's Health Care	Special Purpose Trust Fund
L Byrnes Paediatrics	San Diego California USA	4th Annual Forum for Improving Children's Health Care	Special Purpose Trust Fund
E Newland Cardiology	Florida USA	Australian Investigators Meeting held by Sanofi-Aventis and the 4th Annual American College of Cardiology scientific sessions	Special Purpose Trust Fund
A Collier Palliative Care	Seoul Korea	Asia Pacific Hospice Conference	Special Purpose Trust Fund
S Shunker Intensive Care Unit	Brussels Belgium	25th International Symposium on Intensive Care and Emergency Medicine.	Special Purpose Trust Fund/ Personal
B Donkin Emergency	Singapore	Advanced Nursing Practice International Conference	Special Purpose Trust Fund
W Lloyd Stuttering Unit	Oxford UK	Oxford Dysfluency conference	Special Purpose Trust Fund / Personal
V Nelson Macarthur Health Service	San Francisco USA	Linac Service Essentials for Physicists course	Sponsorship
X M Kong Liverpool Health Service	San Francisco USA	Linac Service Essentials for Physicists course	Sponsorship
D Robinson Microbiology	Florida USA	PASCV Clinical Virology Symposium and Molecular Virology workshop	Special Purpose Trust Fund
D Cato Area Counter Disaster	New Guinea	MIMMS course and disaster exercise.	Sponsorship

Official Overseas Travel

Sydney South West Area Health Service – Eastern Zone
January – June 2005

Name and Unit	Place visited	Purpose of travel	Source of funds
H Carey Sydney Dental Hospital	Baltimore USA	International American and Canadian Association for Dental Research	Sydney Dental Hospital general fund
E Chan Sydney Dental Hospital	The Netherlands	Complete and fulfil requirements for PhD Thesis at the University of Groningen	Self funded / Sponsorship
J Galbraith Cardiology	Hong Kong and Paris, France	MK653A Protocol 808 Post MI Study in Hong Kong; Stradivarius Study (EFC 5827) meeting in Paris	Sponsorship
L Kerr Institute of Haematology	Amsterdam The Netherlands	Investigators meeting for a new clinical trial 12866138 – MMY – 3002	Sponsorship
S Liddell Medical Oncology	Barcelona Spain	Investigators meeting for the Phase 111 Randomised Study of Bay 43-9006 in patients with Unresectable and/or Metastatic Hepatocellular Carcinoma	Sponsorship
S Anderson Respiratory Medicine	San Diego California USA	American Thoracic society meeting	Special Purpose Trust Fund
A Bishop Gastroenterology	Brittany France	9th Basic Sciences Symposium of the Transplantation Society	Special Purpose Trust Fund
J Brannan Respiratory Medicine	San Diego California USA	American Thoracic Society Meeting	Special Purpose Trust Fund
B Brooks Endocrinology	San Diego California USA	65th American Diabetes Association Scientific Meeting	Special Purpose Trust Fund
M Constantino Endocrinology	San Diego California USA	65th American Diabetes Association Scientific Meeting	Special Purpose Trust Fund
R Dentice Respiratory Medicine	Crete Greece	28th European Cystic Fibrosis Conference	Self funded
I Divas Radiology	San Diego USA	Diagnostic Radiology review course	Special Purpose Trust Fund
S Dubedat Microbiology	Florida USA	Molecular Urology Workshop and Clinical Urology Symposium	Special Purpose Trust Fund
S Eberl PET and Nuclear Medicine	Toronto, Ontario Canada	Society of Nuclear medicine 52nd Annual Meeting	Special Purpose Trust Fund
D Foote Nutrition and Dietetics	San Diego California USA	65th American Diabetes Association Scientific Meeting	Special Purpose Trust Fund
J Franklin Metabolism and Obesity Services	Athens Greece	European Congress of Obesity	Special Purpose Trust Fund
R Grenenger FAST Program	Bangkok Thailand	International investigator meeting for the trial rFVIIa in Acute Haemorraghic Stroke Treatment	Sponsorship
R Grenenger FAST Program	Singapore	ONTARGET / TRANSCEND Asia Pacific Regional Meeting	Sponsorship
A Haque Radiation Oncology	Poznal Poland	ESTRO teaching course -"Dose Determination Radiotherapy – Beam Characterization, Dose Calculation, Dose Verification"	Special Purpose Trust Fund
M Kassiou PET and Nuclear Medicine	Iowa USA	16th International Symposium on Radiopharmaceutical Chemistry	Special Purpose Trust Fund
N Loughman Anatomical Pathology	Paris France	31st European Congress of Cytology	Special Purpose Trust Fund
B Loughnane Neurosciences	Barcelona Spain	World Federation of Neuroscience Nurses Conference	Scholarship

Official Overseas Travel

Name and Unit	Place visited	Purpose of travel	Source of funds
M McGill Endocrinology	San Diego California USA	65th American Diabetes Association Scientific Meeting	Special Purpose Trust Fund
J Mowll Dept of Forensic Medicine	London UK	7th International Conference on Grief and Bereavement in Contemporary Society	Scholarship
A Patwardhan Nutrition and Dietetics	Maastricht The Netherlands	ESPEN Advanced course in Clinical Nutrition	Special Purpose Trust Fund
M Pearson Nuclear Medicine	Toronto, Ontario Canada	Society of Nuclear Medicine Annual Meeting	Special Purpose Trust Fund
R Perkins Anatomical Pathology	Paris France	20th European Congress of Pathology 2005	Special Purpose Trust Fund
J Read Nutrition and Dietetics	Orlando Florida USA	American Society of Clinical Oncology	Sponsorship
J Rex Stomal Therapy	London UK	St Mark's Hospital, Northwick Park, London visit; to set up a multi-centred randomised control trial to study treatments of faecal incontinence between St Mark's and RPA Hospitals	Special Purpose Trust Fund
M Ryan Womens and Children's Health	Christchurch NZ	*Through the Looking Glass – Sharing the Vision,* WHA Annual Conference	Special Purpose Trust Fund
N Schweitzer Neuro ICU	Barcelona Spain	World Federation of Neuroscience Nurses Conference	Scholarship
N Suchowerska Radiation Oncology	Lisbon Portugal	8th Biennial ESTRO meeting on Physics and Radiation Technology for Clinical Radiotherapy	Special Purpose Trust Fund
K Tastula Neuro ICU	Barcelona Spain	World Federation of Neuroscience Nurses Conference	Special Purpose Trust Fund
S Twigg Endocrinology	San Diego California USA	65th American Diabetes Association Scientific Meeting	Special Purpose Trust Fund
M Wilkinson Radiology	San Diego California USA	Diagnostic Radiology Review course	Special Purpose Trust Fund
P Williams Endocrinology	San Diego California USA	65th American Diabetes Association Scientific Meeting; American Endocrine Society Meeting	Special Purpose Trust Fund
C Wocadlo Newborn Care	Vienna Austria	Graz Symposium on Developmental Neurology; site visit to the University Hospital follow-up program in Vienna	Special Purpose Trust Fund
D Yue Endocrinology	San Diego California USA	65th American Diabetes Association Scientific Meeting	Special Purpose Trust Fund

Area Health Advisory Council

As a result of reforms to the health system announced by the Minister in July, 2004, eight new Area Health Advisory Councils (AHACs) are being established for each of the eight new Area Health Services.

Designed to give clinicians – including doctors, nurses and allied health professionals as well as health consumers and local communities – a stronger voice in health decision-making, the AHACs have been established under the *Health Services Amendment Bill 2004*.

Members will comprise clinician and community/consumer representatives and will play an important role in advising the Chief Executive about health care delivery in the Area through interaction and cooperation between acute health care providers, public health, primary health, aged care and community care services within the community.

The AHAC will support and work with existing Area advisory bodies, such as Medical Staff Councils, and local health participation groups.

This structure provides an important opportunity for clinicians and community members to work in partnership to represent all health stakeholders, including clinical staff, consumers and carers.

Professor Jeremy Wilson has been appointed Chairman of the AHAC for SSWAHS. It is understood the Minister will be finalising the full set of appointments in October 2005.

Community Participation

Patient feedback

Community participation aims to engage consumers, carers and the community in the planning and management of their health services.

There are formal structures in place at SSWAHS to facilitate community participation. All facilities have a patient representative. This position is highly promoted at each facility to ensure patients/carers know whom to approach with suggestions, complaints and compliments. Complaint statistics are collected and regularly reported to the Clinical Quality Council and NSW Health for inclusion in the statewide database.

Facilities also use surveys and suggestion boxes for patient feedback. This allows information to be exchanged freely and helps to maintain a constructive relationship between staff and patients.

SSWAHS holds ongoing consumer forums featuring key speakers to improve dialogue between SSWAHS and the community we serve. Consumer representatives are included in many committees throughout the service.

Local health participation groups

The Area Community Participation Unit is responsible for the administration and support of the Area's Consumer/Community Council. The unit works with staff to increase their skills in involving consumers, carers and the community in health care, sets strategic directions and monitors community participation activities. The Area Unit will also provide support to the newly created Area Health Advisory Council.

SSWAHS western zone also operates a decentralised community participation process through eight local networks. These networks are supported by their facility general manager's office. The networks agreed to a local participation structure that will meet locally.

The peak community participation structure in SSWAHS is the Consumer/Community Council. The Council comprises representatives from the eight local community participation networks, representatives of specific population groups, and membership that is common to the new Area Health Advisory Council. One of the key roles of the Consumer and Community Council is to be the strategic link between the local community representative networks, the Area Executive team and the Area Health Advisory Council.

The Chief Executive, (or her delegate in an ex-officio role), is also a member of the Council.

The SSWAHS Community Representative Network, a broader mechanism for consumer and community involvement, has a current membership of 260. The Network held its first planning day in June 2005 with 96 people in attendance.

The newly formed SSWAHS Consumer and Community Council is working on the development of a business plan which includes the rollout of the Community Participation Framework (Winner of the Baxter Award 2004) across the whole Area.

Fundraising and Sponsorship

Bankstown Hospital

In 2004/05 Heart Support Australia Bankstown Branch held two fundraising stalls allowing the purchase of equipment for cardiac rehabilitation, the heart failure program, recliner chairs, an ice machine, an electronic blood pressure machine and an electric bed and mattress for cardiac services inpatients.

Heart Support donated money in memory of founding Bankstown Branch President Dianne Spilstead.

The Bankstown Cardiology Department raised $650 for the National Heart Foundation this year.

The Child Care Centre conducted fundraising activities throughout 2004/05, raising $9,593 for purchase of equipment.

The 2004 Bankstown Health Service charity ball raised $83,173 for the purchase of oncology equipment.

The Aged Day Care service raised $4736 and the Oncology Department raised $260.

Bowral Hospital

Through various fundraising activities $4904 was raised. The Centenary Scholarship Fund provided scholarships to the value of $750 per year for three students engaged in a health related course of study.

Concord Hospital

CRGH has continued to enjoy strong support from its local community. A total of $539,072 was raised through various fundraising activities. 2004/05 saw the City of Canada Bay Council and the local Chamber of Commerce join forces once again to support the hospital's annual Opera Night at Rivendell and the inaugural turning on of Christmas lights.

CRGH's special relationship with the veteran community remains a benchmark. Vietnam veterans have been involved in gardening projects at the hospital, with many finding the exercise therapeutic. Older veterans have also given us their time by acting as tour guides for our Nurse's Museum.

Liverpool Hospital

Liverpool Hospital received over $100,000 in donations, with a further commitment of $50,000 for much needed equipment to assist us to improve the care of our patients.

RPA Foundation

The RPA Foundation holds an annual appeal to fund a research project at the hospital. The award of the RPA Foundation Medal to the most outstanding individual research project includes an amount of $50,000 to fund the chosen research.

The RPA Foundation processed a total of $108,837 including general donations to RPA, as well as individual departments and wards throughout the hospital. Donations also included $7,900 for the Nurses Support Fund, $13,000 for cardiac research and $15,000 to urology research.

Tresillian

The Gidget Foundation, a group of fundraisers dedicated to raising money to promote awareness of post-natal depression, raised $35,000 for Tresillian.

Tresillian is grateful to Johnson and Johnson, who continue to provide in excess of $50,000 per year in sponsorship funds.

Donations and Bequests

Thank you to the following individuals and organisations for providing $5,000 or more in support during 2004/05.

Allied Express
Sir Robert and Lady Mollie Askin
Bankstown City Council
Bankstown District Sports Club Ltd
Bankstown R&SL Community Club Ltd
Bankstown Trotting Recreational Club Ltd
Belmore Returned Services and Community Club Ltd
Bulldogs Rugby League Club Ltd
Cabra-Vale Ex-Active Servicemen's Club Ltd
Cancer Council of NSW
Canterbury Hospital - Pink Ladies
Canterbury-Hurlstone Park RSL Ltd
Camden Golf Club Ltd
Campbelltown Catholic Club
Campbelltown Council
Campsie RSL Sub-Branch Club Ltd
Campsie Rotary Club
Channel 9
John Edmonson VC Memorial Club
Erskine Imports Pty Ltd
J H Fisher and Sons
Mrs Freda Jane Gamble
Fairfield Global Pty Ltd
D and M R Jaffe
Kids in Macarthur Health Foundation
The Lions NSW/ACT Save Sight and Public Healthcare Foundation
Lions Club of Narellan Inc
Lions Club of Sydney Markets Inc
Lions Club of Yagoona Inc
Liverpool Indian Social Club
Daniel and Rebecca Lollback
The J S McMillan Printing Group
Club Marconi Limited
Estate of the late Gwendolin Meaker
Mt Pritchard and District Community Club
Estate of the late May O'Brien
Pharmion Pty Ltd
Punchbowl Ex-Services & Community Club Ltd
Sandringham Hotel Management Pty Ltd
Servier Laboratories
Leo McCarthy Memorial Smithfield RSL Sub-Branch Club
Starlight Children's Foundation Australia
Mr and Mrs P and L Sullivan
Clayton Utz Foundation
Paul Wakeling

Ethnic Affairs Priority Program

SSWAHS 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 2004/05 a number of projects were undertaken with the aim of improving the health of culturally diverse population groups.

The Chinese Australian Tobacco and Health Network (CATHN), which consists of representatives from various health services and the Cancer Council NSW, has won the 2005 Multicultural Communication Award for the *Car & Home, Smoke Free Zone* – Bilingual Training Flipchart. Staff representatives from within the SSWAHS Division of Population Health eastern zone have been active members of CATHN since its formation in 2001.

The ETS and Children project in Fairfield was developed and conducted in partnership with Assyrian, Bosnian, Croatian, Khmer and Serbian Welfare organisations and community members. It aimed to reduce exposure of infants and children to passive smoking in homes and cars of the target group living in Fairfield Local Government Area.

"There is no cigarette without loss" *Ma'feesh cigara men gheir khosara* campaign was launched by Dr Horvath in April 2005 at Bankstown Town Hall. Funded by the Health Promotion Unit western zone the project aims to raise the awareness of the Arabic community of the ill effects of smoking.

The otitis media prevention strategy amongst Pacific Islander Communities (Samoan, Tongan, Fijian and Cook Island) at Macarthur Health Service focused on preventing otitis media amongst children using a culturally appropriate art medium – Tapa – and developing plain English resources.

The Pacific Communities of Macarthur were targeted for a healthy lifestyle program aimed at increasing physical activity and cardiovascular health.

The Families First Multicultural Communication Program worked with Arabic, Vietnamese and Somali communities in SSWAHS western zone, developing culturally informed communication strategies and educational resources around parenting.

In the SWS Families First Bilingual Early Parenting Program BCW Program, Bilingual Community Workers worked with families from refugee and new and emerging CALD communities, providing early parenting education in community settings. The program also facilitated the development of social support networks with families from Somali, Arabic, Afghani, Sudanese and Bosnian speaking backgrounds.

In the eastern zone, a Families First qualitative research project continued to identify the information needs of Chinese, Arabic and Vietnamese speaking women in antenatal and postnatal care. A total of 81 women were interviewed. Recommendations have been made based on major findings.

Non-Government Organisations

SSWAHS is responsible for administering the following non-government organisations (NGOs) funded through the NSW Health NGO grant program.

Recipients/Grantees	Program	Purpose	2004/05 Grant
Bankstown City Aged Care	Aged and Disabled		216,615
Diabetes Australia	Aged and Disabled	Community based awareness strategies regarding Type 2 Diabetes, to detect the disease and delay or prevent complications.	19,700
Ella Community Centre	Aged and Disabled	Centre based day programs for people who are frail, aged or have mild dementia.	52,800
Families in Partnership	Aged and Disabled	Support and advocacy group for families and carers of children with disabilities.	19,875
Motor Neurone Disease Association	Aged and Disabled	Provides and promotes the best possible support for people living with motor neurone disease, their families and carers.	276,600
Royal Blind Society of NSW	Aged and Disabled	Statewide specialist low vision services.	187,200
Scleroderma Association of NSW	Aged and Disabled	Community education re Scleroderma management; dissemination of emerging information in treatment and research.	16,300
Stroke Recovery Association	Aged and Disabled	Telephone counselling and information, volunteer run Stroke Recovery Clubs, advocacy and education services.	99,200
Cabramatta Community Centre	AIDS	Needle and Syringe program in Cabramatta CBD on Friday and Saturday nights.	75,800
Family Planning NSW	AIDS	Statewide education and prevention services for HIV.	200,000
Gay and Lesbian Counselling Service	AIDS	Telephone and referral service for homosexuals and lesbians.	4,700
Haemophilia Society of NSW	AIDS	Harm minimisation program integrated into generalist haemophilia services.	76,700
Leichhardt Women's Health Centre	AIDS	Counselling and health education for women partners of gay/bisexual men.	47,200
Stanford House Inc	AIDS	Short to medium term crisis accommodation and respite for people with HIV and AIDS.	148,100
The Gender Centre	AIDS	Statewide HIV and Infectious Diseases Service for people with gender issues.	217,270
We Help Ourselves	AIDS	Harm minimisation program for residential drug and alcohol services.	107,000
Centacare Services - Sydney	Community Services	Group activities and practical outreach support for pregnant women and mothers aged 16-25.	31,300
Dympna House	Community Services	Statewide specialist child sexual assault counselling, information, education and resource centre.	355,000
Family Planning NSW	Community Services	Statewide health promotion and training services focussing on sexual and reproductive health and sexuality and targeting young people, CALD communities, people with disabilities and regional, rural and remote populations.	2,268,166
Leichhardt Women's Health Centre	Community Services	Traditional, alternative and preventative health strategies for women in relation to sexual, reproductive, emotional and social issues.	532,300
Lifeline Sydney	Community Services	24 hour telephone counselling and suicide crisis intervention service.	54,800

Non-Government Organisations

Recipients/Grantees	Program	Purpose	2004/05 Grant
Melanoma and Skin Cancer Research Institute	Community Services	NSW network for the treatment of melanoma.	524,800
NSW Centre Perinatal Health Services	Community Services	Outreach education program to country and outer metropolitan hospitals to improve the standard of perinatal health care.	23,300
NSW Rape Crisis Centre	Community Services	Statewide 24 hour telephone crisis intervention, support counselling and referral service for women who have experienced sexual violence.	546,400
South Sydney Women's Therapy Centre	Community Services	Counselling and referral service for women who experience a variety of mental health and social issues such as depression, anxiety, domestic violence.	227,900
Sydney Indo-Chinese Youth Support	Community Services	Assists young refugees settle in Australia; identifies physical or mental health problems and links with health services; works with schools, school counsellors, health services and volunteers; residential program and follow up camps.	61,100
Thalassaemia Society of NSW	Community Services	Specialist genetic counselling service for people/families affected by Thalassaemia/sickle cell anaemia and other hereditary blood disorders.	50,400
Benevolent Society of NSW	Community Services and Women's Health	Services for older women, women experiencing domestic violence, Aboriginal women, women with disabilities and young mothers in the Macarthur region.	1,241,700
Lifeline Macarthur	Community Services and Women's Health	24 hour telephone counselling and suicide crisis intervention service for the Macarthur area, Southern Highlands and Southern Tablelands.	65,200
Liverpool Women's Health Centre	Community Services and Women's Health	Clinical, counselling and health education services for women in the Liverpool area.	528,400
Quest for Life	Community Services and Women's Health	Support programs for persons suffering life threatening illness or crisis. Funding provides program subsidies for low income participants.	157,500
Southern Highlands Bereavement Care	Community Services and Women's Health	Counselling, prevention, education and consultation for bereaved people in the Wingecarribee Shire.	51,400
WILMA Women's Health Centre	Community Services and Women's Health	Clinical, counselling and health education services for women in the Macarthur area.	346,400
Bankstown Women's Health Centre	Community Services and Women's Health	Clinical, counselling and health education services for women in the Bankstown area.	313,100
Immigrant Women's Health Centre	Community Services and Women's Health	Health prevention and information services for NESB immigrant and refugee women in the Fairfield area.	264,600
Barnardo's - Marrickville	Drug and Alcohol	Street work programs.	92,700
Barnardo's - Youth at Risk	Drug and Alcohol	Street work programs.	88,600
Building Trades Union	Drug and Alcohol	Workplace drug and alcohol safety and education program.	325,700
Cabramatta Community Centre	Drug and Alcohol	Drug and alcohol health promotion focussing on young people.	129,700
CO AS IT	Drug and Alcohol	Italian-specific drug and alcohol counselling.	51,900

Non-Government Organisations

Recipients/Grantees	Program	Purpose	2004/05 Grant
Cyrenian House	Drug and Alcohol	Drug and alcohol residential rehabilitation program for men.	261,150
Fact Tree Youth Services - Making It	Drug and Alcohol	Youth service with drug and alcohol counselling, referral and group work.	103,800
Family Drug Support	Drug and Alcohol	24 hour telephone support, information and referral for family and friends of drug dependent persons.	291,200
GROW Community Program	Drug and Alcohol	Residential rehabilitation service for those with a psychiatric disorder or dual disorder.	204,300
Guthrie House	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children.	135,600
Kathleen York House	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children.	58,725
Leichhardt Women's Health Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women.	66,400
Macarthur Drug and Alcohol Services	Drug and Alcohol	Drug and alcohol health promotion focussing on young people.	295,900
Maryfields Recovery Centre	Drug and Alcohol	Drug and alcohol rehabilitation service.	242,000
Odyssey House	Drug and Alcohol	Therapeutic community for drug and alcohol and problem gamblers, residential medicated detoxification, outreach.	886,350
South Sydney Women's Therapy Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women.	125,000
South West Alternative Program	Drug and Alcohol	Education, assessment and referral for NESB communities in Cabramatta/Fairfield.	160,400
Sydney City Mission	Drug and Alcohol	Education and prevention to minimise harm associated with young people and drug use.	100,700
We Help Ourselves	Drug and Alcohol	Drug and alcohol residential therapeutic communities for men.	920,000
Youth Unlimited	Drug and Alcohol	Prevention of drug and alcohol abuse focussing on young people.	49,400
After Care - Administration	Mental Health	Supported accommodation and residential support for people with a mental illness in the Ashfield and Parramatta areas, support services for people with a mental illness.	86,400
After Care - Ashfield/Parramatta	Mental Health	Supported accommodation and residential support for people with a mental illness in the Ashfield and Parramatta areas, support services for people with a mental illness.	87,100
After Care - Psycho Support Services	Mental Health	Supported accommodation and residential support for people with a mental illness in the Ashfield and Parramatta areas, support services for people with a mental illness.	75,600
CO AS IT	Mental Health	Linguistically and culturally appropriate mental health services the Italian community.	119,500
GROW (Community Services)	Mental Health	Self-help groups to assist people with mental health problems, training and support for people to establish and lead groups, development of a network of fieldworkers to support and monitor groups.	408,700

Non-Government Organisations

Recipients/Grantees	Program	Purpose	2004/05 Grant
Richmond Fellowship	Mental Health	Supported accommodation services for people with a mental illness in the Central Sydney catchment area.	657,100
Family Planning NSW	Women's Health	Statewide health promotion and training services focussing on sexual and reproductive health and sexuality and targeting young people, CALD communities, people with disabilities and regional, rural and remote populations.	414,100
NSW Rape Crisis Centre	Women's Health	Statewide 24 hour telephone crisis intervention, support counselling and referral service for women who have experienced sexual violence.	161,700
Women's Incest Survivors Network	Women's Health	Bi-monthly newsletter for women who were sexually assaulted as children, information provision, community education and networking.	8,300
			16,016,851

Volunteers

Balmain Hospital

Balmain Hospital encourages chaplaincy services from all denominations and three new chaplains have been appointed. Pink ladies provide services to all wards of the hospital, assisting patients with personal requirements. Balmain Hospital Auxiliary holds fundraising events to purchase equipment for the hospital. During 2004/05 the auxiliary raised $14,964.

Auxiliary office bearers

Coordinator & Public Officer:	Joan McLaren
Treasurer:	Joyce Duncan
Secretary:	Mary Hardy

Bankstown Hospital

Bankstown has 102 volunteers who work across both the hospital and community health services. A new service commenced in 2005 which involved recruiting volunteers to act as escorts for visitors and patients throughout the hospital. The service runs seven days a week during visiting hours.

Chaplaincy services are provided on request for all religions and are coordinated through the patient liaison officer.

Auxiliary office bearers

President: Alf Long
Treasurer: Harvey Worth

Bowral Hospital

Bowral Hospital has three Hospital Auxiliaries, Bowral, Moss Vale and Burrawang/Wildes Meadow which are active in raising funds for any special items of need.

There are also Pastoral Care volunteers who spiritually care for our patients, the Blue Ladies who assist by looking after the flowers on the wards, and volunteers who welcome and assist our visitors.

Bowral Auxiliary office bearers

President:	Judith Green
Secretary:	Wendy Pedley
Treasurer:	John Liebmann

Moss Vale Auxiliary office bearers

President:	Sandra D'Adam
Secretary:	Jenny Sheerman
Treasurer:	Rikky Winley

Burrawang/Wildes Meadow Auxiliary office bearers

President:	Jenny Gair
Secretary:	Audrey Jackson
Treasurer:	Anne Ford

Camden and Campbelltown Hospitals

In 2004/05 volunteers have assisted with the Bear and Bilby Picnic Day, staffed the information desks, distributed flowers to hospital wards, and assisted Allied Health, the library and the Cancer Therapy Centre.

The chapel at Campbelltown Hospital was officially opened on 9 March 2005.

Camden Hospital Auxiliary office bearers

President:	Robyn Jance
Vice Presidents:	Pat Goggins and Colleen Johnson
Treasurer:	Elaine Hall
Secretary:	Helen Evans

Campbelltown Hospital Auxiliary office bearers

President:	Barry Kemister
Vice Presidents:	Jean Mitchell and Moria Francis
Secretary:	Judy Kemister
Treasurer:	Gail Smith

Blue Ladies coordinator: Dot Lechner

Canterbury Hospital

Forty eight volunteers work in a variety of services throughout the hospital including meet and greet, fundraising, pastoral care, general patient visiting and administration.

Mrs Agatha Tamassy, one of our longer serving volunteers was awarded a Community Service Recognition Certificate at the Canterbury City Council Awards for 2005.

Concord Hospital

Volunteers are involved in fundraising, operating a gift shop, cafe and museum as well as welcoming and guiding patients and their visitors around the facility. Special events held by the volunteer auxiliary included a golf day; jazz festival and a sausage sizzle for the annual RTA cyclathon.

Chaplains and pastoral visitors provide spiritual comfort to those in need. Our chaplains have been actively involved in commemorative services for our veteran community, a role unique to CRGH.

Auxiliary office bearers

Coordinator & Public Officer:	Ruth Ellis
Treasurer:	Christine Gruntar
Secretary:	Annette Smith

Fairfield Hospital

The Auxiliary at Fairfield Hospital raised funds to purchase a mobile shower bed valued at $4450.

Volunteers

Liverpool Hospital

Liverpool Hospital has four volunteer auxillarys – Busby, Colonial Club, Liverpool Hospital and Moorebank/Chipping Norton – engaged in dedicated work including fundraising to purchase equipment.

The Busby Auxillary has 11 members who raised almost $65,000. Major purchases were a laser machine for the Eye Clinic, a dialysis machine for the Intensive Care Unit and various pieces of equipment for the Aged Care Unit.

The Colonial Club Auxillary has 26 members. No major purchases were made in 2004/05. However, it is planned to purchase equipment for the Hospital early in 2005/06.

The Liverpool Hospital Auxillary has 22 members who are involved in fundraising activities. The major purchase made by the Auxillary was $50,000 worth of obstetrics equipment

The Moorebank / Chipping Norton Auxillary has 10 members. No major purchases were made in 2004/05.

Liverpool Hospital Volunteers also assist and support patients, visitors and staff in many varied ways. The Health Service is also served by other groups of dedicated volunteers in both the Hospital and Community. These include Miller 'The Hub' Volunteers, Palliative Care and Mental Health volunteers.

Busby Auxiliary office bearers

President:	Nola Dean
Secretary:	Elaine Young
Treasurer:	George Dean

Colonial Club Auxillary office bearers

President:	John Frame (deceased May 2005)
Secretary:	Margaret Peade
Treasurer:	David Nolan

Liverpool Hospital Auxillary office bearers

President:	Elizabeth Johnson
Secretary:	Robyn Jance
Treasurer:	Pat Goggins

Moorebank / Chipping Norton Auxillary office bearers

President:	Elizabeth Winner
Secretary:	Pat Hughes
Treasurer:	Patsy Colarco

Liverpool Hospital Volunteers office bearers

President:	Elizabeth Johnson
Vice-President:	Kenneth Wynne
Secretary:	Elaine Gregory
Treasurer:	Alester Eyre-Thompson

Royal Prince Alfred Hospital

In 2004/05 the Royal Prince Alfred Hospital Volunteer Services attracted an extra 22 volunteers, taking the number to 82. Volunteer services have subsequently been extended from Monday to Saturday, with plans to further extend to seven days a week.

An enhanced training curriculum has been implemented for volunteers and a training day has taken place for the volunteer assisted feeding trial. Celebrations for the NSW Health Volunteer Appreciation Day were held at RPA with entertainers Maria Venuti and Kamahl presenting awards.

Volunteers are developing an activities room in the geriatric ward to allow patients to participate in craft and music during their stay.

The Chaplaincy Department has provided extensive pastoral care services throughout the year and was successful in attracting a grant from the Vincent Fairfax Family Foundation. Grant funds will go towards the appointment of a full time pastoral care worker in Intensive Care Services to offer additional support to patients, families and friends facing times of difficulty. The opening of a dedicated non-denominational prayer room on Level 6 further supports the needs of patients, families and friends visiting the hospital.

Freedom of Information

In July 2004 the Minister for Health announced changes to the NSW Health system, including a statewide restructure of health administration. The outcome was the amalgamation of the existing 17 Area Health Services into eight areas. As a result Central Sydney Area Health Service (CSAHS) and South West Sydney Area Health Service (SWSAHS) amalgamated to form Sydney South West Area Health Service (SSWAHS) as from 1 January 2005.

Statement of affairs

The Freedom of Information (FOI) 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, and 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 SSWAHS is incorporated into the 2004/05 Annual Report and provides information on the objectives, functions and structure of the SSWAHS.

The SSWAHS organisational structure and a comprehensive report detailing the Area's corporate and future objectives are outlined in the Annual Report.

SSWAHS regularly conducts liaison with a number of consumer groups including: patients/clients/families; general practitioners and health professionals both within SSWAHS and other Area Health Services; Non Government Organisations; community groups; local councils and 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 into the services that are provided for them. For the providers, it helps identify the extent to which 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. This should then be lodged with the FOI Coordinator of SSWAHS, or with one of the FOI Officers of the SSWAHS eastern zone listed in the Summary of Affairs. The processing fee for a personal FOI application is $30.00 (GST free), or should the applicant be able to show hardship, a 50 per cent reduction is given.

For all non-personal applications, there is the initial $30.00 application fee (GST free). Agencies can, however, 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 SSWAHS facility. A processing fee of $33.00 (including GST) is required. However, 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) & (3)

SYDNEY SOUTH WEST AREA HEALTH SERVICE

FOI Agency No. 2322 - former CSAHS; and
FOI Agency No. 2293 – former SWSAHS

Freedom of Information

The Summary of Affairs of the Sydney South West Area Health Service (SSWAHS) covers the following facilities:

- Area Mental Health Services including Rozelle Hospital, Rivendell Child, Adolescent and Family Unit and Area Mental Health Community Centres;
- Balmain Hospital;
- Bankstown–Lidcombe Hospital and Community Health Services;
- Bowral and District Hospital and Community Health Services;
- Concord Repatriation General Hospital;
- Department of Forensic Medicine Central Sydney Laboratory Services;
- Division of Population Health Eastern and Western Zones (Community Health Services, Public Health Unit and Health Promotion);
- Fairfield Hospital and Community Health Services;
- Liverpool Hospital and Community Health Services;
- Macarthur Health Services (including Camden District Hospital; Campbelltown Hospital; Macarthur Community Health Services; and Queen Victoria Memorial Home);
- Royal Prince Alfred Hospital (including the Institute of Rheumatology and Orthopaedics)
- Sydney Dental Hospital;
- Sydney South West Area Health Service Administration Office;
- Sydney South West Supply Services;
- The Canterbury Hospital and Community Health Services; and
- Tresillian Family Care Centres.

Section 1: policy documents

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

Eastern zone

Area office

- Aboriginal and Torres Strait Islander Employment Strategy
- Annual Report
- Area Newsletter
- Clinical Services Directory
- Critical Incident Management Plan
- Delegations Manual
- Equal Employment Opportunity Management Plan
- Facilities and Equipment
- Governing Body of Management Manual
- Guidelines for Service Planning
- HealthPlan (Disaster Plan)
- Health Plans:
  Child and Youth Health Report Card
  Disability Plan
  Domestic Violence Protocols
  Drug Health Plan
  General Geriatric and Rehabilitation Medicine (GGRM) Strategic Plan 2002 - 2006
  Health Gain for Children and Youth of Central Sydney
  Hep C Plan
  Mental Health Strategic Plans 2000/03
  Palliative Care Plan
  RTP Service Delivery Plans
  Strategic Directions HIV Health Promotion in CSAHS 1999/01
  Strategic Plan for Sexual Health Services 1999/02
  Tobacco Control Plan
  Women's Health Strategic Plan
- Human Resources Manual
- Human Resources Strategic Plan
- Infection Control Manuals
- Management Policies and Procedures:
  Corruption Prevention
  Organisation and Administration
- *Patients' Rights and Special Needs*
  Recruitment and Employment of Staff and Other Persons - Vetting and Management of Allegations and Improper Conduct
  Staffing and Direction
- No Smoking
- Quality Activities
- Staff Development and Training
- Staff Handbook
- Waste Management Plan

Hospitals, community services and units

- Admission and Discharge Policy
- Complaints Policy and Procedures
- Disaster Plans
- Hospital and Departmental Policy and Procedure Manuals
- Hospital Newsletters:
  Royal Prince Alfred Hospital
  Concord Repatriation General Hospital
  Sydney Dental Hospital
  Canterbury Hospital
- Management Structures
- Occupational Health and Safety Manuals
- Patient Information Booklets/Brochures
- Quality Management Plans
- Staff Handbooks and Brochures

Freedom of Information

Western zone

Area office

- Advanced Resuscitation Training Policy
- Annual Report
- Annual Research Report
- Appointment Procedures for VMOs
- Area Administration Buildings Emergency Procedures Plan (2001)
- Area Newsletters
- Area Profile
- Area Purchasing Plan
- Asset Register
- Business Plan
- Chest Pain Guidelines
- Complaints Policy and Management Guidelines (1999)
- Corporate Plan
- Delegations Manual
- Domiciliary Midwifery Policy
- Engagement of Casual and Agency Staff Policy
- Equal Employment Opportunity Management Plan and Policy
- Freedom of Information Procedures
- Governing Body and Management Policies and Procedures:
- Organisation and Administration
- Staffing and Direction
- Patient's Rights and Special Needs
- Policies and Procedures
- Staff Development and Training
- Facilities and Equipment
- Quality Activities
- Guidelines for Service Planning
- Hazardous Substances Policy and Guidelines for Area Services (March 2002)
- Health Research Foundation Sydney South West – Grant Policy and Allocation Manual (May 2001)
- Human Resources Manual (2000):
- Code of Conduct and Ethics
- General Conditions of Employment
- Equal Employment Opportunity
- Recruitment and Selection
- Hours of Work
- Performance Management Process
- Higher Grade Duties
- Industrial Relations
- Staff Development
- Occupational Health and Safety
- Sick Leave
- Workforce
- Personnel Records
- Payroll System
- Injury Management and Rehabilitation Policy
- Injury Plan of Action
- Intellectual Property Guidelines and Policy Statement
- Latex Allergy Management
- Linen Management Plan
- Liverpool Eastern Campus Staff Orientation Policy (2001)
- Management of Illicit Substances Policy (August 2000)
- Management of Prohibited Weapons and Firearms Policy (August 2000)
- Management Structure (2002)
- Manual Handling Policy and Guidelines for Area Services (2002)
- Motor Vehicle Fleet Policy (December 2003)
- Noise Management Policy and Procedures for Area Services (March 2002)
- Occupational Health and Safety Planning Design and Purchasing for Area Services (March 2002)
- Occupational Health and Safety Policy for Area Services (May 2002)
- Personal Health Information Management Policy and Guidelines
- Planning Principles to Guide Funding and Networking Decisions Policy
- Police Access to Patient Information Policy and Procedure
- Quality Improvement Policy and Guidelines (June 1998)
- Reportable Incident Notification and Reporting Policy and Procedures
- Safety and Security Policy for Area Services (March 2002)
- Strategic Directions Statement and Implementation Plan 1998-2003
- SWSAHS Fraud and Corrupt Conduct Prevention and Control Policy
- Waste Reduction and Purchasing Plan
- Zero Tolerance Policy (2004)

Plans

- Aboriginal Health Plan 2001/06
- Ambulatory Care (May 2000)
- Disability Action Plan 2000/03
- Oral Health Service Strategic Plan 2001/04

Freedom of Information

Hospitals, community services and units

- Admission and Discharge Policy
- Business Plan
- Complaints Policy and Procedures
- Dangerous Goods Policy
- Disaster Plans (Emergency/Fire Procedures)
- Fleet Policy (2004)
- Guidelines and Procedures for Recruitment and Selection
- Hospital and Departmental Policy and Procedure Manuals
- Hospital Newsletters
- Infection Control Manuals
- Management Structures
- Occupational Health and Safety Manuals
- Orientation Packages
- Patient Brochures
- Patient Information Books
- Performance Management Program
- Quality Management Plans
- Safety Plans
- Security Policy and Procedures
- Service Agreements with Area Service Providers (eg Human Resources Development)
- Service Provision Procedures (individual department focus)
- Staff Handbooks and Brochures
- Staff Treatment Policy and Procedure
- Training Plans
- Waste Management Plans

Section 2: Statement of affairs

The current SSWAHS Statement of Affairs is incorporated into the 2004/05 Annual Report. The Annual Report provides information on the objectives, functions and structure of the Area Health Service. All enquiries can be made by contacting the appropriate FOI Officer listed in Section 3 of this document. A processing charge of $0.27 (including GST) per page will be charged for photocopies of documents.

Section 3: contact arrangements

Enquiries in relation to the inspection or purchase of the SSWAHS policy documents, Annual Reports or the Summary of Affairs can be made with any of the officers listed below between the hours of 8.30 am and 5.00 pm or through the SSWAHS Area Office on 9828 5700.

Western zone (main area office)

Mrs Silvana Flint
Area Freedom of Information Coordinator
Sydney South West Area Health Service
Locked Bag 7017
LIVERPOOL NSW 1871
Telephone: 9828 6063

Eastern zone area office

Mrs Gayle Berg
Area Freedom of Information Coordinator
Level 11
KGV Building
Missenden Road
CAMPERDOWN NSW 2050
Telephone: 9515 9632

Balmain Hospital

Ms Melanie Alderton
Medical Records Manager
Balmain Hospital
Booth Street
BALMAIN NSW 2041
Telephone: 9395 2111

Canterbury Hospital

Ms Eva Fares
Health Information Manager
The Canterbury Hospital
Canterbury Road
CAMPSIE NSW 2194
Telephone: 9787 0262

Concord Repatriation General Hospital

Ms Lise Ravn
A/Manager, Medical Records
Concord Repatriation General Hospital
Hospital Road
CONCORD NSW 2139
Telephone: 9767 5452

Division of Population Health

Ms Samantha Adel
Health Information Manager
Queen Mary Building
Level 4 Grose Street
CAMPERDOWN NSW 2050
Telephone: 9515 9552

Department of Forensic Medicine

Ms Alicia Dong
A/Manager of Administrative Services
Department of Forensic Medicine
50 Parramatta Road
GLEBE NSW 2037
Telephone: 8584 7800

Freedom of Information

Royal Prince Alfred Hospital/Institute of Rheumatology and Orthopaedics

Ms Charlotte Roberts
Manager, Medical Records
Royal Prince Alfred Hospital
Missenden Road
CAMPERDOWN NSW 2050
Telephone: 9515 8397

Rozelle Hospital

Mr Sam Leung
Medico-Legal Officer
Rozelle Hospital
PO Box 1
ROZELLE NSW 2039
Telephone: 9556 9100

Tresillian

Mrs Jane Kookarkin
Health Information Manager
Tresillian Family Care Centres
McKenzie Street
BELMORE NSW 2192
Telephone: 9787 0875

Sydney Dental Hospital

Mr Graeme Angus
A/General Manager
United Dental Hospital
2 Chalmer Street
SURRY HILLS NSW 2010
Telephone: 9293 3326

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 inquiries regarding FOI applications, access to medical records and/or amendment of records.

Freedom of information statistics

The tables hereunder represent the Freedom of Information applications received in relation to:

1) CSAHS from 1 July 2004 to 31 December 2004;
2) SWSAHS from 1 July 2004 to 31 December 2004; and
3) SSWAHS from 1 January 2005 to 30 June 2005

CSAHS (1 July to 31 December 2004)

35 FOI applications were received and processed by Royal Prince Alfred Hospital, Concord Repatriation General Hospital, Canterbury Hospital, Rozelle Hospital and the CSAHS Area Office. The Area Office dealt with two internal reviews, an appeal to the Administrative Decisions Tribunal (ADT) and an appeal to the Ombudsman.

Of the 35 applications, 26 were granted full access to documents, three were granted partial access while five applicants were refused access. Access was refused for such reasons as a deposit was not paid, no documents were held pertaining to the application, and the AHS considered one request a diversion of its resources as the applicant had already been supplied with all documents held by the organisation in previous applications.

In relation to the internal reviews, one of the determinations made in the original decision was upheld, while the second review required a variation to the original determination, with documents being partially released.

An appeal by an applicant to the Ombudsman in relation to a number of exempt/partially exempt documents under Schedule 1 Clause 4 of the FOI Act was lodged in the previous reporting period. The final outcome of this appeal was that the area health service agreed to release a number of exempt documents to the applicant's legal representative with certain provisions. In addition, in conducting an internal review for the same applicant, further documents were identified which pertained to the original FOI application submitted in 2003, and of the further 52 documents identified as being within the scope of the original application, 22 documents were considered exempt under Schedule 1 Clause 4 of the FOI Act. The AHS again agreed to release these documents to the applicant's legal representatives.

The applicant who lodged an appeal with the Administrative Decisions Tribunal, which was another matter carried over from the previous reporting period, had their application dismissed on a legal technicality.

The estimated cost for processing the FOI requests is $960 while fees totalling $1233 were received by the AHS. Non-personal applications processed in the Area Office were charged processing fees in the amount of $480.00.

There were no Ministerial Certificates issued, or formal consultations conducted during the reporting period.

Freedom of Information

Privacy and personal information

During the reporting period, there were no internal reviews conducted under the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act.

CSAHS report up to 31 December 2004

FOI Requests	Personal		Other		Total	
	2003/04	to Dec 04	2003/04	to Dec 04	2003/04	to Dec 04
New (including transferred in)	108	25	13	9	121	34
Brought Forward from previous year		1				
Total to be processed	108	26	13	9	121	35
Completed	103	25	13	9	116	34
Transferred out						
Withdrawn	2	1			2	1
Total Processed	107	26	13	9	120	35
Unfinished (carried forward)	1				1	
Number of amendments and/or notations	4				4	

Results of FOI Requests	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
Granted in full	83	20	9	6
Granted in part	2	1	2	2
Refused	18	4	1	1
Deferred			1	
Completed	103	25	13	9

Basis of Disallowing or Restricting Access	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
Section 19 (application incomplete, wrongly directed)	1		2	
Section 22 (deposit not paid)	2		1	1
Section 25 (1)(a1) (diversion of resources)	1	1		
Section 25 (1)(a) (exempt)	2	1		2
Section 25 (1)(b), (b1), (c), (d) (otherwise available)			1	
Section 28 (1)(b) (documents not held)	4	2	1	
Section 24 (2) (deemed refused, over 21 days)	1			
Section 31 (4) (released to medical practitioner)				
Totals	11	4	5	3

Days to Process	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
0 - 21	81	21	10	5
22 – 35 (consultation period/out of time determinations)	11	3	3	1
Over 35 (extended consultation/out of time determinations)	11	1	0	3
Totals	103	25	13	9

Hours to Process	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
0 – 10	101	20	12	4
11 – 20	1	3		2
21 – 40	1	2	1	3
Over 40				
Totals	103	25	13	9

Type of Discount Allowed on Fees Charged	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
Public Interest				
Financial Hardship - Pensioner/Child	16	6	0	3
Financial Hardship - Non Profit Organisation				
Totals	16	6	0	3
Significant correction of personal records	0		0	

Freedom of Information

SSWAHS Report up to 31 December 2004

FOI Requests	Personal		Other		Total	
	2003/04	to Dec 04	2003/04	to Dec 04	2003/04	to Dec 04
New (including transferred in)	25	34	20	6	45	40
brought forward from previous year	0	0	0	1	0	1
Total to be processed	25	34	20	7	45	41
Completed	24	28	19	1	44	29
Transferred out	1	0	0	0	1	0
Withdrawn	0	1	0	0	0	1
Total Processed	25	29	19	1	44	30
Unfinished (carried forward)	0	5	1	6	1	11

Results of FOI Requests	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
Granted in full	9	22	0	6
Granted in part	14	6	0	0
Refused	1	0	1	7
Deferred	0	0	0	0
Completed	24	28	1	13

Basis of Disallowing or Restricting Access	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
Section 19 (application incomplete, wrongly directed)	0	0	0	0
Section 22 (deposit not paid)	0	0	4	1
Section 25 (1)(a1) (diversion of resources)	0	0	0	0
Section 25 (1)(a) (exempt)	14	6	5	0
Section 25 (1)(b), (b1), (c), (d) (otherwise available)	0	0	0	0
Section 28 (1)(b) (documents not held)	0	0	4	0
Section 24 (2) (deemed refused, over 21 days)	0	0	0	0
Section 31 (4) (released to medical practitioner)	3	0	0	0
Totals	17	6	13	1

Days to Process	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
0 - 21	14	20	9	0
22 – 35 (consultation period/out of time determinations)	7	7	6	0
Over 35 (extended consultation/out of time determinations)	4	1	4	1
Totals	25	28	19	1

Hours to Process	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
0 – 10	21	27	13	1
11 – 20	4	1	2	0
21 – 40	0	0	3	0
Over 40	0	0	1	0
Totals	25	28	19	1

Type of Discount Allowed on Fees Charged	Personal		Other	
	2003/04	to Dec 04	2003/04	to Dec 04
Public Interest	0	0	0	0
Financial Hardship - Pensioner/Child	9	11	0	0
Financial Hardship - Non Profit Organisation	0	0	0	0
Totals	9	11	0	0
Significant correction of personal records	0	0	0	0

Freedom of Information

Up to 31 December 2004, the SWSAHS received 34 new requests for information under the Freedom of Information Act 1989. Overall, there was an increase compared to the same period last financial year and this was due to personal records containing information that is exempt or relates to a third party and thereby being released under FOI. Both the media and members of parliament are also utilising FOI more widely to obtain information held by the Area Health Service.

One application was carried over from the 2003/04 reporting period. Of the 41 requests received, 27 were granted in full, 10 granted in part, three refused and one withdrawn. 35 of the applications received were requests for personal or relative's medical records with six requests being of a non-personal nature.

Four applications required consultation with parties outside of the Area Health Service.

Up to 31 December 2004, one case was referred by the applicant to the Administrative Decision Tribunal, with the decision being varied and the documents released to the applicant.

There have been no requests for internal reviews, amendments to personal records, notations to personal records or Ministerial Certificates issued and there were no Ombudsman appeals.

It took 151 hours to process the FOI requests costing an estimated $4,530.00 with fees received totalling $1,660.00.

Privacy and personal information

During the year, there were no internal reviews conducted under the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act.

Freedom of Information

SSWAHS Report from January 2005

FOI Requests	Personal From Jan 2005	Other From Jan 2005	Total From Jan 2005
New (including transferred in)	38	12	50
brought forward from previous year	5	6	11
Total to be processed	43	18	61
Completed	43	17	60
Transferred out	0	0	0
Withdrawn	0	0	0
Total Processed	43	17	60
Unfinished (carried forward)	0	1	1

Results of FOI Requests	Personal From Jan 2005	Other From Jan 2005
Granted in full	39	10
Granted in part	4	3
Refused	0	4
Deferred	0	0
Completed	43	17

Basis of Disallowing or Restricting Access	Personal From Jan 2005	Other From Jan 2005
Section 19 (application incomplete, wrongly directed)	0	0
Section 22 (deposit not paid)	0	1
Section 25 (1)(a1) (diversion of resources)	0	0
Section 25 (1)(a) (exempt)	4	3
Section 25 (1)(b), (b1), (c), (d) (otherwise available)	0	0
Section 28 (1)(b) (documents not held)	0	3
Section 24 (2) (deemed refused, over 21 days)	0	0
Section 31 (4) (released to medical practitioner)	0	0
Totals	4	7

Days to Process	Personal From Jan 2005	Other From Jan 2005
0 - 21	38	6
22 – 35 (consultation period/out of time determinations)	3	1
Over 35 (extended consultation/out of time determinations)	2	10
Totals	43	17

Hours to Process	Personal From Jan 2005	Other From Jan 2005
0 – 10	42	13
11 – 20	1	1
21 – 40	0	2
Over 40	0	1
Totals	43	17

Type of Discount Allowed on Fees Charged	Personal From Jan 2005	Other From Jan 2005
Public Interest	0	0
Financial Hardship - Pensioner/Child	10	0
Financial Hardship - Non Profit Organisation	0	0
Totals	10	0
Significant correction of personal records	0	0

Freedom of Information

From 1 January to 30 June 2005, SSWAHS received 61 FOI applications which were processed by the following facilities: Head Office of SSWAHS, Royal Prince Alfred Hospital, Concord Repatriation General Hospital, Canterbury Hospital, Balmain Hospital and the SSWAHS, eastern zone office.

Of the 61 FOI applications, 49 were released in full, seven were partially released while four applications were refused for reasons such as a deposit not being received and documents pertaining to the request not being held by the organisation. One application was carried over to the next reporting period. There were no appeals requiring internal review.

The estimated cost for processing the FOI requests is $3,930.00, while fees totalling $3,622.00 were received by the AHS. A non-personal application processed in the Area Office, SSWAHS eastern zone was charged a processing fee of $500.00. Six non-personal applications received at Head Office were charged processing fees in the amount of $2,115.00.

There were no Ministerial Certificates issued, or formal consultations conducted during the reporting period.

Privacy and personal information

During the year, one internal review was conducted under the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act.

Financial Information

Financial Overview

The audited financial statements presented for the Sydney South West Area Health Service recognise the amalgamation of the former Central Sydney Area Health Service and the former Sydney South West Area Health Service which had effect from 1 January 2005. For the period 1 January 2005 to 30 June 2005, expenditure in accrual terms was $1.007 billion and the revenue was $205 million. The net cost of service for the six months ending 30 June 2005 was $793 million after taking into account the gain on disposal of non current assets.

At 30 June 2005, total equity was $1.398 billion. Major capital work expenditure for the six months was $60.2 million.

In achieving the above result SSWAHS is satisfied that it has operated within the level of government cash payments and restricted operating costs to the budget available. At 30 June, the value of general creditors in excess of levels agreed with the NSW Department of Health was around $1.9 million. The Area has effected all loan repayments within the time frames agreed.

Although the audited financial statements are presented for a six month period only, consistent with the establishment date of the Area Health Service, information is available for the twelve months ended 30 June 2005, compared with 2003/04 (combined information for the former Central Sydney Area Health Services and South Western Sydney Area Health Service). This information is detailed below:

	2004/05 Actuals $000	**2004/05 Budget $000**	**2003/04 Actuals $000**
Employee Related Expenses	1,211,396	1,213,424	1,131,372
Visiting Medical Officers	67,624	64,989	62,572
Goods and Services	521,403	509,124	539,080
Maintenance	50,537	56,251	66,723
Depreciation and Amortisation	78,607	78,161	69,056
Grants and Subsidies	23,209	32,031	15,190
Borrowing Costs	5,372	3,018	0
Payments to Affiliated Health Organisations	23,737	22,996	23,013
Other Expenses	0	0	0
Total Expenses	**1,981,885**	**1,979,994**	**1,907,006**
Sale of Goods and Services	(323,209)	(330,374)	(349,750)
Investment Income	(11,437)	(9,393)	(10,018)
Grants and Contributions	(39,604)	(28,662)	(40,299)
Other Revenue	(31,315)	(17,985)	(19,832)
Total Revenue	**(405,565)**	**(386,414)**	**(419,899)**
Gain/Loss on Disposal of Non Current Assets	(9,852)	(10,631)	(86)
Net Cost of Services			
	1,566,468	**1,582,949**	**1,487,021**

The favourability in the revenue result was mainly contributed from Special Purposes and Trust Fund which were not available for general expenditure.

The Area Health Service reporting of programs is consistent with the ten programs of health care delivery utilised across NSW Health and satisfies the methodology for apportionment advised by the NSW Department of Health.

As a result of the establishment of the new Area Health Services on 1 January 2005, it has become necessary for each Area Health Service to prepare its financial statements utilising the Australian Equivalents to International Financial Reporting Standards (AEIFRS). Each Area Health Service is therefore twelve months in advance of the majority of Government agencies.

Financial Overview

In addition to the need to adopt AEIFRS, the Area Health Service has needed to respond to several other significant challenges:

- the amalgamation of accounting and financial systems;
- the restructuring of corporate and business support services designed to generate funds to source further frontline services

The Sydney South West Area Health Service received its 2005/06 allocation on 22 July 2005 .The allocation is earmarked by the provision of additional funding to address:

- the provision of increased bed capacity to improve access block performance and provide sustainable management of elective surgery – it is expected that the funding provided will facilitate the establishment and opening of additional beds;
- the provision of more elective surgery to tackle existing waiting lists;
- the need to increase the number of intensive care beds and cots for adults, children and infants with additional beds expected to open and operate in 2005/06;
- mental health service improvements;
- the continued enhancement of the delivery of cancer research and direct patient services.

The Sydney South West Area Health Service will work with the NSW Department of Health in a major reform program that will focus on ensuring that each patient has the best possible journey through the health system. This will ensure that patient care is better coordinated, leading to improved patient outcomes and more efficient use of resources.

The Area Health Service amalgamation, as announced by the Minister for Health on 27 July 2004, serves to better align population growth centres with existing centres of excellence and specialist medical expertise and also link areas of traditional clinical resource strength to areas of traditional shortage. In addition, the new Areas will integrate a range of administrative and clinical systems, removing duplication and overlap, with the savings being progressively invested in clinical services.

NSW Health has initiated a reform program to consolidate and share corporate and business support services across the NSW public health system. These reforms are aimed at redirecting resources to frontline health care, while also improving the cost effectiveness, consistency and accessibility of support services across NSW.

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDIT REPORT

SYDNEY SOUTH WEST 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 Sydney South West Area Health Service:

(a) presents fairly the Sydney South West Area Health Service's and the consolidated entity's financial position as at 30 June 2005 and their financial performance and cash flows for the period 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 Sydney South West Area Health Service and the consolidated entity show a true and fair view of the financial result of fundraising appeals for the period ended 30 June 2005

(b) the accounts and associated records of the Sydney South West Area Health Service and the consolidated entity have been properly kept during the period 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 period 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 Sydney South West Area Health Service and its controlled entities 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 Chief Executive's Role

The financial report is the responsibility of the Chief Executive. It consists of the balance sheets, statements of changes in equity, operating statements, statements of cash flows, the program statement - expenses and revenues and the accompanying notes for the Sydney South West Area Health Service and the entities it controlled at the period's end or during the financial period.

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 Chief Executive 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 Chief Executive had not fulfilled her reporting obligations.

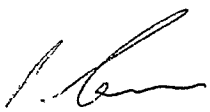
My opinions do *not* provide assurance:

- about the future viability of the Sydney South West Area Health Service or its controlled entities,
- that they have carried out their activities effectively, efficiently and economically, or
- about the effectiveness of their internal controls.

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 Carr
Director, Financial Audit Services

SYDNEY
12 October 2005

Certification of Financial Statements for Period Ended 30 June 2005

The attached financial statements of the Sydney South West Area Health Service for the six month period ended 30 June 2005:

i) Have been prepared in accordance with the requirements of 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 Health Services Act 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;

ii) Present fairly the financial position and transactions of the Sydney South West Area Health Service; and

iii) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

.....

Chief Executive
Sydney South West Area Health Service
September 2005

30/9

.....

Chief Financial Officer
Sydney South West Area Health Service
September 2005

30/9

Sydney South West Area Health Service
Operating Statement for the six months ended 30 June 2005

Parent		Notes	Consolidated
Actual 2005 $000			Actual 2005 $000
	Expenses		
	Operating Expenses		
614,101	Employee Related	3	615,106
33,170	Visiting Medical Officers		33,171
270,035	Goods and Services	4	270,714
23,110	Maintenance	5	23,150
42,807	Depreciation and Amortisation	2(j), 6	43,014
10,062	Grants and Subsidies	7	9,965
12,253	Payments to Affiliated Health Organisations	8	12,253
1,005,538	**Total Expenses**		**1,007,373**
	Retained Revenue		
178,009	Sale of Goods / Rendering of Services	9	178,009
5,683	Investment Income	10	5,948
16,395	Grants and Contributions	11	18,705
1,727	Other Revenue	12	1,939
201,814	**Total Retained Revenue**		**204,601**
9,716	Gain/(Loss) on Disposal of Non Current Assets	13	9,716
794,008	**Net Cost of Services**	32	**793,056**
	Government Contributions		
696,128	NSW Health Department Recurrent Allocations	2(d)	696,128
33,034	NSW Health Department Capital Allocations	2(d)	33,034
58,124	Acceptance by the Crown Entity of employee superannuation benefits	2(a)	58,124
787,286	**Total Government Contributions**		**787,286**
(6,722)	**RESULT FOR THE PERIOD FROM ORDINARY ACTIVITIES**		**(5,770)**

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service

Statement of Changes in Equity for the six months ended 30 June 2005

Parent		Notes	Consolidated
Actual 2005 $000			Actual 2005 $000
0	Net increase/(decrease) in Asset Revaluation Reserve		0
0	Net increase/(decrease) in available for sale		0
0	financial asset revaluation reserve		0
0	Net increases/(decreases) in equity (Specify)		0
0	**TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY**		**0**
(6,722)	Result for the Period from Ordinary Activities		(5,770)
(6,722)	**TOTAL INCOME AND EXPENSE RECOGNISED FOR THE PERIOD**		**(5,770)**

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Balance Sheet as at 30 June 2005

Parent			Consolidated
Actual 30 June 2005 $000		Notes	Actual 30 June 2005 $000
	ASSETS		
	Current Assets		
105,257	Cash and Cash Equivalents	16	112,300
60,610	Receivables	17	60,972
10,401	Inventories	18	10,401
31,318	Other Financial Assets	19	33,851
207,586			217,524
1,696	Non Current Assets Held for Sale	21	1,696
209,282	**Total Current Assets**		**219,220**
	Non-Current Assets		
2,382	Receivables	17	2,382
	Property, Plant and Equipment		
1,513,111	- Land and Buildings	20	1,518,005
130,367	- Plant and Equipment	20	131,744
1,643,478	Total Property, Plant and Equipment		**1,649,749**
9,347	Intangible Assets	22	9,347
1,655,207	**Total Non-Current Assets**		**1,661,478**
1,864,489	**Total Assets**		**1,880,698**
	LIABILITIES		
	Current Liabilities		
129,412	Payables	23	129,785
3,500	Borrowings	24	3,500
95,998	Provisions	25	96,159
252	Other	26	252
229,162	**Total Current Liabilities**		**229,696**
	Non-Current Liabilities		
10,500	Borrowings	24	10,500
242,082	Provisions	25	242,160
252,582	**Total Non-Current Liabilities**		**252,660**
481,744	**Total Liabilities**		**482,356**
1,382,745	**Net Assets**		**1,398,342**
	EQUITY		
1,382,745	Accumulated Funds	27	1,398,342
1,382,745	**Total Equity**		**1,398,342**

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Cash Flow Statement for the six months ended 30 June 2005

Parent Actual 2005 $000		Notes	Consolidated Actual 2005 $000
	CASH FLOWS FROM OPERATING ACTIVITIES		
	Payments		
(522,253)	Employee Related		(523,096)
(11,068)	Grants and Subsidies		(10,961)
(375,143)	Other		(376,408)
(908,464)	**Total Payments**		**(910,465)**
	Receipts		
200,943	Sale of Goods and Services		200,779
5,683	Interest Received		5,948
29,610	Other		32,812
236,236	**Total Receipts**		**239,539**
	Cash Flows From Government		
686,176	NSW Health Department Recurrent Allocations		686,176
33,034	NSW Health Department Capital Allocations		33,034
719,210	**Net Cash Flows from Government**		**719,210**
46,982	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	32	**48,284**
	CASH FLOWS FROM INVESTING ACTIVITIES		
15,789	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		15,789
(53,729)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(53,920)
(1,510)	Purchases of Investments		(1,604)
0	Other		0
(39,450)	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(39,735)**
	CASH FLOWS FROM FINANCING ACTIVITIES		
14,000	Proceeds from Borrowings and Advances		14,000
14,000	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**14,000**
21,532	**NET INCREASE / (DECREASE) IN CASH**		**22,549**
83,725	Opening Cash and Cash Equivalents		89,751
105,257	**CLOSING CASH AND CASH EQUIVALENTS**	16	**112,300**

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the six months ended 30 June 2005

SERVICE'S 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 *	Total
	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses											
Operating Expenses											
Employee Related	48,168	546	80,128	41,300	258,383	32,653	61,267	43,129	9,196	40,336	615,106
Visiting Medical Officers	798	7	5,171	660	18,785	3,181	2,326	1,332	347	564	33,171
Goods and Services	11,403	207	37,612	19,750	130,169	33,307	10,857	16,975	4,098	6,336	270,714
Maintenance	2,627	72	3,830	1,106	9,138	1,708	1,323	1,209	651	1,486	23,150
Depreciation and Amortisation	2,230	25	5,979	3,214	20,766	2,645	3,314	3,008	429	1,404	43,014
Grants and Subsidies	8,138	0	18	1	17	2	718	721	81	269	9,965
Payments to Affiliated Health Organisations	2,169	0	262	0	2,387	0	311	7,124	0	0	12,253
Total Expenses	75,533	857	133,000	66,031	439,645	73,496	80,116	73,498	14,802	50,395	1,007,373
Revenue											
Sale of Goods and Services	4,347	79	3,719	11,332	98,496	18,021	15,193	21,859	1,151	3,812	178,009
Investment Income	444	2	475	172	1,717	192	146	353	245	2,202	5,948
Grants and Contributions	1,929	0	173	167	3,911	229	192	1,650	291	10,163	18,705
Other Revenue	72	17	55	7	1,110	34	24	68	183	369	1,939
Total Revenue	6,792	98	4,422	11,678	105,234	18,476	15,555	23,930	1,870	16,546	204,601
Gain / (Loss) on Disposal of Non Current Assets	(179)	0	(22)	5	10,233	(62)	2	(29)	(186)	(46)	9,716
Net Cost of Services	68,920	759	128,600	54,348	324,178	55,082	64,559	49,597	13,118	33,895	793,056

* The name and purpose of each program is summarised in Note 15.

The program statement uses statistical data to 31 December 2004 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2005 and 30 June 2005 which would materially impact this allocation.

1 The Health Service Reporting Entity

The Sydney South West Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005 and as such has presented its financial statements only for the six month period ended 30 June 2005. As a reporting entity the Health Service comprises the services previously provided by the former Central Sydney Area Health Service and the former South Western Sydney Area Health Service.

The Sydney South West Area 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.

Sydney South West Area Health Service (SSWAHS) 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
- Department of Forensic Medicine
- Population Health
- Institute of Rheumatology and Orthopaedics
- Rozelle Hospital
- Thomas Walker Hospital
- Sydney Dental Hospital
- ANZAC Health and Medical Research Foundation
- Bankstown Hospital
- Bowral Hospital
- Camden Hospital
- Campbelltown Hospital
- Fairfield Hospital
- Liverpool Hospital
- Queen Victoria Memorial Home
- Health Research Foundation Sydney South West

In addition, the following Affiliated Health Organisations are associated by special arrangements with SSWAHS:

- Scarba Service
- Tresillian Family Care Centres
- Braeside Hospital
- Carrington Centennial Hospital
- Karitane Mothercraft

The Financial Statements encompass the activities of the General Fund and the controlled segment of the Special Purposes and Trust Fund. As SSWAHS 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 SSWAHS.

The primary objectives of SSWAHS are to protect, promote and maintain the health of Sydney South West residents and to provide state and nationwide health services, research and training.

Principles of Consolidation

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 SSWAHS by virtue of SSWAHS'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 SSWAHS is 100%.

The Health Research Foundation Sydney South West (HRFSSW) is a company limited by guarantee, which was incorporated on 18 February 1997.
The objectives of the company are as follows:

- to raise and administered funding to promote, examine and evaluate research that will improve the health status and health outcomes for the population of South Western Sydney;
- to make grants to funds, authorities or institutions that will improve the health status and health outcomes for the population of South Western Sydney;
- to undertake and engage in health research;
- to disseminate information concerning work of the company;
- to encourage the making of gifts and testamentary dispositions to the company to enable it to achieve its objectives; and ,
- to perform acts that are incidental and conducive to the furtherance of the above.

These financial statements have been authorised for issue by the Chief Executive on 28 September 2005.

2 Summary of Significant Accounting Policies

SSWAHS's financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable International Financial Reporting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS)), other authoritative pronouncements of the Australian Accounting Standards Board (AASB) where it is necessary to detail the scope and applicability of the International Standards in the Australian environment, 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.

The Area Health Service's financial statements are prepared for the six months ended 30 June 2005 and are therefore covered by AASB101, "Presentation of Financial Statements", which requires the adoption of International Financial Reporting Standards for reporting periods beginning on or after 1 January 2005.

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 is considered.

Except for property, plant and equipment, investment property and financial assets held for trading and available for sale which are measured at fair value , the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

The financial report complies with Australian Accounting Standards, which include AEIFRS.

This is the first financial report prepared based on AEIFRS and no comparatives for the period ended 30 June 2004 are available due to the this Area Health Service entity being established on 1 January 2005. Reconciliations of AEIFRS equity and profit or loss for 30 June 2005 to the previous accounting standards in accordance with AASB1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards is not required.

The creation of the new Sydney South West Area Health Service occurred on 1 January 2005 which resulted in an Administrative Restructure of the former Central Sydney Area Health Service and South Western Sydney Area Health Service boundaries to form the new entity which is recognised during the reporting period. To assist users of these financial statements the note 2ab details the Assets and Liabilities taken up by the new entity on 1 January 2005.

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

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Current Annual Leave, Sick Leave and On Costs (including non-monetary benefits)

Liabilities for salaries and wages, current 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 twelve 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) Non Current Annual Leave, Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis at an escalated rate of 6.95% above the salary rates immediately payable at 30 June 2005 for all employees with five or more years of service. This escalated rate takes into account measurement at present value in accordance with AASB 119 Employee Benefits adjusted for known wage rate increases and on costs. Non Current annual leave has been escalated by 3.4%.

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.

SSWAHS's liability for superannuation is assumed by the Crown Entity. SSWAHS 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 respect of Concord Repatriation General Hospital, the superannuation expenditure associated with those staff who have remained in the Federal Superannuation Fund was paid by NSW Health Department.

iii) Other Provisions

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

If the effect of the time value of money is material, provisions are discounted using a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability.

b) Insurance

SSWAHS'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) Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.

d) Income Recognition

Income is recognised when the SSWAHS has control of the good or right to receive, it is virtually certain that the economic benefits will flow to SSWAHS 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 SSWAHS 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 AASB117 "Leases". Dividend revenue is recognised when SSWAHS's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

Use of Hospital Facilities

Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the 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

SSWAHS 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 SSWAHS obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the allocation for SSWAHS 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 Operating Statement before arriving at the "Result for the Period 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 Affiliated Health Organisations have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisations concerned. SSWAHS is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

Capital Allocations have been treated as revenue in these Operating 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 the Health Service 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

SSWAHS 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 Recurrent Allocation.

Inter State Patient Flows

SSWAHS recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. SSWAHS 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 2003/04 activity data using standard cost weighted separation values to reflect estimated costs in 2004/05 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 the Health Service. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

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

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

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by SSWAHS are deemed to be controlled by SSWAHS and are reflected as such in the financial statements.

i) Plant and Equipment

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

j) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to SSWAHS.

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	5.0% - 10.0%
Linen	20.0%
Motor Vehicle - Trucks, Buses and Vans	20.0%

k) Revaluation of Property, Plant & Equipment

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 AASB116, "Property, Plant & Equipment". There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Health Services now amalgamated as the Sydney South West Area 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. The Health Service is a not for profit entity with no cash generating operations.

Each class-of property, plant & equipment 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.

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.
The revaluation of non current assets were completed as follows:
- the former CSAHS 1 July 2002
- the former SWSAHS 30 April 2004

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 Period from Ordinary Activities, the increment is recognised immediately as revenue in the Result for the Period from Ordinary Activities.

Revaluation decrements are recognised immediately as expenses in the Result for the Period 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. As the Area Health Service was only established as at 1 January 2005 no asset revaluations reserves were brought forward at that date.

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

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

l) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempted from AASB 136 Impairment of Assets and impairment testing. For an asset already measured at fair value, impairment can only arise if selling costs are material. In most cases, selling costs are immaterial.

m) Restoration Costs

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

n) Non Current Assets classified as Held for Sale

SSWAHS has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

o) Investment Property

Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 Property, Plant and Equipment.

The Health Service owns properties held to earn rentals and / or for capital appreciation. These investment properties are stated at fair value supported by market evidence at the balance sheet date. Gains or losses arising from changes in fair value are included in the Operating Statement in the period in which they arise. No depreciation is charged on investment properties.

p) Intangible Assets

The emerging right to receive private sector infrastructure comprises of the reverisonary interest in the Bowral Private Hospital, Bowral Private Medical Imaging and Bankstown Medical GP Service. Private corporations have built these facilities and operate them within fixed term leases. At the completion of the lease term, the rights of ownership revert to the Area Health Service for no consideration.

The Area's reversionary interest in the Public Sector Infrastructure has been valued based on the present value of the depreciated replacement cost using a 10 year Government Bond interest rate.

q) Maintenance and Repairs

The costs of day to day servicing costs or 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.

r) 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.

SSWAHS has no finance leases. It does however, have a number of operating leases for buildings and office equipment and motor vehicles.

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

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

s) Inventories

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

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

t) 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 Operating Statement.

u) Non Current Assets (or disposal groups) held for sale

A non-current asset (or disposal group) must be classified as held for sale where it satisfies strict criteria. Assets held for sale are measured at the lower of carrying amount and fair value less costs to sell; not depreciated; reclassified from non-current to current; and separately presented in the balance sheet. An impairment loss is recognised in profit or loss for any initial and subsequent write down from the carrying amount measured immediately before reclassification or re-measurement to fair value less costs to sell.

v) 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".

Transfers arising from an administrative restructure between Health Services/government departments are recognised at the amount at which the asset was recognised by the transferor Health Service/Government Department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

The establishment of Sydney South West Area Health Service as at 1 January 2005 was made by the transfer of Net Assets of $ 695.137 m from the former South Western Sydney Area Health Service and $ 708.976 m from the former Central Sydney Area Health Service.

The Statement of Changes in Equity does NOT reflect the Net Assets or change in equity in accordance with AASB 101 Paragraph 97.

The effect of the administrative restructure on the net assets and equity of the Sydney South West Area Health Service are detailed in Note 2ab.

w) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either SSWAHS or its counter party and a financial liability (or equity instrument) of the other party. For SSWAHS Health Service these include cash at bank, receivables, other financial assets, payables and borrowings.

Information is disclosed in Note 37 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 effective interest rate of approximately 4.84% to 5.15%

(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. Accounts are issued on 7 day terms.

(iii) Investments

Accounting Policies - Investments reported at cost include both short term and fixed term deposits, exclusive of Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Income Statement when earned. Shares are carried at cost with dividend income recognised when the dividends are declared by the investee.

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 5.68% per annum.

Terms and Conditions - Short term deposits have an average maturity of 30 days and effective interest rate of 5.25% to 5.58%.

(iv) Trade and Other Payables

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

Terms and Conditions - It is the service's objective to settle trade liabilities within any terms specified. If no terms are specified, it is the service's objective to make payment by the end of the month following the month in which the invoice is received.

Borrowings

Accounting Policies - Bank Overdrafts and Loans are carried at the principal amount. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with AASB117, "Leases".

Non interest bearing loans of $ 14 million are repayable in annual installments with the final installment due in June 2009.

Classes of instruments recorded at market value comprise:

Hour Glass Investment Facilities

SSWAHS has investments in TCorp's Hour Glass Investment facilities. SSWAHS'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.

SSWAHS's investments are:

		30 June 2005
Cash and Cash Equivalents		
Cash Facility (note 16)	88,318,418	
Subtotal		$88,318,418
Other Financial Assets		
Bond Market Facility (note 19)	4,403,860	
Medium Term Growth Facility (note 19)	11,461,827	
Long Term Growth Facility (note 19)	17,985,682	
Subtotal		$33,851,369
		$122,169,787

* In addition to the above amount, $13.794 million from Trust Fund which was not subject to control was invested in the Cash Facility.

Cash Facility and Bond Market Facility investments are generally able to be redeemed with up to 24 hours notice, therefore these investments are classified as cash.

The value of the investments held can decrease as well as increase depending upon market conditions. The value that best represents the 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.

There are no classes of instruments which are recorded at other than cost or market valuation.

All financial instruments including revenue, expenses and other cash flows arising from instruments are recognised on an accrual basis.

x) Payables

These amounts represent liabilities for goods and services provided to SSWAHS and other amounts, including interest.

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

y) Borrowings

All loans are valued at current capital value.

z) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 29. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

2aa) Budgeted Amounts

As this is the first financial report prepared for the Sydney South West Area Health Service and the results are for part of the 2004/05 financial period beginning 1 January 2005 and ended 30 June 2005, budget comparisons have not been provided. This is due to the significant retrospective payments for awards and other supplementations for the period 1 July 2004 to 31 December 2004 that occurred after 1 January 2005.
Budget comparisons for all Health Services will be included as part of the consolidated result for NSW Health Department.

2ab - Opening Balance sheets for comparative purposes

The Sydney South West Area Health Service's financial statements are prepared as a new entity for the six months ended 30 June 2005 and are therefore covered by AASB101, "Presentation of Financial Statements", Financial Reporting Standards.
To assist users of these financial statements the following note details the Assets and Liabilities taken up by the new entity on 1 January 2005.

Parent 1 January 2005 Balances (following Restructure) - for Comparative Purposes $000		Notes	Consolidated 1 January 2005 Balances (following Restructure) - for Comparative Purposes $000
	ASSETS		
	Current Assets		
83,725	Cash and Cash Equivalents		89,751
51,383	Receivables		51,705
10,018	Inventories		10,018
29,808	Other Financial Assets		32,247
174,934			183,721
13,305	Non Current Assets Held for Sale		13,305
188,239	**Total Current Assets**		**197,026**
	Non-Current Assets		
2,396	Receivables		2,396
	Property, Plant and Equipment		
1,496,222	- Land and Buildings	20	1,501,236
132,647	- Plant and Equipment	20	133,920
1,628,869	Total Property, Plant and Equipment		**1,635,156**
9,407	Intangible Assets	22	9,407
1,640,672	**Total Non-Current Assets**		**1,646,959**
1,828,911	**Total Assets**		**1,843,985**
	LIABILITIES		
	Current Liabilities		
122,850	Payables		123,076
92,352	Provisions		92,472
122	Other		122
215,324	**Total Current Liabilities**		**215,670**
	Non-Current Liabilities		
224,120	Provisions		224,203
224,120	**Total Non-Current Liabilities**		**224,203**
439,444	**Total Liabilities**		**439,873**
1,389,467	**Net Assets**		**1,404,112**
	EQUITY		
1,389,467	Accumulated Funds	27	1,404,112
1,389,467	**Total Equity**		**1,404,112**

Parent 2005 $000		Consolidated 2005 $000
	3. Employee Related	
	Employee related expenses comprise the following:	
427,265	Salaries and Wages	428,144
26,633	Awards	26,633
20,597	Long Service Leave [see note 2(a)]	20,606
54,636	Annual Leave [see note 2(a)]	54,715
6,870	Nursing Agency Payments	6,870
5,748	Other Agency Payments	5,786
14,228	Workers Compensation Insurance	14,228
58,124	Superannuation [see note 2(a)]	58,124
614,101		**615,106**

The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses totals $5.967 million Note 5 further refers.

	4. Goods and Services	
11,842	Blood and Blood Products	11,842
2,498	Computer Related Expenses	2,510
11,073	Domestic Charges	11,080
39,508	Drug Supplies	39,508
6,736	Food Supplies	6,739
6,990	Fuel, Light and Power	6,990
13,278	General Expenses	13,312
2,326	Hospital Ambulance Transport Costs	2,326
786	Insurance	786
83,147	Inter Area Patient Outflows, NSW	83,147
1,300	Interstate Patient Outflows	1,300
49,801	Medical and Surgical Supplies	49,892
4,709	Postal and Telephone Costs	4,712
4,309	Printing and Stationery	4,336
637	Rates and Charges	638
1,708	Rental	1,708
20,529	Special Service Departments	20,796
4,215	Staff Related Costs	4,221
1,169	Sundry Operating Expenses	1,351
3,474	Travel Related Costs	3,520
270,035		**270,714**
	(a) Sundry Operating Expenses comprise:	
375	Aircraft Expenses (Ambulance)	375
794	Other	976
1,169		**1,351**

Parent 2005 $000		Consolidated 2005 $000
	(b) General Expenses include:-	
545	Advertising	551
906	Books and Magazines	916
0	Consultancies	0
193	- Operating Activities	193
411	Courier and Freight	416
286	Auditor's Remuneration - Audit of financial reports	294
0	Auditor's Remuneration - Other Services	0
1,086	Legal Expenses	1,088
357	Membership/Professional Fees	361
2,892	Motor Vehicle Operating Lease Expense - minimum lease payments	2,892
2,197	Other Operating Lease Expense - minimum lease payments	2,197
17	Payroll Services	17
3,761	Provision for Doubtful Debts	3,761
627	Other	626
13,278		**13,312**

*** Expenses for Inter Area Patient Flows, NSW on an Area basis are as follows ($000):**

South East Illawarra: $42,380. Sydney West: $18,137. Northern Sydney Central Coast: $6,629. Hunter New England: $756. North Coast: $626. Greater Southern: $506. Greater Western: $242. Children's Hospital Westmead: $13,871.

5. Maintenance

14,227	Repairs and Routine Maintenance	14,232
	Other	
4,170	Renovations and Additional Works	4,171
4,713	Replacements and Additional Equipment less than $5,000	4,747
23,110		**23,150**

The value of Employee Related Expense (Note 3) applicable to Maintenance staff was $ 5.967 million for the six months ended 30 June 2005.

6. Depreciation and Amortisation

25,869	Depreciation - Buildings	25,989
16,938	Depreciation - Plant and Equipment	17,025
42,807		**43,014**

7. Grants and Subsidies

9,672	Payment to Non Government Organisations	9,672
390	Other	293
10,062		**9,965**

Parent 2005 $000		Consolidated 2005 $000
	8. Payments to Affiliated Health Organisations	
	Recurrent Sourced	
2,748	Tresillian Family Care Centre	2,748
213	Scarba Service	213
739	Carrington Centennial Hospital	739
1,822	Karitane	1,822
216	Benevolent Society of NSW	216
6,515	Braeside Hospital	6,515
12,253		**12,253**
	9. Sale of Goods / Rendering of Services	
	(a) Sale of Goods comprise the following:-	
4,370	Sale of Prosthesis	4,370
918	Other	918
	(b) Rendering of Services comprise the following:-	
54,936	Patient Fees [see note 2(d)]	54,936
1,240	Staff-Meals and Accommodation	1,240
12,062	Infrastructure Charge - Monthly Facility Fees [see note 2(d)]	12,062
8,281	Annual Infrastructure Charge - Trust Fund Right of Private Practice Revenue	8,281
1,412	Car Parking	1,412
1,165	Child Care Fees	1,165
1,518	Commercial Activities	1,518
117	Fees for Medical Records	117
1,962	Non Staff Meals	1,962
1	Linen Service Revenues - Other Health Services	1
122	Linen Service Revenues - Non Health Services	122
1,787	Patient Inflows from Interstate	1,787
86,484	Inter Area Patient Inflows, NSW	86,484
1,634	Other	1,634
178,009		**178,009**

*** Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows ($000):**

South East Illawarra: $27,394. Sydney West: $23,254. Northern Sydney Central Coast: $17,182. Hunter New England: $4,017. North Coast: $3,077. Greater Southern: $4,087. Greater Western: $7,473.

** The annual infrastructure charge revenue represent Trust Fund Income that is to be used for staff specialist's conference and study purposes and cannot be used for normal hospital operating purposes.

	10. Investment Income	
4,793	Interest	5,058
890	Lease and Rental Income	890
5,683		**5,948**

Parent 2005 $000		Consolidated 2005 $000
	11. Grants and Contributions	
1,561	Clinical Drug Trials	1,783
6,380	Commonwealth Government grants	6,380
4,750	Industry Contributions/Donations	5,276
1,579	Mammography grants	1,579
1,112	Research grants	2,403
8	University Commission grants	8
1,005	Other grants	1,276
16,395		**18,705**
	12. Other Revenue	
	Other Revenue comprises the following:-	
424	Commissions	424
272	Conference and Seminar Fees	272
23	Sale of Merchandise, Old Wares and Books	23
1,008	Other	1,220
1,727		**1,939**
	13. Gain/(Loss) on Disposal of Non Current Assets	
15,427	Property Plant and Equipment	15,427
14,351	Less Accumulated Depreciation	14,351
1,076	**Written Down Value**	**1,076**
265	Less Proceeds from Disposal	265
(811)	**Gain/(Loss) on Disposal of Property Plant and Equipment**	**(811)**
13,295	Non Current Assets Classified as Held for Sale	13,295
23,822	Less Proceeds from Disposal	23,822
10,527	**Gain/(Loss) on Disposal of "Assets Held for Sale"**	**10,527**
9,716	**Total Gain/(Loss) on Disposal of Non Current Assets**	**9,716**

14. Conditions on Contributions

Parent

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	2,946	7,509	17,378	27,833
Contributions recognised in amalgamated balance as at 1 January 2005 which were not expended in the current reporting period	16,037	24,547	39,551	80,135
Total amount of unexpended contributions as at balance date	18,983	32,056	56,929	107,968

Consolidated

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	2,946	11,244	17,378	31,568
Contributions recognised in amalgamated balance as at 1 January 2005 which were not expended in the current reporting period	16,037	36,359	39,550	91,946
Total amount of unexpended contributions as at balance date	18,983	47,603	56,928	123,514

Comment on restricted assets appears below (Note 14a)

14a. Restricted Assets

The Health Service'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.

Parent 30 June 2005 $000		Consolidated 30 June 2005 $000
	Category	
26,479	Specific Purposes	26,479
25,440	Research Grants	40,987
41,398	Private Practice Funds	41,398
	Other	
1,276	- Clinical Services	1,275
861	- Community Services	861
770	- Nursing Services	770
11,744	- Other	11,744
107,968		**123,514**

15. Programs/Activities of the Health Service

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 life style.

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

Program 4.1 Rehabilitation and Extended Care Services

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

Program 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 well being of the people of New South Wales.

Parent 30 June 2005 $000		Consolidated 30 June 2005 $000
	16. Current Assets - Cash and Cash Equivalents	
23,847	Cash at bank and on hand	23,982
81,410	T Corp - Cash Facility and Bank term deposits	88,318
105,257		**112,300**
	Cash and Cash Equivalents assets recognised in the Balance Sheet are reconciled to cash at the end of the financial period as shown in the Cash Flow Statement as follows:	
105,257	Cash and cash equivalents (per Balance Sheet)	112,300
105,257	Closing Cash and Cash Equivalents (per Cash Flow Statement)	**112,300**
	17. Current/Non Current Receivables	
	Current	
	(a) Sale of Goods and Services	
20,288	Sale of Goods and Services	20,288
3,401	Prostheses	3,401
1,972	Intra Area charges	1,972
10,992	Debtors - NSW Health Department	10,992
767	Workers Compensation	767
4,259	Sundry Debtors	4,527
1,048	Leave Mobility Debtors	1,061
7,841	GST Debtors	7,919
15,861	Other Debtors	15,864
66,429	**Sub Total**	66,791
(11,386)	Less Provisions for Doubtful Debts - Patient Fees	(11,386)
(1,627)	Provisions for Doubtful Debts - Others	(1,627)
53,416	**Sub Total**	53,778
7,194	Prepayments	7,194
60,610		**60,972**
	(b) Bad debts written off during the reporting period - Current Receivables	
365	- Private	365
599	- Overseas visitors	599
36	- Compensable	36
65	- Other Debtors	65
1,065		**1,065**

Parent 30 June 2005 $000		Consolidated 30 June 2005 $000
	17. Current/Non Current Receivables	
	Non Current	
	(a) Sale of Goods and Services	
627	Sale of Goods and Services	627
627	**Sub Total**	627
1,755	Prepayments	1,755
2,382		**2,382**
	(b) Bad debts written off during the reporting period - Non Current Receivables	
150	- Sale of Goods and Services	150
150		**150**
	(c) Sale of Goods and Services includes:	
6,853	Patient Fees - Compensable	6,853
7,639	Patient Fees - Ineligible	7,639
6,423	Patient Fees - Other	6,423
	18. Inventories	
	Current - at cost	
6,831	Drugs	6,831
2,594	Medical and Surgical Supplies	2,594
758	Food and Hotel Supplies	758
18	Printing and Stationery	18
103	Engineering Supplies	103
97	Other including Goods in Transit	97
10,401		**10,401**
	19. Current/Non Current Assets - Other Financial Assets	
	Current	
31,318	Treasury Corporation - Hour Glass Facility	33,851
31,318		**33,851**

20. Property, Plant and Equipment - Reconciliations

(a) Parent

	Land $000	Buildings $000	Work in Progress $000	Plant and Equipment $000	Total $000
2005					
Carrying amount at 1 January 2005	0	0	0	0	0
Amount transferred on 1 January 2005 from Administrative Resructure of Health Services	334,507	1,079,043	103,948	111,371	**1,628,869**
Additions	0	7,508	46,324	6,359	**60,191**
Assets held for sale	(1,184)	(513)	0	0	**(1,697)**
Disposals	0	0	0	(1,078)	**(1,078)**
Depreciation expense	0	(25,869)	0	(16,938)	**(42,807)**
Reclassifications	0	70,814	(97,080)	26,266	**0**
Carrying amount at end of reporting period	**333,323**	**1,130,983**	**53,192**	**125,980**	**1,643,478**

(b) Consolidated

	Land $000	Buildings $000	Work in Progress $000	Plant and Equipment $000	Total $000
2005					
Carrying amount at 1 January 2005	0	0	0	0	0
Amount transferred on 1 January 2005 from Administrative Resructure of Health Services	334,507	1,084,057	103,948	112,644	**1,635,156**
Additions	0	7,508	46,324	6,550	**60,382**
Assets held for sale	(1,184)	(513)	0	0	**(1,697)**
Disposals	0	0	0	(1,078)	**(1,078)**
Depreciation expense	0	(25,989)	0	(17,025)	**(43,014)**
Reclassifications	0	70,814	(97,080)	26,266	**0**
Carrying amount at end of reporting period	**333,323**	**1,135,877**	**53,192**	**127,357**	**1,649,749**

Parent 30 June 2005 $000		Consolidated 30 June 2005 $000
	Property, Plant and Equipment	
	Land and Buildings	
2,276,271	At Fair Value	2,282,271
763,160	Less Accumulated depreciation and impairment	764,266
1,513,111		**1,518,005**
	Plant and Equipment	
439,187	At Fair Value	440,901
308,820	Less Accumulated depreciation and impairment	309,157
130,367		**131,744**
1,643,478	**Total Property, Plant and Equipment At Net Carrying Value**	**1,649,749**

(i) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(h)].
(ii) The former CSAHS's Land and Buildings were valued by FPV Consultants (property valuer) on 1 July 2002 [see note 2 (k)].
FPV Consultants was not an employee of the former CSAHS .
The former SWSAHS's Land and Buildings were valued by Global Valuation Services (property valuer) on 30 April 2004 [see note 2 (k)].
Global Valuation Services was not an employee of the former SWSAHS.

Parent 30 June 2005 $000		Consolidated 30 June 2005 $000
	21. Non Current Assets (or disposal groups) held for sale	
	Assets held for sale	
1,696	Land and Buildings	1,696
1,696		**1,696**

The following assets are held for sale:	($000)
* 25 Croydon Ave, Croydon	452
* 84-86 Menangle Rd, Camden	675
* 16 Carboni St Liverpool	569
Sale proceeds - Funding for rebuilding program	
	1,696

	22. Intangible Assets	
	Other	
9,347	- Emerging Right to receive private sector infrastructure	9,347
9,347		**9,347**

Private sector infrastructure arrangement

	Year Commenced	Term of Arrangement	Carrying Value $000
Bowral Private Hospital	1994	60 years	6,636
Bowral Private Medical Imaging	1996	10 years	768
Bankstown Medical GP Service	1998	50 years	1,943
			9,347

	23. Payables	
	Current	
32,909	Accrued Salaries and Wages	32,983
5,866	Payroll Deductions	5,877
56,184	Creditors	56,189
2,725	GST Creditors	2,834
3,949	Creditors (Intra Health)	3,949
5,244	Sundry Creditors	5,391
3,268	Leave Mobility Creditors	3,268
10,569	Accrual Visiting Medical Officer	10,569
	Other Creditors	
8,347	- Capital Works	8,347
351	- Other	378
129,412		**129,785**

Parent 30 June 2005 $000		Consolidated 30 June 2005 $000
	24. Current/Non Current Borrowings	
	Current	
3,500	Loan from NSW Health	3,500
3,500		**3,500**
	Non Current	
10,500	Loan from NSW Health	10,500
10,500		**10,500**

Loans still to be extinguished represent monies to be repaid to the NSW Health Department.
Final repayment is scheduled for Jun 2009.

Repayment of Borrowings

3,500	Not later than one year	3,500
10,500	Between one and five years	10,500
14,000	Total Borrowings at face value	**14,000**

	25. Provisions	
	Current Employee benefits and related on-costs	
80,323	Employee Annual Leave	80,478
15,675	Employee Long Service Leave	15,681
95,998		96,159
95,998	**Total Current Provisions**	**96,159**
	Non Current Employee benefits and related on-costs	
63,753	Employee Annual Leave	63,758
178,329	Employee Long Service Leave	178,402
242,082		242,160
242,082	**Total Non Current Provisions**	**242,160**
	Aggregate Employee Benefits and Related On-costs	
95,998	Provisions - current	96,159
242,082	Provisions - non-current	242,160
32,909	Accrued Salaries and Wages and on costs (Note 23)	32,983
370,989		**371,302**

25a. Provisions

Parent

Movements in Provisions for Doubtful Debts

	Inpatients $000	Non-Inpatients $000	Other $000	Total $000
Period ended 30 June 2005				
Carrying amount at start of period	0	0	0	0
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	8,114	550	1,803	10,467
Additional provisions recognised	3,843	(23)	4	3,824
Amounts used	(1,143)	(4)	(68)	(1,215)
Unused amounts reversed	0	(63)	0	(63)
Carrying amount at end of period	10,814	460	1,739	13,013

Consolidated

Movements in Provisions for Doubtful Debts

	Inpatients $000	Non-Inpatients $000	Other $000	Total $000
Period ended 30 June 2005				
Carrying amount at start of period	0	0	0	0
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	8,114	550	1,803	10,467
Additional provisions recognised	3,843	(23)	4	3,824
Amounts used	(1,143)	(4)	(68)	(1,215)
Unused amounts reversed	0	(63)	0	(63)
Carrying amount at end of period	10,814	460	1,739	13,013

26. Other Liabilities

Parent 30 June 2005 $000		Consolidated 30 June 2005 $000
	Current	
252	Income in Advance	252
252		**252**

27. Equity

	Accumulated Funds 30 June 2005 $000	Total Equity 30 June 2005 $000
Parent		
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	1,389,467	1,389,467
Changes in equity - other than transactions with owners as owners		
Result for the reporting period	(6,722)	(6,722)
Total	(6,722)	(6,722)
Balance at the end of the financial reporting period	1,382,745	1,382,745
Consolidated		
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	1,404,112	1,404,112
Changes in equity - other than transactions with owners as owners		
Result for the reporting period	(5,770)	(5,770)
Total	(5,770)	(5,770)
Balance at the end of the financial reporting period	1,398,342	1,398,342

Parent 30 June 2005 $000	28. Commitments for Expenditure	Consolidated 30 June 2005 $000
	(a) Capital Commitments Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:	
63,300	Not later than one year	63,300
35,500	Later than one year and not later than five years	35,500
98,800	**Total Capital Expenditure Commitments (including GST)**	**98,800**
	Of the commitments reported at 30 June 2005 it is expected that $ 6.904 million will be met from locally generated moneys.	
	(b) Other Expenditure Commitments Aggregate other expenditure contracted for at balance date but not provided for in the accounts:	
3,176	Not later than one year	3,176
3,176	**Total Other Expenditure Commitments (including GST)**	**3,176**
	(c) Operating Lease Commitments Future non-cancellable operating lease rentals not provided for and payable:	
12,739	Not later than one year	12,739
28,381	Later than one year and not later than five years	28,381
2,971	Later than five years	2,971
44,091	**Total Operating Lease Commitments (including GST)**	**44,091**

(d) Contingent Asset related to Commitments for Expenditure

The total of "Commitments for Expenditure" above includes input tax credits of $ 10.090 million that are expected to be recoverable from the Australian Taxation Office.

29. Trust Funds

SSWAHS holds trust fund moneys of $ 14.538 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 SSWAHS cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Patient Trust	Refundable Deposits
	30 June 2005 $000	30 June 2005 $000
Cash Balance at the beginning of the financial reporting period	0	0
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	142	15,023
Receipts	59	24,989
Expenditure	34	(25,709)
Cash Balance at the end of the financial reporting period	235	14,303

30. Contingent Liabilities

a) Claims on Managed Fund

Since 1 July 1989, SSWAHS (and its former and now merged Area Health Services) has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of SSWAHS 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 SSWAHS. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against SSWAHS. A Solvency Fund (now called Pre-Managed Fund Reserve was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the SSWAHS.

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. In regard to workers compensation the final hindsight adjustment for the 1998/99 fund year and an interim adjustment for the 2000/2001 fund year were not calculated until 2004/05. As a result, the 1999/2000 final and 2001/02 interim hindsight calculations will be paid in 2005/06.

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 the SSWAHS'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 Department.

30. Contingent Liabilities

d) Claim by Lessee of Certain Property

The lessee of certain property controlled by SSWAHS has made a claim against SSWAHS. 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 unpaid to date together with damages which have not been quantified.

It is the opinion of the Executive 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 SSWAHS. The lease was cancelled in March 2000 and, after an interlocutory hearing, SSWAHS was granted the right to operate the car park from 26 June 2000. In doing so, SSWAHS 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 $1,275,241. The car park has not been recognised as an asset in the financial statements as ownership has not been transferred.

31. Charitable Fundraising Activities

Fundraising Activities

SSWAHS conducts direct fundraising in all hospitals under its control.

All revenue and expenses have been recognised in the financial statements of SSWAHS. Fundraising activities are dissected as follows:

	INCOME RAISED $000	DIRECT EXPENDITURE* $000	INDIRECT EXPENDITURE+ $000	NET PROCEEDS $000
Appeals (Consultants)	0	0	0	0
Appeals (In House)	389	(4)	(1)	384
Fetes	31	(26)	(1)	4
Raffles	6	0	(1)	5
Functions	34	(27)	0	7
Parent	460	(57)	(3)	400
Percentage of Income				87%
Consolidated *				733
Percentage of Income				88%

* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc
\+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:	$000
Purchase of Equipment	220
Purchase of Land & Buildings	0
Research	40
Held in Special Purpose & Trust Fund Pending Purchase	473
	733

The provision of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by SSWAHS are considered appropriate and effective in accounting for all the income received in all material respects.

* The consolidated figures are:

	INCOME RAISED $000	DIRECT EXPENDITURE* $000	INDIRECT EXPENDITURE+ $000	NET PROCEEDS $000
Appeals (In House)	759	(4)	(25)	730
Fetes	31	(26)	(1)	4
Raffles	7	0	(11)	(4)
Functions	33	(30)	0	3
Consolidated	830	(60)	(37)	733

Parent 2005 $000		Consolidated 2005 $000
	32. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities	
46,982	Net Cash Flows from Operating Activities	48,284
(42,807)	Depreciation	(43,014)
(2,542)	Provision for Doubtful Debts	(2,542)
(58,124)	Acceptance by the Crown Entity of Employee Superannuation Benefits	(58,124)
(26,608)	(Increase)/ Decrease in Provisions	(26,711)
(791)	Increase / (Decrease) in Prepayments and Other Assets	(722)
(624)	(Increase)/ Decrease in Creditors	(733)
9,716	Net Gain/ (Loss) on Disposal of Property, Plant and Equipment	9,716
(686,176)	(NSW Health Department Recurrent Allocations)	(686,176)
(33,034)	(NSW Health Department Capital Allocations)	(33,034)
(794,008)	**Net Cost of Services**	**(793,056)**
	33. Non Cash Financing and Investing Activities	
943	Assets Received by Donation	943
943		**943**

34. 2004/05 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to SSWAHS. Services provided include:

- Chaplaincies and Pastoral Care
- Pink Ladies/Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Patient & Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relative
- Counselling, Health Education, Transport, Home Help & Patient Activities

35. Unclaimed Moneys

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 SSWAHS 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 SSWAHS.

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.

36. Post Balance Date Events

There are no Post Balance Date Events.

37. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. SSWAHS's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Balance Sheet date are as follows:

Financial Instruments	Floating interest rate	Fixed interest rate maturing in:			Non-interest bearing	Total carrying amount as per the Balance Sheet	Weighted average effective interest rate *
		1 year or less	Over 1 to 5 years	More than 5 years			
	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 %
Financial Assets							
Cash	28,190	6,325	0	0	65	34,580	4.84% - 5.15%
Receivables	0	0	0	0	63,354	63,354	N/A
Treasury Corp. Investments	107,168	0	4,403	0	0	111,571	5.25% - 5.58%
Total Financial Assets	135,358	6,325	4,403	0	63,419	209,505	N/A
Financial Liabilities							
Borrowings-Other	0	0	0	0	14,000	14,000	N/A
Payables	0	0	0	0	129,785	129,785	N/A
Total Financial Liabilities	0	0	0	0	143,785	143,785	N/A

* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

37. Financial Instruments

b) Credit Risk

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. SSWAHS's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty.

	Governments 30 June 2005 $000	Banks 30 June 2005 $000	Patients 30 June 2005 $000	Other 30 June 2005 $000	Total 30 June 2005 $000
Financial Assets					
Cash	4,274	30,240	0	66	34,580
Receivables	11,401	0	15,219	36,734	63,354
Treasury Corp. Investments	111,571	0	0	0	111,571
Total Financial Assets	127,246	30,240	15,219	36,800	209,505

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 $ 6.480 million at balance date.

c) Net Fair Value

As stated in Note 2(w) 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 Balance Sheet and are deemed to constitute net fair value.

d) Derivative Financial Instruments

SSWAHS holds no Derivative Financial Instruments.

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Cover: Staff at Liverpool Hospital.
Left to right: Marika Diamantes,
Lance Holland-Keen, Marion El-Masry
and Samina Munshi.

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH