

south western sydney area health service



# SWSAHS : 2002/2003

Our Year in Review

## letter to the minister

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

Dear Mr Iemma

We have pleasure in submitting the South Western Sydney Area Health Service 2002/03 Annual Report, including statements for the financial year ended 30 June 2003 as certified by the Auditor-General of NSW.

The report is consistent with the statutory requirements for annual reporting as provided by NSW Health and under the Accounts and Audit Determination for Public Health Organisations.

Yours faithfully

**Grahame Bush OAM**  
Chairman of the Board

**Ian Southwell**  
Chief Executive Officer

## our state-wide services

Among the wide range of services SWSAHS provides to the people of South Western Sydney are a number of statewide services that have been selected for special mention in *SWSAHS 2002/2003: Our Year in Review*. These services provide tangible evidence of the steps the Health Service is taking to become a leader in health care, research and health promotion. They are clear examples of both best practice and innovation, demonstrating the commitment of SWSAHS to positioning our services at the forefront in terms of evidence-based health care and equity of access.

## south western sydney area health service

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### Production

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To help us improve our annual report, we welcome your feedback.  
Please send your comments to:

Public Relations  
SWSAHS  
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Liverpool BC 1871



ERN SYDNEY AREA HEALTH SERVICE

QUALITY PROGRAM  
UNCONDITIONALLY EXCELLENCE



the people



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## swsahs: the people

South Western Sydney Area Health Service provides hospital and community-based health services for an estimated 769,595 residents (2001 Census) of the local government areas of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly. These seven regions cover an area of 6,237 km<sup>2</sup>. Settlement varies from dense residential and commercial development to scattered rural townships with some parts of the region being quite isolated.

The number of people living in our region is estimated to grow to over 891,000 by 2006 (up almost 12% from 2001). In terms of population, we are the largest Area Health Service, catering to more than 12% of NSW residents and have more babies born in our area than any other. There were 10,011 births in our hospitals in 2002/03.

Like most of Australia, we have an ageing population. This will mean increased demand for our services, especially those responding to cancer, cardiovascular disease and respiratory illness.

Our region is culturally and linguistically diverse. More than one third of our residents were born overseas in a non-English speaking country, compared to just over a fifth for the rest of NSW. 44% of residents speak languages other than English at home, which is almost double the State average. The most common non-English languages spoken are Arabic (including Lebanese), Vietnamese, Italian and Cantonese. People of Aboriginal and Torres Strait Islander descent account for 1.3% of our population.

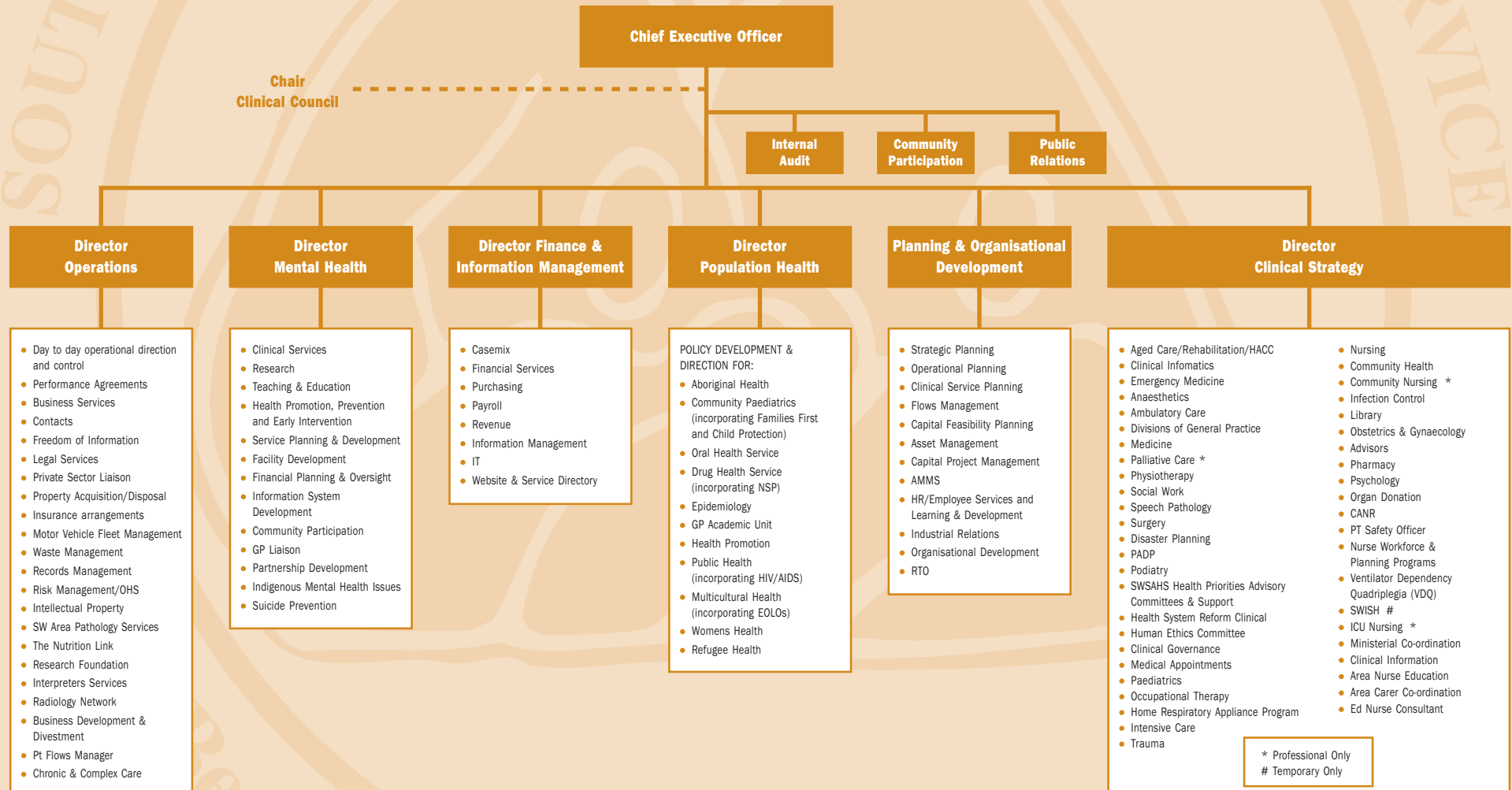
The SWSAHS has a higher than average unemployment rate (8.6% compared with 7% in NSW), and the proportion of the population in public housing is almost double that for the rest of the State (8.8% compared with 4.9%). Many of our residents experience significant social and financial disadvantage.





swsahs: the organisation

organisational chart - functional responsibilities of divisions





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## our corporate governance

SWSAHS is one of 17 Area Health Services in NSW. We have responsibility for the efficient management of a range of health facilities and maintaining standards of patient care. We plan health services in partnership with the community and other agencies and provide training and education to support our staff. We undertake an extensive research and development program.

The day-to-day management of SWSAHS is the responsibility of the Chief Executive Officer and Area Management Group. SWSAHS is comprised of Sector Health Services, each with a General Manager who belongs to the Management Group. The sectors are Bankstown, Fairfield, Liverpool, Macarthur and Wingecarribee.

A Board consisting of 12 members appointed by, and accountable to, the NSW Minister for Health administers SWSAHS. The Board is responsible for the corporate governance practices of SWSAHS and carries out all its functions, responsibilities and obligations in accordance with the Health Services Act of 1997 and the Area's Performance Agreement as negotiated and agreed with the Director-General of NSW Health. Board members are appointed for 4-year terms of office.

The Board meets monthly and deals with business from a number of committees. It is informed by various sources of independent advice including both internal and external auditors and sets the strategic direction for the organisation to ensure the effective planning and delivery of health services.

The Board is committed to the better practices outlined in the Corporate Governance & Accountability in Health Better Practice Reference Guide, issued jointly by the Health Services Association and the NSW Department of Health. It has adopted a Code of Ethical Behaviour to guide board members in carrying out their duties and responsibilities and has endorsed a Code of Conduct that applies to management and employees of the Health Service.

The Board supervises risk management within SWSAHS and monitors our financial operations. It engages the Clinical Council, Management of Resources, Audit and Human Research Ethics (HRE) Committees to fulfil its objectives.

The Clinical Council meets bi-monthly and has been established as the peak clinical governance advisory committee to the Board. The Management of Resources Committee meets 11 times a year and the Audit Committee meets four times a year. The HRE Committee meets 11 times a year.

Terms of Reference and membership for each of these committees can be found in the full version of our Annual Report for 2002/2003.

There were 10 Ordinary Board meetings and 1 Extraordinary Board meeting held during 2002/2003.



## our board members

### **MR GRAHAME BUSH, OAM** **Chair**

Appointed to 31 July 2004  
Attended 11 Board meetings

Appointed Chair on August 1, 1988, Grahame is a past Mayor of Camden Council and a former Chair of Macarthur Health Service. In overseeing many major developments and improvements to SWSAHS, Grahame has been guided by an emphasis on prevention and early intervention, and the pursuit of effective input from the community and staff. Grahame championed the development of ties with China that culminated in the signing of a Memorandum of Understanding between SWSAHS and Guandong Province in 1999 through which SWSAHS assists the Province in development of maternal and infant health services. He is Chair of Delgrah Investments Pty Ltd, Director of Australian Traders Pty Ltd, Director and Chief Executive Officer of Pulia Mining SDN BHD and Director of Austral Malaysian Mining Ltd. He is Chair of the Audit Committee and a member of the Management of Resources Committee.

### **MR IAN SOUTHWELL** **BSc (UNSW), MHA (UNSW)**

Chief Executive Officer  
Board Member since December 1999  
Appointed to 5 December 2004  
Attended 11 Board meetings

Ian was appointed as Chief Executive Officer on December 6 1999. He is a former Chief Executive Officer of both the Illawarra Area Health Service and the Blue Mountains Area Health Service and has more than 25 years experience in health services management. In May 1999, he was nominated to the Board of

Directors of the Australian Council on Healthcare Standards. Ian is a member of the Management of Resources and Audit Committees and is an ex-officio Member of the Clinical Council.

### **DR BETTY ANDERSEN, AO** **DSc, MA (Hons), ED (Macquarie), BA (UNSW), Dip N Ed (NSW College Nursing)**

Board Member since 1988  
Appointed to 30 June 2006  
Attended 8 Board meetings

After completing General, Midwifery and Infant Welfare Certificates, Betty worked in India and East Pakistan (now Bangladesh), as a member of a team providing health services to rural communities. Here she started a three-year training program for local girls in the Bengali language. After returning to Australia, she introduced a combined degree general nurse training course as a pilot study in conjunction with UNSW. Betty spent two years as a Research Scholar at what is now Cumberland College and then introduced a Teaching Diploma for Nurses at Newcastle CAE. She was the Founding Dean (1984-1992) and Professor (1989-1992) of the Faculty of Health, University of Western Sydney, where she undertook short-term consultancies for the UN and WHO. Betty is a Member of the SWSAHS Human Research Ethics Committee.

### **CLR BRENTON BANFIELD** **LLB (Syd)**

Board Member since July 2000  
Appointed to 31 July 2004  
Attended 9 Board meetings

Elected Mayor of Campbelltown City in September 2002, Brenton was first elected to

Council in 1991 and served as Deputy Mayor in 1996/97 and again in 1999/2000. He has been a practising Solicitor since 1973 and is accredited as a specialist in advocacy by the Law Society of NSW. Brenton and his family have lived in the Campbelltown area since 1974. He has been involved in numerous community endeavours, including advocating for the establishment of a purpose-built, professionally managed art gallery prior to the opening of the Campbelltown City Bicentennial Art Gallery in 1988. As an elected representative, Brenton is particularly interested in community development, town planning and the environment.

### **MRS DIMITRA GALLOS** **BA (Arts), Grad Dip TESOL – NAATI (3)** **Interp/Trans, JP**

Board Member since 1994  
Appointed to 30 June 2006  
Attended 8 Board meetings

Dimitra is enrolled in an MA (Translation and Linguistics) and works for TAFE NSW as a teacher of ESOL, Greek and Interpreting. She is currently Acting Multicultural Education Coordinator at TAFE, organising courses for NESB students and a Member of the Professional Teachers Association of TESOL, holding the position of Advocacy Officer. Dimitra is also a Member of the National Examination Panel of the National Accreditation Authority of Translators and Interpreters. She is a past President of the Breast Cancer Institute of NSW, the Greek Community of Lugarno and the Nafpaktian Ladies Auxiliary. She is currently the Coordinator of a Greek fundraising group, a member of the Greek/Cypriot Community Ethnic Communities Council and a member of the SWSAHS Multicultural Committee

### **MS IRENE HING** **Dip Health Science (Nursing), Grad Cert Adult Ed, Grad Dip Acute Care**

Staff Elected Board Director since 28 July 2000  
Appointed to 31 July 2004  
Attended 7 Board meetings

Irene graduated from the University of Technology Sydney after completing a Diploma in Health Science (Nursing). She completed a New Graduate Program at The Canterbury Hospital and has since gained experience at Liverpool Health Service, St George Hospital and community health services. Currently at Bankstown Health Service, Irene is in the role of Acting Nurse Manager (After Hours), with the substantive position of Nurse Manager (Development and Practice). She has continued to pursue post-graduate studies, completing a Graduate Diploma in Health Science and a Graduate Certificate in Adult Education and is currently completing a Masters in Business Administration at the University of Technology Sydney. Irene is a member of the Management of Resources and Audit Committees

### **MR ROY MEDICH, OAM** **CLO, JP**

Board Member since 1998  
Appointed to 30 June 2003  
Attended 9 Board meetings

Roy is the Managing Director of the Medich Group of Companies. He is Chairman of the Health Research Foundation Sydney South West; a member of The Greater Western Sydney Economic Development Board; Chair of the Planning Infrastructure and Transport Committee; a member of the Cancer Council



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Colorectal Screening Steering Committee and a member of the Salvation Army Advisory Board for Greater Western Sydney. Roy is a past member of the University of Western Sydney Macarthur Foundation Board and the South West Olympic Team Fundraising Committee. He is Past Chairman of the South Western Sydney Regional Development Organisation and of the South Western Sydney Bowel Cancer Foundation. He is a member of our Management of Resources Committee.

**MR ALEXANDER SANCHEZ**

**BEC MEC**

Board Member since November 1996  
Appointed to 31 July 2004  
Attended 8 Board meetings

Alex was a Councillor with the Liverpool City Council from 1991 to 1999 and Deputy Mayor from 1995 to 1997. He also served as Chair of the Western Sydney Regional Organisation of Councils between 1995 and 1997. Alex has held senior executive and advisory positions in the housing, infrastructure and energy sectors. He is a former director of the NSW Waste Service and past director and Deputy President of NRMA Limited. Alex is a member of our Management of Resources and Audit Committees.

**MS PATRICIA THOMSON**

Board Member since 1998  
Appointed to 30 June 2006  
11 Board meetings attended

Since the early 1970's Patricia and her children have been regular consumers/ clients of SWSAHS services. She has served on the SWS Regional Customer Service Council (NSW

Department of Housing) and has a prominent profile as a community worker/advocate within South Western Sydney. Prior to becoming disabled, Pat was the Manager of Ingleburn SkillShare, a community based and managed, education, training, and employment project. She has well-established links with Aboriginal, Disability, and NESB services and their communities. Pat is a past member of the SWSAHS Human Research Ethics Committee. She is a passionate supporter of our community participation process and has represented SWSAHS on the NSW Health Government Action Plan. She has also advocated on disability issues with the Department of Ageing & Disability. She is a past community member of the Advisory Committee of the Simpson Centre for Health Service Innovation and past Chairperson, Macarthur Disability and Community Support Services Committee (Department of Community Services).

**MR ARNOLD VITOCO**

Board Member since 1996  
Appointed to 31 July 2004  
11 Board meetings attended

Arnold studied building and construction at Granville Technical College and obtained his Builder's licence in the early 1990's. He has since developed some \$350 million of real estate, mainly in the Macarthur region, and is a director on the boards of Vaste Developments Pty Ltd; Narellan Town Centre; D Vitocco Constructions Pty Ltd and Lakestar Holdings Pty Ltd. Arnold has been a member of the Narellan Chamber of Commerce for 13 years and is a founding member and secretary of the SWS Branch Cancer Foundation (1996-1999). He was appointed Chair of the Management of Resources Committee in 2000 and is a committee member of the South Western

Sydney Health Research Foundation. Arnold is involved in numerous local community, sporting and arts fundraising activities and in 1988 helped to set up a library and internet access to the Oncology Unit at Liverpool Hospital. Arnold is also Chair of the Audit Committee.

**EMERITUS PROFESSOR**

**IAN W WEBSTER AO**

**MBBS MD (Melb) FRACP FACHAM**

**FAFPHM FAFRM FRACGP**

Director since 1995  
Appointed to 31 July 2004  
10 Board meetings attended

He has chaired a number of national and state committees in the areas of drug and alcohol and mental health and run clinics at Liverpool Hospital and the Matthew Talbot Hostel for the homeless. Coinciding with his retirement, Ian resigned from the SWSAHS Board on 17 June 2003.

**PROFESSOR JEREMY WILSON**

**MD, FRCP, FRACP**

Board Member since August 2002  
Appointed to 30 June 2006  
7 Board meetings attended

Jeremy is Professor of Medicine at the University of NSW and Director of Medicine at Bankstown-Lidcombe Hospital. He is recognised as an international authority on the pathogenesis of alcoholic pancreatitis and pancreatic stellate cells and has given presentations in those areas to national and international bodies. He has been the recipient of continuous NH&MRC project grant support since 1987 and has also received research

support from the National Institutes of Health (USA); the Ramaciotti Foundations; the Department of Veterans' Affairs; the Australian Brewers Foundation and the Royal Australasian College of Physicians. He has received internal grant support from Prince Henry and Prince of Wales Hospitals and the University of NSW. Jeremy has supervised four candidates for doctoral degrees (MD or PhD) and is the Chair of the SWSAHS Clinical Council.

**special acknowledgement**

**Professor Ian Webster, AO**

The Board of Directors, Area Executive and staff of SWSAHS recognise the outstanding contribution made by Professor Ian Webster, who retired from the Board on 17 June 2003. Professor Webster was the inaugural Director of the Division of Population Health.

The Division of Population Health encompasses our Drug & Alcohol Services, the Division of Epidemiology, the Division of Community Paediatrics, the Public Health Unit, Dental Services, and Aboriginal Health Services. It was Professor Webster's advocacy that led to the formation of the Division, as he recognised that these services were essential for the good health of the residents of South Western Sydney. Professor Webster was also the inaugural Director of the Clinical School of the University of NSW (SWS).

SWSAHS extends our appreciation to Professor Webster and wishes him well for the future.



from the chairman and chief executive officer



**Grahame Bush OAM**  
Chairman of the Board of SWSAHS

This past year 2002/2003 has been one of great challenges and achievements for South Western Sydney Area Health Service.

SWSAHS operates in a region characterised by a fast growing population, rapid urban development and developing infrastructure. The size and complexity of our organisation itself carries the potential for many challenges.

Each year we face the ongoing challenges concerned with funding and providing quality services to one of the fastest growing regions in the state. The increasing population of our region, in conjunction with factors such as the ageing of our population and the need to provide specialist services, is presenting SWSAHS with unique operational challenges that are in part reflected in the increasing demand on our emergency departments.

However each of these challenges sits within the light of our many achievements.

Over the past year we have extensively revised our organisational structure in accordance with the SWSAHS Clinical Governance Plan, to better equip the organisation to deliver quality services. This has meant the establishment of a new Area Clinical Council and Clinical Advisory Councils in each of our sectors. The new structure provides our clinicians with a greater voice through a growing partnership with the area administration. At the same time, enhanced clinical

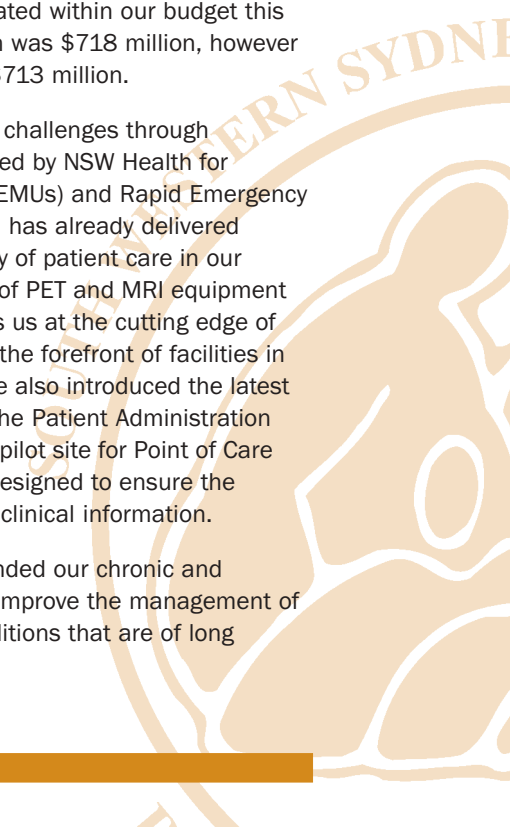
networks are being developed to ensure referral processes lead to appropriate care being given to patients at the right facility.

Once again we have been engaged in a number of massive capital works programs and are nearing completion of redevelopment at Campbelltown and Camden hospitals. During the next year we look forward to the expansion of the emergency department and construction of new mental health facilities at Liverpool Hospital.

Significantly, we have operated within our budget this year. Our budget allocation was \$718 million, however actual spending was only \$713 million.

And we are addressing our challenges through innovation. Funding provided by NSW Health for Emergency Medical Units (EMUs) and Rapid Emergency Assessment Teams (REATs) has already delivered improvements to the quality of patient care in our hospitals. The installation of PET and MRI equipment at Liverpool Hospital places us at the cutting edge of medical technology and at the forefront of facilities in New South Wales. We have also introduced the latest information technology in the Patient Administration System (PAS) and will be a pilot site for Point of Care Clinical Systems (POCCS) designed to ensure the development of integrated clinical information.

We have significantly expanded our chronic and complex care programs to improve the management of patients with complex conditions that are of long





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**Ian Southwell**  
Chief Executive Officer

standing, such as heart failure and chronic obstructive pulmonary disease. SWSAHS is embarking on strategies to integrate primary health care through our GP and community health services, chronic care, ambulatory care and emergency departments.

It has been a year of strengthening partnerships and networks with other service providers. Our current relationships with government, non-government and community agencies and general practitioners are enabling the development of new services across SWSAHS. Examples of these include the development of multi agency domestic violence teams in Miller and Canterbury-Bankstown and a multi agency assessment team for children with high support needs in Macarthur. SWSAHS has been working with Aboriginal communities to improve health and well-being. Programs include the sustained antenatal and post-natal home visiting for Aboriginal families in Macarthur, the Aboriginal mens' and womens' clinics in Miller and the multi disciplinary clinic for Aboriginal children in foster care in partnership with KARI.

We are developing these links to achieve a more coordinated response to the healthcare needs of our communities and working closely with the Department of Education and Training, the Department of Community Services, the Department of Ageing, Disability and Home Care, Police, Juvenile Justice, the Premiers Department and the Department of Housing.

One of our proudest achievements has been the development of our community participation structures including the Area Community Participation Network.

We are leaders in our field with respect to community participation and are privileged to claim such a level of consumer involvement in our services.

Community participation is just one of the ways in which we are pursuing quality care within our services. This year SWSAHS undertook our first Root Cause Analysis using the Severity Assessment Coding (SAC). Root Cause Analysis involves a cycle of reporting, analysis and feedback to ensure errors are investigated and lead to improvements in the quality of health care.

We are looking forward to the future with the development of our next Strategic Directions Statement to cover the years 2004-2009. This process of planning will set the direction for SWSAHS and allow us to move forward together with our staff, our communities, non-government organisations and other stakeholders.

Finally, the Health Care Complaints Commission inquiry into allegations of unsafe care at Macarthur Health Service and the operational challenges presented by an increased demand for services required much attention this year. Throughout all, we continued to expand our clinical service provision, our teaching role and our ongoing research capability.

It is with pleasure that we present to you SWSAHS 2002/2003: Our Year in Review. In conjunction with a number of appendices, it comprises our new reporting structure, which we trust you will find more effective and easier to understand. We hope you enjoy reading of our challenges and achievements for this past year.





## our purpose, values & goals

SWSAHS Statement of Purpose is Better Health, Good Health Care, the same as for NSW Health overall.

Our current set of values has been developed through consultation with staff.

- Acknowledgement and development of staff as individuals
- Trust and respect of each other and our clients
- Commitment in what we do
- Communication and collaboration with both staff and clients

Our statement of purpose and values is of vital importance and the source of our 5 goals, which are:

### healthier people

SWSAHS is committed to delivering the people of South Western Sydney tangible improvements to their health. Our programs are designed to meet the needs of our population and the diversity of people we serve.

### fairer access

SWSAHS is striving to deliver equity of access for our residents to all the services we provide in our region. We are intent on ensuring that the people of South Western Sydney have local access to services that compare favourably with those offered by other Area Health Services.

### quality health care

In order to ensure quality health care, we have improved our clinical governance structures and undertaken systematic quality improvement, redefining the roles of our facilities to ensure the most efficient and professional delivery of care.

### better value

We face the challenge of increasing demand for our services while drawing on a limited budget. SWSAHS aims to deliver better value through using our resources more effectively and working cooperatively with other Area Health Services. We are concerned to make the most of our resources and provide consumers with the best possible care.

### organisational capability

To achieve each of these goals, SWSAHS focuses on ensuring we have the organisational capacity to bring about the necessary changes. This means sharing a clear direction, creating a skilled workforce, pursuing innovation and research activities and engaging our community to guide us in our practice.

SWSAHS 2002/2003: Our Year in Review celebrates the achievements of the last year in terms of each of these goals. In the following pages we share these achievements with you. By striving to meet our goals, SWSAHS looks forward to providing better health and good health care for the people of South Western Sydney.



EASTERN SYDNEY AREA HEALTH DISTRICT

healthier people



## healthier people

### aboriginal health

In 2002 SWSAHS established its own Aboriginal Health Strategic Plan Implementation Committee chaired by the CEO, to co-ordinate strategies specified in the Aboriginal Health Strategic Plan (2001-2006). This Plan was developed through consultation with local communities, Aboriginal health staff and senior planners. Priorities for Aboriginal health include child and youth health, mental health, drug and alcohol problems, diabetes and cardiovascular disease.

SWSAHS continues to work to improve the health of Aboriginal Communities in the region. To that end, we continued to support our partnership with Tharawal Aboriginal Corporation (TAC) throughout 2002/03.

SWSAHS has an Aboriginal Health workforce of 22, comprising the Area Aboriginal Health Unit and staffing in sectors. Expenditure on Aboriginal Health services for 2002/03 increased to \$911,000, compared with \$821,000 for 2001/02.

### mental health services

SWSAHS Mental Health Services received new funding in 2002/03 that allowed for development of new and enhanced services, particularly for children, adolescents and their families, as well as for older people and women in the peri-natal period. Adult community-based services are also expanding, particularly in Liverpool and Macarthur sectors.

This service expansion required new facilities. New accommodation in Fairfield, Liverpool and

**South Western Sydney Centre for Applied Nursing Research (CANR)** is a research centre attached to SWSAHS that conducts evidence-based research in the field of nursing. This research may deal with specific medical techniques (e.g. wound cleaning) or it may seek to improve administrative techniques, for example, through finding ways to better diagnose vulnerable groups within the community.

In 2002/03, the NSW Centre for Evidence-Based Health Care (which is a collaborating centre of the Joanna Briggs Institute based at CANR), conducted workshops around the state focussing on evidence-based practice and the development of guidelines. Two-day workshops were conducted at Liverpool, Wagga Wagga, Albury and Dubbo. Several half-day workshops were held at Lismore, Coffs Harbour and Port Macquarie, with other presentations at Westmead, Bankstown and at the University of Western Sydney.

Campbelltown hospitals has been built or is being designed. This includes Gna Ka Lun, the Adolescent Inpatient Unit at Campbelltown, the completion of space to house both primary and specialist adolescent services in Carramar and the final design for a new Mental Health Centre at Liverpool. This centre will include existing ambulatory services and expand inpatient services by adding 20 new acute beds.

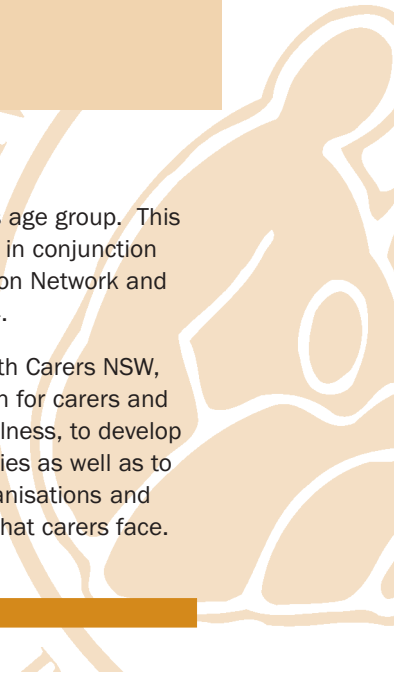
A training manual for staff working with older people was completed this year. It targets the difficult problem

Primary research at CANR has focussed on identifying vulnerable groups in the community. This research seeks to identify, through community screening, people at risk of disease who may not be picked up by current referral systems. The project focuses on developing comprehensive assessment and referral pathways to appropriate services for targeted populations. The theory is that this will reduce health inequities within the region.

Through the year, the centre also published a number of reviews dealing with specific, best practice medical techniques.

of managing suicidal behaviour in this age group. This was developed by Area Mental Health in conjunction with the NSW Elderly Suicide Prevention Network and will be trialed across NSW in 2003-04.

SWSAHS has formed a partnership with Carers NSW, the peak non-government organisation for carers and families of individuals with a mental illness, to develop strategies to inform and support families as well as to better educate community-based organisations and mental health staff about the issues that carers face.



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### drug health services

In December 2002, SWSAHS adopted the management structure of other large urban area health services to ensure the highest standards in drug and alcohol services. The new structure was reflected in a name change and guarantees local residents access to a comprehensive and high-quality range of services.

During 2002/2003, 1660 people came to SWSAHS for outpatient detoxification, over 2,300 people undertook home-based detoxification and 716 new clients began pharmacotherapy programs. In addition, 515 clients were admitted for residential detoxification treatment of which nearly half achieved their treatment goals. SWSAHS also achieved total compliance with published guidelines for treatment plans.

### public health & community paediatrics

Through the Public Health Unit, SWSAHS has continued to develop and test innovative approaches to immunisation. General Practitioners are the major providers of childhood immunisation services in South Western Sydney however the Divisions of General Practice, the SWSAHS Public Health Unit and Community Health are working collaboratively to improve immunisation coverage. Over 2,700 children were immunised in South Western Sydney in 2002/03. Our rate of immunisation for 12-15 month infants is 90% against the state average of 91%.

We continue to receive praise for our contribution to Families First, a 'whole-of-government' initiative to promote the health and well being of families and young children. We made 86% of our home visits to support new mothers in the Macarthur and Wingecarribee sectors within two weeks of the new mothers discharge. National interest has been expressed in the way SWSAHS has introduced Families First.

### health promotion

Health Promotion in SWSAHS entered an exciting new phase in 2002/03 with the establishment of a Health Promotion Network. The Network focuses on delivery of outcomes in priority issues for at-risk populations through large-scale and multi-strategy programs and interventions. The Network Executive endorsed the formation of Network Program Groups to develop approaches to priorities in SWSAHS, including physical activity, nutrition, food security, tobacco cessation in Arabic Communities and health promotion in schools.

As part of our commitment to evidence-based health care, SWSAHS published the results of the 'Stay Safe Stay Active' project in a prestigious peer-reviewed journal, Age and Ageing. This project assessed the effects of a community-based, low intensity exercise program for elderly people identified at risk of a fall by their general practitioner or physiotherapist. There was a significant decrease in the rate of falls (37%) in the group studied.



### oral health services

In line with the goal of Fairer Access, SWSAHS targets our services to those most disadvantaged. Over 350,000 social security card holders and their dependents are eligible to receive subsidised oral health services within the region. SWSAHS achieved 99.3% of the target set by NSW Health for oral health services at an average cost of \$49.35, almost \$20 less per person than the NSW average. We also achieved population targets for indigenous access (2% of clients) and more than 53,000 services were provided to children.

#### Oral Health Occasions of Service for 2002/2003

Priority group	Target 2002/2003	Actual	% achievement
Children	47 729	53 061	111.2%
Adults	132 123	119 288	90.3%
Dentures	9 292	15 275	164.4%
Specialist Dental	1 140	1 310	114.9%
<b>Total</b>	<b>190 284</b>	<b>188 934</b>	<b>99.3%</b>

**The NSW Refugee Health Service (RHS)** is a statewide service created in 1999 to protect and promote the health of refugees and people from a refugee background who are settling in NSW. It seeks to improve access to health care and to foster more appropriate care for this vulnerable group of people.

This financial year over 3,400 humanitarian entrants settled in NSW. Over one third of these people settled in either Fairfield or Liverpool local government areas and a further one third settled in greater western Sydney. This makes the role of the RHS pivotal to the well being of the health of the greater western Sydney community.

To help refugees familiarise themselves with assistance available, a new Families First project, "Support for

Refugee Families", was established this year to promote access to relevant services. Weekly refugee health clinics were run in Liverpool and Auburn and staff provided assessment and advice to over 400 patients. A Health Information Program reached 2,519 adults with orientation to health services & health issues.

In 2002/2003, young refugees were a focus for the RHS. A pilot paediatric clinic was established in collaboration with the Children's Hospital Westmead and Auburn Community Health Centre. The SWSAHS Public Health Unit worked with community health services to provide an immunisation program for young people who had recently arrived at 4 intensive English centres in south western Sydney.

## fairer access

Fairer access is not simply about providing each member of our communities with fair access to services according to their need, although this remains one of our most important priorities. It is also about providing service equity, ensuring that the people of South Western Sydney are offered a range and quality of service that is equal to that offered to people serviced by other area health services. In 2002/03, SWSAHS commitment to fairer access resulted in our extensively upgrading and expanding a number of services and facilities in line with this vision. Our success in 2002/2003 has been to give the people of South Western Sydney access to services unavailable in many other areas.



fairer access



## our facilities

### bankstown health service

#### **Bankstown-Lidcombe Hospital**

Eldridge Road  
Bankstown NSW 2200  
Tel: (02) 9722 8000  
Fax: (02) 9722 8570  
Hours of Operation: 24 hours every day

#### **Bankstown Community Health Centre**

36-38 Raymond Street  
Bankstown NSW 2200  
Tel: (02) 9780 2777  
Fax: (02) 9780 2899  
Hours of Operation: 8.30am-5.00pm,  
Acute Care: 8.30am-10.00pm (Mon-Fri)

#### **The Corner Youth Health Service**

101 Restwell Street  
Bankstown NSW 2200  
Tel: (02) 9796-8633  
Fax: (02) 9707-23444  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

#### **Yagoona Adult Dental Clinic**

425 Hume Highway  
Yagoona NSW 2199  
Tel: (02) 9708 6900  
Fax: (02) 9708 6270  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

### fairfield health service

#### **Fairfield Hospital**

Cnr Polding Street and Prairievale Road  
Prairiewood NSW 2176  
Tel: (02) 9616 8111  
Fax: (02) 9616 8240  
Hours of Operation: 8.30am - 5.00pm  
(Mon - Fri)

#### **Prairiewood Community Health Centre**

Cnr Polding Street and Prairievale Road  
Prairiewood NSW 2176  
Tel: (02) 9616 8169  
Fax: (02) 9616 8171  
Hours of Operation: 8.30am - 5.00pm  
(Mon - Fri)

#### **Fairfield Community Health Centre**

53-65 Mitchell Street  
Cnr The Horsley Drive  
Carramar NSW 2163  
Tel: (02) 9794 1700  
Fax: (02) 9794 1777  
Hours of Operation: 8.30am - 5.00pm  
(Mon - Fri)

#### **Cabramatta Community Health Centre**

7 Levuka Street  
Cabramatta NSW 2166  
Tel: (02) 8717 4000  
Fax: (02) 8717 4030  
Hours of Operation: 8.30am -5.00pm  
(Mon - Fri)

#### **Fairfield/Liverpool Youth Health Team (FLYHT)**

53-65 Mitchell Street  
Cnr The Horsley Drive  
Carramar NSW 2163  
Tel: (02) 8717 1700  
Fax: (02) 9794 1966  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

#### **Aimee's Place (Aged Care)**

56 Campbell Street  
Fairfield NSW 2165  
Tel: (02) 9754 1188  
Fax: (02) 9754 1803  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

#### **Prairiewood Physical Disability Unit (PPDU)**

Cnr Polding Street and Prairievale Road  
Prairiewood NSW 2176  
Tel: (02) 9616 8111  
Fax: (02) 9616 8240  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

#### **Fairfield Drug Treatment Service (Corella Lodge)**

Prairievale Road  
Prairiewood NSW 2176  
Tel: (02) 9616 8800  
Fax: (02) 9616 8803  
Hours of Operation: 24 Hours everyday

#### **Drug Intervention Service Cabramatta**

16 Fisher Street  
Cabramatta NSW 2166  
Tel: (02) 9754 6200  
Fax: (02) 9754 6222  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

### liverpool health service

#### **Liverpool Hospital**

Elizabeth Street  
Liverpool NSW 2170  
Tel: (02) 9828 3000  
Fax: (02) 98286318 or 9828 3307  
Hours of Operation: 24 hours every day

#### **Liverpool Community Health Centre**

Health Services Building  
Cnr Campbell & Goulburn Streets  
Liverpool NSW 2170  
Tel: (02) 9828 4844  
Fax: (02) 9828 4800  
Hours of Operation: 8:30am-5.00pm  
(Mon-Fri)

#### **Cartwright Dental Clinic**

Cnr Willan Drive and Cartwright Avenue  
Cartwright NSW 2168  
Tel: (02) 9607 7847  
Fax: (02) 9607 5123  
Hours of Operation: 8.00am-4.30pm  
(Mon-Fri)

### liverpool health service

#### **Hoxton Park Community Health Centre**

596 Hoxton Park Road  
Hoxton Park NSW 2171  
Tel: (02) 9827 2222  
Fax: (02) 9827 2200  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**Miller Community Health Centre**

Woodward Crescent  
Miller NSW 2168  
Tel: (02) 9607 8112  
Fax: (02) 9607- 5250  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**Moorebank Community Health Centre**

29 Stockton Avenue  
Moorebank NSW 2170  
Tel: (02) 9602 6419  
Fax: (02) 9601 1147  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**macarthur health  
service**

**Camden Hospital**

Menangle Road  
Camden NSW 2570  
Tel: (02) 46 343000  
Fax: (02) 46 293880  
Hours of Operation:  
24 hours every day

**Campbelltown Hospital**

Therry Road  
Campbelltown NSW 2560  
Tel: (02) 46 343000  
Fax: (02) 46 343880  
Hours of Operation: 24 hours every day

**Campbelltown Mental Health Service**

6 Browne Street  
Campbelltown NSW 2560  
Tel: (02) 46 286099  
Fax: (02) 46 286101  
Hours of Operation: 8.30am-5.00 pm  
(Mon-Fri)

**Ingleburn Community Health Centre**

57-59 Cumberland Road  
Ingleburn NSW 2565  
Tel: (02) 9605 8900  
Fax: (02) 9618 2219  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**Narellan Community Health Centre**

14 Queen Street  
Narellan NSW 2567  
Tel: (02) 46 403500  
Fax: (02) 46 403513  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**Rosemeadow Community Health Centre**

5 Thomas Rose Drive  
Rosemeadow NSW 2560  
Tel: (02) 46 334100  
Fax: (02) 46 334111  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**Queen Victoria Memorial Home**

Thirlmere Way  
Picton NSW 2571  
Tel: (02) 46 836900  
Fax: (02) 46 836910  
Hours of Operation: 24 hours every day

**Wollondilly Health Centre**

5-9 Harper Close  
Tahmoor NSW 2573  
Tel: (02) 46 836000  
Fax: (02) 46 836032  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**Traxside Youth Health Service**

4 Langdon Avenue  
Campbelltown NSW 2560  
Tel: (02) 46 252525  
Fax: (02) 46 252547  
Hours of Operation: 9.30am-6.00pm  
(Mon-Wed), 10.30am-7.00pm (Thu),  
9.30am-5.30 pm (Fri)

**Jasmine Cottage**

Hoddle Avenue  
Bradbury NSW 2560  
Tel: (02) 46 257436  
Fax: (02) 46 250892  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**wingecarribee health  
service**

**Bowral & District Hospital**

Cnr Mona Road & Bowral Street  
Bowral NSW 2576  
Tel: (02) 48 610 200  
Fax: (02) 48 614 511  
Hours of Operation: 24 hours everyday

**Wingecarribee Community Health Centre**

Bendooley Place  
Bowral NSW 2576  
Tel: (02) 48 618 000  
Fax: (02) 48 614 956  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**third schedule  
institutions**

**Carrington Centennial Hospital**

Werombi Road  
Camden NSW 2570  
Tel: (02) 4655 2100  
Fax: (02) 4655 1984  
Hours of Operation: 24 hours every day

**Karitane**

Cnr The Horsley Drive & Mitchell Street  
Carramar NSW 2163  
Tel: (02) 9794 1800  
Fax: (02) 9794 1858  
Hours of Operation: 8.30am-5.00pm  
(Mon-Fri)

**Braeside**

340 Prairievale Road  
Prairiewood NSW 2176  
Tel: (02) 9616 8600  
Fax: (02) 9616 8657  
Hours of Operation: 24 hours every day

### what we've been building

This year has seen significant planning and design for two large projects on the Liverpool Hospital site. Plans to enlarge the Emergency Department are now complete and the \$9.1 million project will go to tender late in 2003 and be complete early in 2005. Work on the new \$28 million Liverpool Mental Health Centre including community mental health services and 20 inpatient acute adult beds has commenced. SWSAHS has already spent \$112 million on the Macarthur Strategy, which commenced in 1999. This year we completed the new clinical building at Campbelltown at a cost of \$45 million and refurbished the existing ward block upper two levels at a cost of \$3 million. We started refurbishment of the lower two floors of the ward block which is estimated will cost \$6 million. Planning is complete for refurbishment of North Block. We demolished old buildings at Camden Hospital in preparation for building a new carpark and upgraded the heritage block.



### how we are improving access to the latest diagnostic technology

One of SWSAHS key strategies under our last Strategic Plan was to provide Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) services at Liverpool Hospital by 2002 and 2003 respectively.

PET is a minimally invasive diagnostic method using nuclear medicine imaging. PET can provide information that complements that provided by other medical imaging technologies. SWSAHS successfully tendered the Commonwealth for a public PET in 2001. The capital cost of this acquisition was \$3.7 million. The service now provided is one of only two in the state, the other being located at Royal Prince Alfred Hospital (RPAH). Nearly 50% of patients using the new PET service are residents from other area health services including Western Sydney, Hunter, Southern, Illawarra and Far West, as well as from the ACT.



MRI is a medical imaging technique that can provide detailed images of soft tissues, bone, fat, muscles and internal organs. Medical specialties that will benefit from this new service include neurosurgery, neurology, cardiac care, cancer treatment and mental health services. SWSAHS has also been working consistently since 1995 to provide an MRI service and this goal was achieved in January 2003. Up to June 2003, approximately 800 scans had already been performed.

The provision of these services was yet another step for SWSAHS towards enhancing Liverpool Hospital's teaching and research capacity.



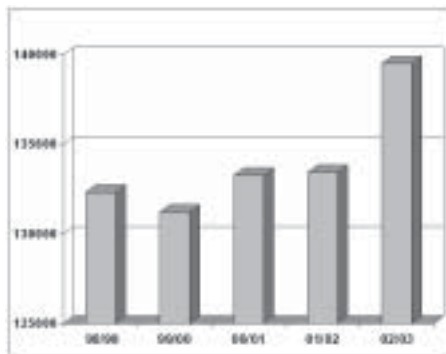


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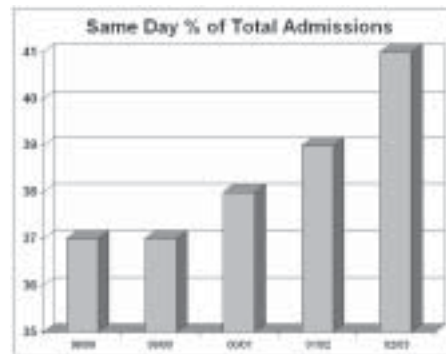
## who we treat and how we treat them

Over the last 5 years, SWSAHS has adapted our facilities and services to meet the changing needs of our population and provided better health services through a period of rising demand. Our hospitals have admitted 139,499 patients over 2002/2003. This is an increase of 4.6% on the 2001/2002 figure of 133,425 and due mainly to the rising population of the region and the fact that we are now providing services which were previously unavailable. Our investment in staff and facilities has made these new services possible.

### Total Admissions

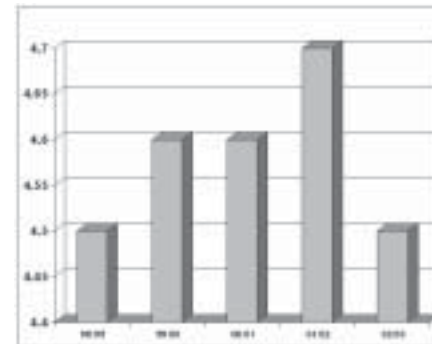


The number of patients admitted last year was 139,499, just below our target of 140,000.



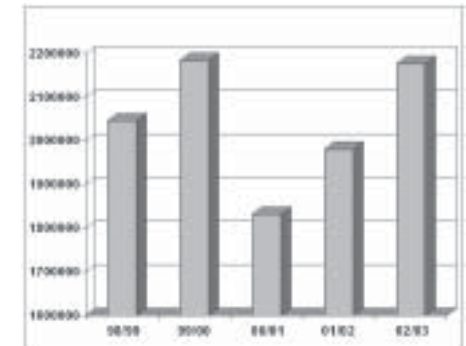
Positive developments in hospital care and improved technology have meant we have been able to increase the number of patients receiving treatment on the same day. During 2002/2003, 41% of admissions received same day treatment, an increase of 5% on 2001/2002 figures.

### average length of stay



Our inpatients stay an average of 4.5 days in our hospitals. SWSAHS has achieved this short average stay, despite increasingly complex care and rising demand, again through advances in medical and surgical technology and improvements in care.

### outpatient occasions of service



This year our outpatient occasions of service again increased by 10% on the 2001/2002 figure of 1,980,607. This represents a trend towards clinical treatment in non-inpatient settings including community health centres.



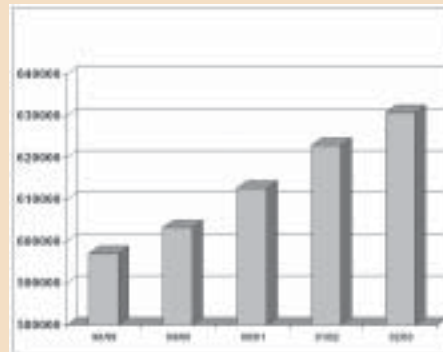


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**caseweighted separations**



**bed days of inpatients treated**



In Australia, when a patient's stay in hospital comes to an end, this is called a separation. A caseweighted separation is a hospital stay measured in terms of the complexity and cost of care. Figures on caseweighted separations show SWSAHS is treating more people and their conditions are more complex and more expensive to treat. During 2002/2003 we recorded 126,779 caseweighted separations. This is a 3.95% increase on 133,442 caseweighted separations in 2001/2002.

While the average length of stay of inpatients has declined, the number of bed days of inpatients has increased and reflects our capacity to treat more people within our bed capacity. During 2002/2003 we recorded 630,793 bed days in our facilities against a target of 626,456 or as compared to 622,990 for 2001/2002.

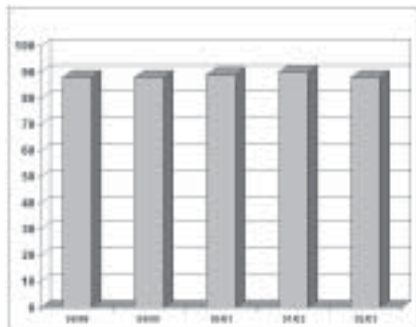




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## how we are working to provide equity of access

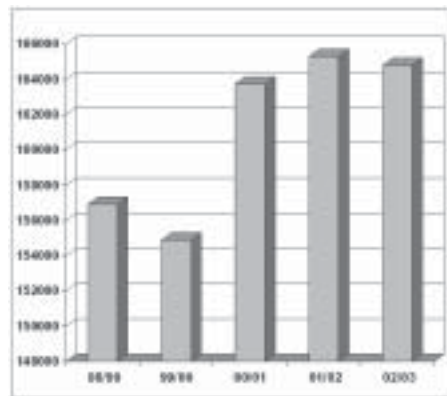
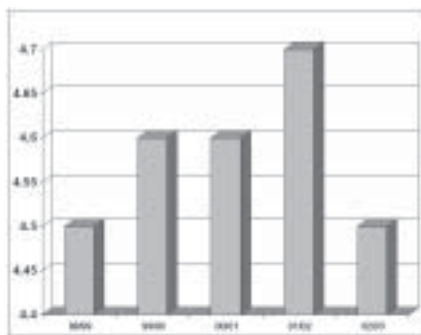
bed occupancy rates (%)



The average number of available beds has increased over the last five years. This is a result of increased investment in health facilities, including additional beds in our hospitals. Bed occupancy has remained relatively steady (88%-90%) over the past five years, reflecting the continued effective use of available beds in our health facilities.

We continued to improve our management of inpatient care with reductions in delays to surgery and increased admissions on a day surgery basis.

average lengths of stay



emergency dept attendances





This increasing demand has also raised the number of people attending our emergency departments. In Australian hospitals, people who present at emergency departments are 'triaged'. Triage is the process of assessing how urgently a patient needs treatment. Triage categories have been established to assist in prioritising emergency patients for treatment.

emergency dept performance	99/00	00/01	01/02	02/03	State Benchmark
1. Resuscitation - seen within 2 minutes	98.8%	99.9%	100%	100%	100%
2. Emergency - seen within 10 minutes	83.4%	86.7%	92.5%	91.2%	90%
3. Urgent - seen within 30 minutes	62.4%	62.6%	56.2%	55.4%	60%
4. Semi-urgent - seen within 2 hours	58.1%	66.8%	60.1%	62%	65%
5. Non-urgent seen within 2 hours	76.1%	90.5%	87.5%	88.7%	75%

While our hospitals met state targets for triage categories 1,2 and 5, performance for categories 3 and 4 was just under the benchmark. Recent investment in emergency department Rapid Assessment Teams and Emergency Medical Units is demonstrating gradual improvement in triage categories 3 & 4.



### Trauma Service

Trauma and injury in 2002 resulted in over 5000 admissions to hospitals in South Western Sydney. The Trauma Service plays a vital role, not just in caring for people after an accident, but also in education and prevention measures.

In 2002/2003 our Injury Advisory Committee was proactive in the development of practice guidelines spanning the areas of health promotion, injury prevention, management treatment and rehabilitation. The implementation of practice guidelines relating to pelvic trauma resulted in significant improvement in delivery of patient care and an improvement in survival rates (from 34% to 14% mortality) in this high-risk category.

The service has expanded its international profile in trauma education, building on the recognition of the SWAN (South Western Area Network) Trauma Conference. This is one of the leading trauma conferences in the world and in its eleventh year was fully subscribed. It has attracted over 3000 participants during its lifetime.

The production of a trauma manual and its placement on the internet has been a major advance for clinicians requiring day-to-day access to trauma information.

## quality health care

SWSAHS recognises that providing quality health care to the most populous Area Health Service in the state involves more than just adequate standards of care. In order to achieve best practice, we focus on the way in which we can make best use of the resources available and the support we can provide to the staff who deliver our services. In 2002/2003 this has meant reviewing our governance structures, developing guidelines to support frontline staff and refining the cooperative networks that exist between the various hospitals and other services.



# quality health care



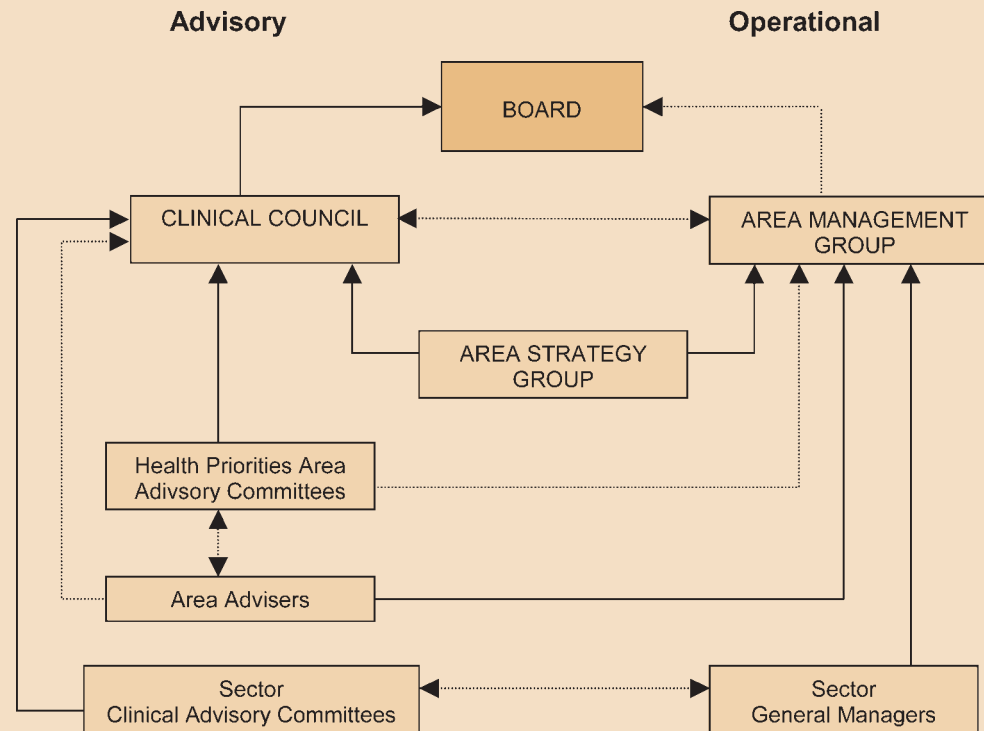
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**how we've improved**

The SWSAHS Board is accountable for governing clinical services to ensure the care to the people of South Western Sydney Area.

Over the past year SWSAHS has revised our clinical governance structures. The major changes were the creation of a new Area wide Clinical Council and a Clinical Advisory Council in each sector. The outcome of this restructure has been a growing partnership between clinicians and administration.

**new clinical governance structures**





## senior personnel

**Dr Teresa Anderson BA AppSc (Speech Path) PHD FSPAA AFCHSE**  
Acting General Manager, Liverpool Health Service December 2002 - June 2003

**Dr Anthony Aouad MB, BS (Syd), FRACP**  
VMO in Respiratory Medicine  
Macarthur Health Service  
Chair, Macarthur Clinical Advisory Council  
Chair, Medical Staff Council, Macarthur

**Prof Bryanne Barnett MB.ChB., MD FRANZCP**  
Acting Director Paediatric Mental Health

**Prof Adrian Bauman MB BS, MPH, PhD, FAFPHM**  
Professor in Public Health  
Director Epidemiology Unit

**Mr Andrew Bernard B.Sc (Syd), MPH (Syd), AFCHSE**  
General Manager, Bankstown Health Service

**Dr Martin Berry MB, BS, FRANZCR, FRCP**  
Director, Area Cancer Services  
Chair, Liverpool Clinical Advisory Council

**Dr Neil Berry MB, BS, FRACS**  
Specialist General Surgeon  
Chair, Fairfield Clinical Advisory Council

**Mr Thomas Breen BA (Accounting), CPA, CISA**  
Director of Internal Audit

**Dr Doug Carruthers M.B B.S (Syd)**  
Chairman, Division of General Practice

**Ms Rosemary Chester RN, CM, M Hlth Serv. Mgt., BA, Dip Teaching Cert. A&E Nursing**  
Area Director of Nursing & Clinical Services  
Associate Professor Scott C Clark AB, MD, FRANZCP  
Area Director of Mental Health

**Ms Jennifer Collins RN, Rm, UTS MN**  
General Manager, Macarthur Health Service

**Dr Jayker Dave M.B.B.S. (Hons) F.R.A.C.S.**  
Chair Medical Staff Council, Fairfield

**Prof David Davies BSc MB ChB MD FRCPA**  
Professor in Pathology  
Director SWAPS

**Prof Stephen Deane FRACS, FRACS(C), FACS**  
Professor of Surgery  
Director Division of Surgery Liverpool Health Service

**Prof Hugh Dickson MBBS. PhD. FACRM FAFRM (RACP)**  
Professor of Aged Care and Rehabilitation  
Director Ambulatory Care

**Mr Colin Froud FCPA, DHA, AFCHSE CHE**  
Deputy Chief Executive Officer  
July 2002 - August 2002  
Deputy CEO & Director of Finance & Information Management  
September 2002 - June 2003

**Prof Bruce Hall MBBS, FRACP, PhD**  
Professor of Medicine  
Liverpool Hospital

**Prof Ken Hillman MBBS, FRCA, FANZCA, FJFICM**  
Professor of Critical Care  
Liverpool Hospital

**Dr Peter Kelleher MB, BS, FRACP**  
Director of Cardiology,  
Bankstown/Lidcombe Hospital  
Chair, Bankstown Clinical Advisory Council

**Ms Amanda Larkin B Soc Sc, Assoc.Degree in Env. Sc**  
General Manager,  
Wingecarribee Health Service

**Dr Colin MacArthur MA, MB, Bchir, MSc (Nuc Med), MHP, MRCP (UK), FRACP, FAFPHM, AFACHSE**  
Director Health System Reform

**Mr Denis Nosworthy BSc, AAIMLT, MACS**  
Director Information Services

**Dr Charles H Pain LRCP (Lond), MRCS (Eng), MSc, MFPHM, FAFPHM, AFCHSE**  
Area Director Medical & Clinical Services

**Mr Raad Richards B.BUS (NSWIT), MHP (UNSW), AFCHSE, AAIM**  
Area Director of Operations December 2002 - June 2003  
General Manager, Liverpool Health Service July 2002 - December 2002

**Professor Derek Silove MB.Ch.B. (Hons 1) M.D., FRANZCP**  
Director Psychiatry Research & Teaching Unit  
Liverpool Hospital

**Mr Ian Southwell, BSc (NSW), MHA**  
Chief Executive Officer

**Mr Owen Thomas B.COM UNSW MHA UNSW**  
General Manager, Fairfield Health Service  
December 2002 - June 2003

**Mr Craig Turner B.Bus**  
Area Director Business Services  
July 2002 - March 2003

**Professor Jeanette Ward MBBS, MHPEd PhD, FEFPHM, FAFPHM**  
Area Director, Division of Population Health

**Dr Priyan Wikramanyake MBBS (Syd), FRACS**  
General Surgeon,  
Wingecarribee Health Service  
Chair, Wingecarribee Clinical Advisory Council

**Mr Tim Wills BA MA AFCHSE**  
Director Division of Planning  
July 2002 - October 2003  
Director Division of Planning & Organisational Development  
October-June 2003

**Professor Jeremy Wilson MD, FRCP, FRACP**  
Director and Professor of Medicine, Bankstown/Lidcombe Hospital  
Clinical Dean, University of New South Wales  
Clinical School  
Chair, Clinical Council

**Prof Felix Wong MBBS MD Mmed FRCS (Edin, Glas) FRCOG FRACOG FHKCOG FHKAM**  
Professor of Obstetrics and Gynaecology  
Liverpool Hospital

**Prof Nicholas Zwar MBBS, DRACOG, FRACGP, MPH, PhD**  
Professor of General Practice  
Director Department of General Practice



### other improvements

This year we developed our first Strategic Plan for Clinical Governance. As one of its first actions, the new Clinical Council endorsed the plan and in doing so, identified the development of clinical guidelines as a key means to improve our quality of care.

Our clinicians are using The Clinician's Toolkit, a NSW Health document that describes quality improvement techniques to address the issues of patient safety and risk management. We have established a new incident monitoring system that is consistent with NSW Health reporting requirements and appointed an Area Patient Safety Officer in collaboration with the Institute of Clinical Excellence.

In April 2003 we commenced a new system for reporting incidents that affect patient care. The system uses a Severity Assessment Coding (SAC) to rate the impact of the incident and to determine if further investigation is required. If further investigation is required a Root Cause Analysis is conducted. The Root Cause Analysis enables recommendations to be made which are aimed at preventing a reoccurrence of the incident. In April/May 2003 an education program on the use of a SAC was run for 88 key personnel across the health service.

This year we also produced clinical guidelines on falls in the elderly that provide an excellent evidence-based guide to how our services can reduce the incidence of falls and better manage the consequences.

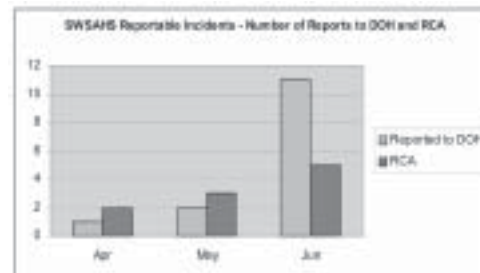
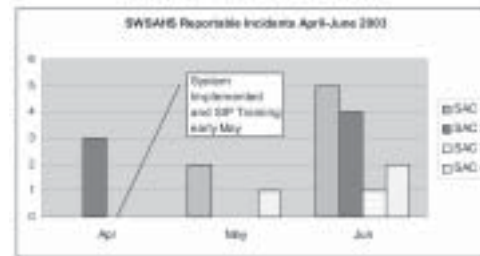
We created the Ambulatory Care Guidelines Working Group to standardise protocols for management of the

**The Simpson Centre for Health Services Research** is a recognised University of New South Wales Research Centre and employs a committed and highly qualified team of researchers with expertise in a broad spectrum of disciplines. This has enabled the Centre to conduct exciting, high quality research projects that have produced influential results and lead to the development of new concepts in health care.

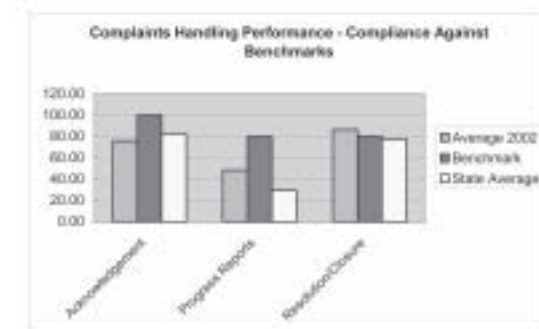
Our research includes the Medical Early Response Intervention and Therapy (MERIT) study, Emergency Department Project, Multicultural Approach To End of Life (MATEL) project, Medical Emergency Team Unit (MET) and the State Discharge Plan.

Over the past 8 years, The Simpson Centre has produced over 80 peer-reviewed articles, presented at countless local, national and international conferences and received almost \$8 million in research grants. The Simpson Centre currently has 4 PhD students and 2 Research Associates.

The Simpson Centre considers clinicians to be the major drivers of innovation and in line with this belief, the Centre seeks to work as closely as possible with clinicians at every opportunity. The Centre ensures contact with clinicians with a range of experience, from the grass roots to those in management positions and receives strong support from local administrators.



common conditions dealt with in Ambulatory Care. The Group includes clinicians from Ambulatory Care Units across the Area and General Practice. Initial work has concentrated on development of guidelines for these common conditions and for conditions where there are





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greater benefits to be had from a coordinated approach.

We revised the process for the appointment and performance management of Visiting Medical Officers and Staff Specialists and a set of performance criteria was established for all senior medical staff.

Professional supervision guidelines complement these performance criteria and aim to ensure all staff gain the maximum skills and experience possible. They were developed and put into place for allied health clinicians across SWSAHS and the majority of allied health staff now receive professional supervision.

Our compliance to complaints handling benchmarks is monitored and included in the Area Health Service Performance Agreement. We comply with statewide complaints data collection procedures from NSW Health and monitor performance against the state benchmarks for complaints handling.

(Source: State-wide Complaints Data Collection July to September 2002)

SWSAHS is pursuing accreditation for all sector health services through the Australian Council for Health Standards (ACHS). Accreditation is a formal process where SWSAHS assesses and recognises when a health care organisation meets applicable pre-determined and published standards.

This year, four services (Liverpool, Bankstown, Fairfield and Wingecarribee) gained full four-year accreditation and the fifth (Macarthur) is awaiting the outcome of a recent survey. Our Corporate Office is the first area health service to gain four years accreditation under ACHS.



## improving through partnership

SWSAHS seeks to continuously improve the effectiveness, efficiency, access to and acceptability of services delivered to our communities. One means of improving services is to establish networks that improve efficiency and give greater access to effective services. This year we have established networks in Emergency Care, Intensive Care, Paediatrics, Radiology Network and Orthopaedics.

We have continued to implement the NSW Health Priority Health Care Program in 2002/03. Our Chronic and Complex Care (CCC) program is designed to improve the management of patients with complex conditions that are of long standing, such as heart failure and chronic obstructive pulmonary disease. The program continued through 2002/2003, in line with the government's priority areas and action plan. As at June 2003, this program employed 25 clinical staff and had 4,785 registered patients. This is an increase of 132% or 1907 patients on June 2002. The number of patients recruited reveals considerable community need for such an initiative.

The Centre for Complementary Medicine Research at the University of Western Sydney and Liverpool Health Service's Division of Women's and Child Health collaborated in setting up a Chinese Medicine Clinical Research Centre at Liverpool Health Service this year. The former Minister of Health, the Hon. Craig Knowles, officially opened the Centre on 1 December 2002 at Liverpool Hospital. This Centre will not only promote investigation into Chinese medicine practices, but also encourage patients who usually use Chinese medicine to come in and be monitored medically.



We have continued to strengthen partnerships and networks with other service providers. New services across SWSAHS are being developed through our current relationships with government, non-government and community agencies and general practitioners. Examples of these include the development of multi agency domestic violence teams in Miller and Canterbury-Bankstown and a multi agency assessment team for children with high support needs in Macarthur. We have also been working with Aboriginal communities to improve their health and well being. In Macarthur, our antenatal and post-natal home visiting for Aboriginal families shown sustained success. Aboriginal mens' and womens' clinics in Miller continue and we have established a multi disciplinary clinic for Aboriginal children in foster care in partnership with KARI.

The Vietnamese Primary Health Care Network has been established to provide accessible and comprehensive health care to a large group of Vietnamese born people living in Fairfield local government area who are affected by complex socio-economic and health issues. The project aims to link service providers and clients in order to provide more efficient and effective health care. A project worker has been employed and already run some information sessions with Vietnamese bilingual GPs. There are 20 general practitioners committed to the project and working in partnership with the Vietnamese Health Professionals Association.

### **sustaining our improvements**

The accreditation of drug treatment clinics is a key initiative of the NSW Drug Summit 1999 Government Plan of Action. All clinics are required to achieve specific methadone clinic accreditation via an approved accreditation agency. Jacaranda Clinic at Liverpool Hospital underwent this accreditation in March 2002. Bankstown and Macarthur Pharmacotherapy Clinics will be reviewed in March 2004.

SWSAHS has embraced advances in information technology to ensure that improvements to clinical practice and patient administration have maximum effect. There has been a considerable increase in the use of the Clinical Information Access Program (CIAP), an internet based electronic information system that includes various online journals, databases, and other resources. Staff accessed the system more than 57,000 times this year, a 42% increase on last year.

## SYDNEY AREA HEALTH SERVICE





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The Integrated Clinical Information Program (ICIP) is another initiative designed to improve patient care and recommended by the NSW Health Information Management and Technology Strategy. The program consists of a new Patient Administration System (PAS), Unique Patient Identifier and Point of Care Clinical Systems (POCCS), including CHIME (Community Health) and the GP Referral System. This year SWSAHS commenced our own ICIP and was selected as a lead site for POCCS in December 2002. The Patient Administration System (PAS) and SurgiNet (used in operating theatres) are up and running.

Within our community health services, Wingecarribee was accredited through EQUiP in April 2003 and the Division of Community and Allied Health at Liverpool Health Service went through Quality Management Services review in May. Fairfield Community Health Services were reviewed by QMS and issued with three years accreditation, from November 2002 -2005.

SWSAHS actively promotes quality projects for the Health Minister's prestigious Baxter Awards. In 2002/2003 we submitted 11 entries and 2 were selected as finalists. We also recognise excellence in health care through our own annual Quality Awards. Fairfield Health Service was the winner of the Quality Awards this year with both projects nominated (the Cardiac Rehabilitation Program and the Clinical Information Community Health Project) sharing first prize.

## **meeting the needs of a culturally diverse community**

There was an increase in activity in Interpreter Services over the past year but an increase in the number of home visits resulted in the number of Occasions of Service (OOS) remaining below the level recorded during 2000/01. This increasing demand has effectively been managed through a change in health care provision toward initiatives with emphasis on early discharge, ambulatory care, chronic and complex care and the Families First program.

Shorter hospital stays are creating a demand for a faster response by Interpreter Services. To meet this need, and to better address emerging priorities such as day surgery, ambulatory and chronic and complex care initiatives, the Health Care Interpreter Services (HCIS) has provided Liverpool and Fairfield Hospitals with additional resources. Vietnamese, Arabic and Chinese interpreters are now available at Liverpool Hospital, while Fairfield Hospital has a Vietnamese Interpreter for 4 hours each day. An Arabic Interpreter will be available at Bankstown Hospital when recruitment is possible.

The Department of Ageing and Disability provided \$70,000 of recurrent funding for interpreter services to HACC funded non-government organisations in our local government areas (except Wingecarribee). The program was launched in June 2003 and training programs are being conducted for interpreters as well as for HACC staff.

This year we established a new call centre that has reduced queuing times from an average of 5-7 minutes to 1-3 minutes. We conducted a customer survey that revealed improved satisfaction.

**The Service for the Treatment And Rehabilitation of Torture and Trauma Survivors (STARTTS)** is another specialised, statewide agency located in South Western Sydney. It provides a complex array of clinical, psychological and psychosocial services to individuals and communities across NSW who are from refugee and refugee-like backgrounds. The service plays an important role in supporting and providing resources for the work of mainstream health services and other organisations providing services to refugees. STARTTS also has a growing role in research and development of new ways to assist refugees who have survived torture.

This year STARTTS established a specialised counselling and activity program to assist long-term

unemployed refugee survivors and a fully revised and redesigned, Families in Cultural Transition (FICT), program to assist refugee and migrant communities adjusting to a new country.

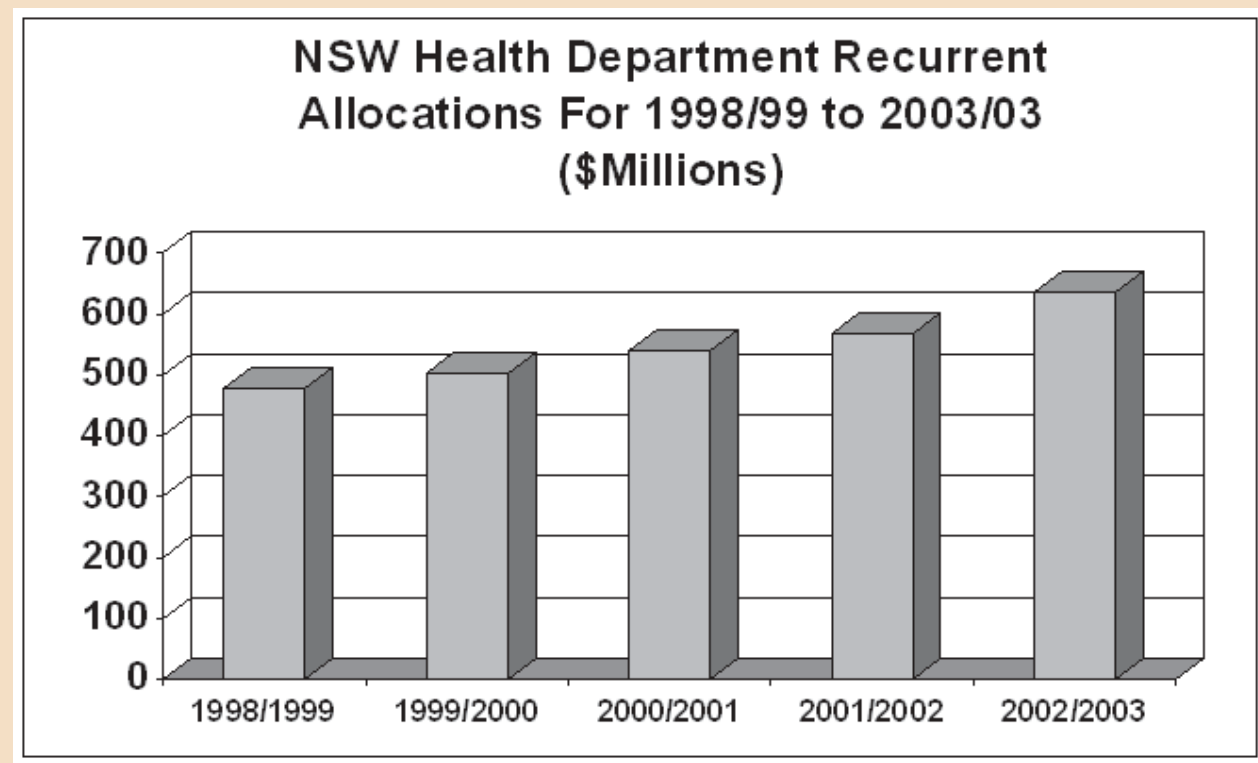
In 2002/2003 STARTTS provided services for a record number of people across NSW (more than 2,300 from 50 refugee communities) and a record number of participants in group programs (more than 500). Counselling and other services were also provided to refugee survivors in rural locations such as Mudgee, Young and Dubbo.



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### better value

SWSAHS aims to provide better value in two ways. Financially, we are committed to obtaining the best possible value for money in order to work within our available budget and to make the most of our spending. In terms of the community, better value involves striving towards best practice in all areas so that everyone who uses our services is provided with the best available facilities and care.



# better value



SWSAHS has adopted the Finance Committee and Audit Committee Best Practice Guidelines that were developed by the Health Services Association in collaboration with NSW Health. These guidelines recognise the governance responsibilities of the SWSAHS Board and provide a framework for accountability.

This year SWSAHS has operated within our annual budget. We have also ensured that no general creditors over 45 days exist at the end of any month.

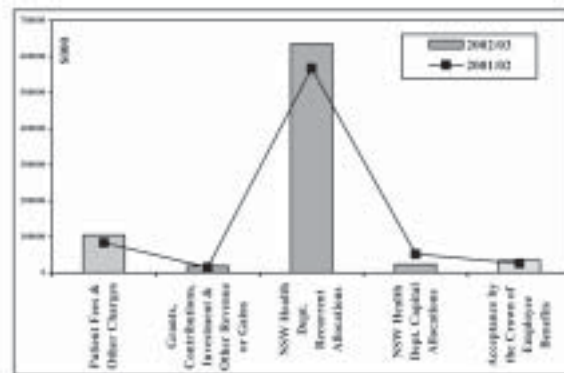
The SWSAHS budget allocation for the 2002/03 financial year was \$718 million. Actual spending for the year was \$713 million, mainly because of recruitment difficulties with some recently introduced projects and lower than expected depreciation expenses. Visiting Medical Officer (VMO) expenses were above budget and the cost of drugs and medical supplies increased. Extra money was also needed to cover costs associated with new technology such as Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET).

This year we received some increases in budget allocations. Salary costs increased by \$20 million including the 10.24% increase for nurses and 4% for other staff.

### how we are funded

Our funding comes from a number of sources, mainly the recurrent budget from NSW Health (78% of total funds received) and sale of goods & services. Sale of goods & services is mostly made up of patient fees, charges to staff specialists for use of facilities, commercial activities and estimated charges for patients who reside outside the SWSAHS region.

### source of funds



### how we use our funds

Our main expenditure is employee-related costs, which make up 57% of total expenses. Goods & Services used in the provision of health services is the next largest item at 29%. This includes expenses like drugs,

**The New South Wales Centre for Physical Activity and Health (CPAH)** is the first centre in Australia specifically devoted to the important risk factor of physical inactivity, and provides research, evaluation and policy leadership in this area. The Centre is funded by NSW Health through the University of New South Wales. It is a local, regional, national and international centre for physical activity research, a clearinghouse for evidence on the health benefits of physical activity and a centre for evaluating physical activity interventions and programs.

Highlights of 2002 and 2003 include the analyses of trends in physical activity participation, the evaluation of statewide initiatives and interagency programs to promote physical activity, and international work to oversee a global study of physical activity.

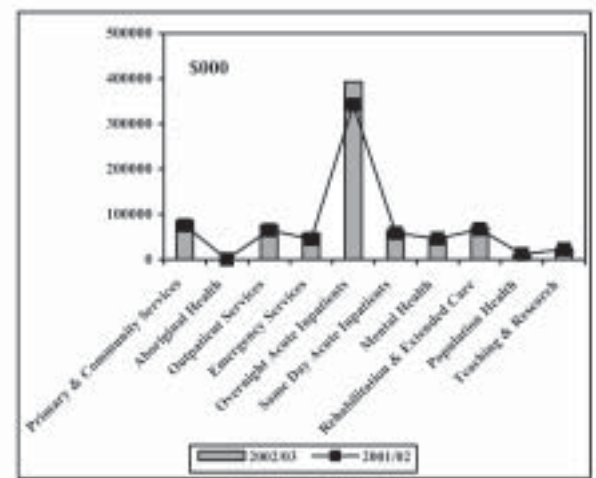
Within South Western Sydney, CPAH has collaborated on a range of local projects specifically in the areas of developing better physical activity measurements and using physical activity to help the treatment for people with mental health problems. In addition, CPAH has contributed to strategic planning for physical activity through the Health Promotion Network Planning Group. Researchers at CPAH have provided advice to practitioners within Population Health, researchers within the Simpson Centre and the SWSAHS Psychiatry Research and Teaching Unit.

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diagnostic services, food and medical/ surgical supplies. Other expenses include payments to Visiting Medical Officers, the maintenance of buildings and equipment and grants, subsidies or payments to other health related organisations. Depreciation of assets is also shown as part of our expenses.

The main program in terms of expenditure is services to overnight acute inpatients (47% of total expenses). Other significant areas of expenditure are primary & community health services, rehabilitation & extended care, outpatients and services to inpatients treated on the same day and emergency services.

**program expenses**



In 2002/2003, NSW Health delegated to area health services the responsibility of managing the movement of patients from other states and territories. SWSAHS receives financial incentives for managing these movements. The effect of this movement of patients in 2002/2003 was net flow of \$672,000 away from us.

Patients also move between area health services within NSW and we recognise the financial value of these movements. During 2002/2003 the net movement of patients to other area health services was valued at \$66.0 million (as compared to \$52.6 million in 2001/2002). SWSAHS is addressing this issue through the development of more services required by our population (e.g. MRI and PET technology), and through providing more statewide services. We also recognise the problems many people in our region experience with transport and will aim to increase our services and, where possible, make them more accessible.

**how we maintain our facilities**

The value of our buildings and equipment for financial reporting purposes is substantial, totalling \$588 million.

As part of NSW Health’s asset management reforms, we have introduced the AMMS (Asset Maintenance Management System) software suite. This is a user-friendly system that allows users at the ward or department level to raise work requests for repairs on-line and to monitor the progress of their requests quickly and simply. AMMS allows us to forecast

maintenance budgets, set targets through performance indicators, assess the condition of our facilities and equipment and better manage workspace.

Two key indicators of improvements in asset management are being able to assess the annual cost of maintenance for each “caseweighted separation” (explained under fairer access): \$110 in 2002/03 compared to \$100 in 2001/02 and the proportion of the net value after depreciation of Buildings and Equipment to their replacement value: 0.56 for 2002/03 compared to 0.57 in 2001/02.

**growth in our services**

The Greater Metropolitan Transitional Taskforce provided \$4.9 Million for the development of clinical services and capital development in SWSAHS in 2002-03.

These improvements and services included:

- enhanced neurosurgery services for Liverpool and Macarthur
- introduction of new patient transport/ ambulance vehicles at Fairfield and Macarthur
- development of stroke services for Macarthur
- enhanced stroke services in Liverpool and Bankstown

- development of Radiology services
- enhanced medical services at Fairfield and Macarthur
- continued networking of orthopaedic surgery at Fairfield
- development of brain injury services at Liverpool
- increased senior clinical staffing in education and appointment of clinical directors/ advisors

90% of services planned for 2002-03 have been introduced. The remaining services were delayed due to recruitment difficulties.

Emergency Medical Units or EMUs aim to improve the management of patients requiring short admissions within emergency departments through better planning



and care for acute medical inpatients. The establishment of EMUs at Liverpool and Campbelltown Hospitals has resulted in improvements to the way patients move through the emergency departments at both hospitals.

Due to space limitations, the EMU at Liverpool Hospital currently operates in a ward outside the emergency department. SWSAHS is spending \$9.1 million to redevelop the Liverpool ED and expand it to include 63 treatment areas, 11 of which will be for the EMU. The EMU at Campbelltown consists of 5 beds within the ED and an additional 5 beds within the Medical Ward.

Rapid Emergency Assessment Teams (REATs) have been established at Bankstown and Fairfield Hospitals. Their role is to commence treatment for patients in Triage Categories 3 and 4. These are patients with urgent or semi-urgent conditions that do not require immediate or life saving treatment. Introduction of the teams has resulted in significant improvements to meeting the needs of patients, with a 2.5% increase in meeting target times for triage category 3 and a 9.2% increase for Triage 4, compared to May 2002.

Aged Care Service Emergency Teams have been established in Liverpool, Bankstown, Fairfield and Macarthur hospitals to improve treatment of patients over the age of 65 in the emergency department. These teams rapidly assess patients and develop a plan to ensure that care is started sooner and that patients are given adequate referral to the appropriate services such as specialist aged care, community services and nursing homes.

### **The Liverpool Brain Injury Rehabilitation Unit**

In 1990 NSW Health and the Motor Accident Authority established the Brain Injury Rehabilitation Program (BIRP). The program consists of three major metropolitan adult BIRP services at Royal Rehabilitation Centre, Liverpool, and Westmead Hospitals. There are two paediatric inpatient units (The Children's Hospital at Westmead and Sydney Children's Hospital), a paediatric brain injury service at John Hunter Hospital and a range of other non-inpatient and transitional living services across the state. The Liverpool unit is one of the state's largest.

The BIRP has five service components: a 16-bed inpatient unit, a four-bed Transitional Living Unit (TLU), a Vocational Rehabilitation Unit ("Head 2 Work"), a community outreach service and a four-bed respite and short-term accommodation service.

The service is continuing to deal with an increasing number of referrals as well as an increase in numbers injured. As trauma management and intensive care continue to improve more patients are surviving to require brain injury rehabilitation services. The number of injuries due to assault is also increasing.

The Liverpool unit has a strong research interest. There are currently 26 research projects operating here, both internal as well as collaborative ones with Sydney and UNSW university staff.

## organisational capacity

Organisational Capacity is a pivotal goal because achieving it will ensure that SWSAHS is able to achieve the others. In 2002/2003 we addressed many of the challenges within our organisation, especially those associated with creating a skilled and valued workforce. This involved expanding our recruitment options and investing in training and research. Our relationship to our community remained strong throughout the year, as can be seen by the valuable contributions made to SWSAHS by volunteers and auxiliaries and our strategies for community participation.



organisational capacity



### our skilled and valued workforce

Developing the skills of staff at all levels is the focus of the Area Human Resources Development Service. This service extends across SWSAHS and provides training and development courses as well as advice and assistance in the development of learning activities within the sectors through established performance agreements.

Over the last five years, our workforce has increased by 8.8%. The increase has been across all staff categories. We currently employ 8,532 people and 30% of our staff are part time. The average age of the workforce in 2002/03 was 41.1 years.

number of staff employed at 30 June 2003

Category	1998/99	1999/00	2000/01	2001/02	2002/03
Nursing	2,953	2,973	2,960	3,089	3,229
Medical & Support	1,884	1,911	1,958	2,096	2,200
Other	2,244	2,292	2,287	2,413	2,595
<b>Total</b>	<b>7,081</b>	<b>7,176</b>	<b>7,205</b>	<b>7,598</b>	<b>8,024</b>

### how we attract people to work for us

Our electronic positions vacant web page is now connected to the NSW Healthjobs web site, providing a wider awareness of vacant positions. We've also developed a range of printed material to enable us to promote our employment opportunities at schools and

university career expos and bring these opportunities to the attention of those who are about to enter the workforce.

This year SWSAHS participated in the nursing "reconnect" program, employing 37 registered nurses and 18 enrolled nurses. We created scholarships for final year students in Radiation Therapy to enable us to employ them as qualified Radiation Therapists on graduation.

In 2001/2002 SWSAHS participated in a disability training program and two graduates were appointed to permanent positions in 2002/03.

We gained 4 more positions under the Elsa Dixon employment program to support and strengthen the employment of people of Aboriginal and Torres Strait Islander descent.

SWSAHS has experienced difficulty in attracting and retaining some classifications of staff. Where recruitment within Australia has been unsuccessful due

### staff numbers by salary level

Level	Total Staff	Men	Women	Respondents	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken was as a Child not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
<\$27,606	104	14	90	92	5	13	25	3	0
\$27,606 - \$36,258	2,715	580	2,135	2,085	50	314	502	58	14
\$36,259 - \$40,535	756	120	636	643	11	118	166	14	4
\$40,536 - \$51,293	1,330	282	1,048	1,015	13	263	249	19	5
\$51,294 - \$66,332	2,660	390	2,270	2,113	13	573	576	77	17
\$66,333 - \$82,914	646	268	378	510	5	148	116	14	4
>\$82,914 (non-SES)	321	227	94	226	0	79	54	4	1
>\$82,914 (SES)		0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>8,532</b>	<b>1,881</b>	<b>6,651</b>	<b>6,684</b>	<b>97</b>	<b>1,508</b>	<b>1688</b>	<b>189</b>	<b>45</b>

Source: ODEOPE

During the year we undertook an audit of all SWSAHS facilities for disability access, which identified a need for adult change facilities. The Disability Reference Group ran a survey for clients and staff at Liverpool Health Service, to determine awareness of issues regarding disability access and whether barriers exist. In 2003/2004 an education program will be trialed and the survey will be extended to all facilities.



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to shortages of qualified staff, particularly in nursing and some medical specialities (for example radiology and anaesthetics), we have recruited staff from overseas. We have also supported visa applications and sponsored twenty employees through the Department of Immigration and Multicultural Affairs to meet this need for qualified staff. We have supported a further six staff to become permanent residents of Australia.

### who works for us

Throughout 2002/2003 we have put into place the recommendations of the Office of the Director of Equal Employment Opportunity in Public Employment (ODEOPE). As a result we have established a sound base of information about our staffing that we can use to address employment equity issues such as disability and culture.

### how we equip our staff to do their jobs

In 1999 SWSAHS became a Registered Training Organisation to ensure the highest possible training standards. This has enabled us to carry forward the National Training Agenda via the Australian Quality Training Framework (AQTF).

During the year we trained 39 trainers in Workplace Assessment and Training (Certificate 4), 15 more than in 2001/2002. We also signed a Memorandum of Understanding with TAFE that enables more effective and efficient training programs to be provided to specific vocational categories (for example

environmental services staff and supply and food services staff). TAFE currently provides our information technology skills training and delivers 50 courses specifically for SWSAHS staff.

More than 700 doctors have successfully completed the Overseas Trained Doctors Program since its inception in 1990. This year, 36 completed their training as compared to 40 in 2001/2002. Figures are lower as course is ongoing (courses may overlap 2 fiscal years). The largest ever number of Major Incident Medical Management Support (MIMMS) courses were completed. This year the courses received international interest and attendance from Singapore, Holland and the USA. Courses are now recognised by three Medical Colleges- Royal Australian College of Surgeons, the Australian College of Emergency Medicine and the Australian College of Anaesthetists. 368 courses were completed, compared to 137 in 2001/2002.

The training needs for nursing are addressed in each sector via workplace assessment and by the Area Nurse Education Service at Liverpool Hospital. Over 2000 nursing staff attended training this year through 52 general nursing and 25 mental health nursing continuing education programs. Twenty-one nurses graduated in the inaugural Graduate Certificate in Family and Child Health Nursing and 26 nurses graduated in Specialty Nursing. Specialty nursing introductory programs this year included emergency, intensive care, cardiology, renal and mental health. The Greater Western Sydney Nursing Alliance continues to support our nurse unit managers.

We have increased our capacity to deliver management development programs and become more flexible in how we deliver this training. In 2002/2003, 64 employees attended our Management Development Program (certificate or diploma level) compared to 61 in 2001/2002, and 673 employees received management skills development, compared to 602 in 2001/2002.

Other highlights include being chosen as the pilot site for NSW Health's 'zero tolerance' to aggression policy (significant changes were made to the training packages as a result of these pilots), and maintaining our 100% rate of compliance for child protection training from 2001/2002.

Overall we recorded 33,741 instances of training during the year, including area and sector activity, mandatory training (such as fire training and manual handling) and postgraduate clinical training. This figure represents an average attendance of more than 4 instances for every member of our staff and is up on a figure of 29,796 instances for last year. Excluding those which are legislatively based or overseen by other authorities, more than 75% of our courses are nationally recognised.





### working in partnership

SWSAHS continues to meet quarterly with the 5 Divisions of General Practice to ensure communication and co-ordination.

Through our strategic directions planning process, we have engaged GPs, local government and community agencies in a participation strategy that is ongoing and assists us to develop a new Strategic Directions Statement for 2004-2009.

We are working with other service providers including the Department of Education and Training, the Department of Community Services, the Department of Ageing, Disability and Home Care, Police, Juvenile Justice, the Premiers Department and the Department of Housing.

SWSAHS continues to administer funding to the south western sydney based non-government organisations (NGOs) which include 5 womens' health services and 8



drug & alcohol services. 18 NGOs were funded in 2002/03 at a total of \$5 million. Newly funded NGOs include Quest For Life in Bundanoon which provides subsidies for low income participants in their support programs for people with life threatening illness, and FYRST (Follow-on Youth Recovery Support Team Fairfield), which provides after care case management for young people completing drug & alcohol detoxification and rehabilitation programs.

In 2002/03, we invited non-government organisations in South Western Sydney to apply for training and support under the Better Service Delivery Program (BSDP). The BSDP is a NSW government initiative administered through the Office of Information Technology and managed by the Human Services Chief Executive Officers Group. It aims to improve information management for government and non-government agencies in the NSW human services sector. Some NGOs in our region were granted equipment and technology this year to enable them to successfully participate in the program.

Further information on how we work in partnership can be found under "improving through partnership" in the quality health care section of swsahs 2002/03: our year in review.

### engaging the community

The active effort by SWSAHS to promote Community Participation has progressed significantly in the past 12 months. An increase in the involvement of consumers and community in SWSAHS has been achieved by

increasing membership in the Area Community Representative Network from 100 to 160 and through increasing numbers of community members on health services committees.



During 2002/2003 the first local Health Community Council was established. We collated the first and only evaluation of comparative data on Community Participation in the state health system. It compares pre and post involvement of community representatives on committees in Wingecarribee and their role in decision making.

There has been increased staff awareness of the benefits of consumer and community participation. This is reflected by a significant increase in requests for community representatives on committees and other participation processes. Information on community participation is now available on the SWSAHS internet/ intranet site.

Future directions are to form an Area Community Representative network steering committee (executive group of the network). One of the roles of this group will be to liaise with the CEO and the Board. A Community Participation Framework that provides direction and guidance for SWSAHS will be developed. A clear goal for 2003/04 is to produce an implementation plan for community participation that turns the Framework into practice.



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## **the south western sydney clinical school**

The South Western Sydney Clinical School (Departments of Medicine, Surgery and Critical Care) continues to grow in undergraduate and postgraduate student numbers and is expanding to make use of the new facilities at Campbelltown Hospital.

Based at Liverpool Hospital, the School has both PhD and Masters students and awards scholarships for postgraduate study. A variety of BSc Honours programmes are also offered through the Schools, with students placed in Population Health, Psychiatry and Women's and Children's Health.

The Clinical Skills Training Centre provides a specialised facility for teaching a range of clinical personnel. It now includes Medical Emergency Team (MET) skills training and GP training, for trainees from the SWSAHS region and those from rural and remote communities.

The commencement of the SWSAHS Clinical School's UNSW research seminar series, library and internet seminars have contributed to staff development. The Clinical School is now responsible for the Overseas Trained Doctors Program.

The School continues to be heavily involved in all aspects of new curriculum development. Revised selection criteria comprising interview, UMAT and TER was used for the first time to select students for entry into Medicine at UNSW in 2003. The New Medicine Program will commence in 2004, involving The Clinical School from the outset. The Australian Medical Council visited in May to accredit the first years of the New Medicine Program and gave a favourable report.

## **our volunteers and hospital auxiliaries**

SWSAHS remains indebted to the volunteers that contribute their valuable time and energy to assisting us to achieve our goals. In 2002/03 these volunteers have run fundraising stalls, staffed information desks, distributed flowers to hospital wards, collected library books, and assisted clients on day trips.

SWSAHS is supported by a number of auxiliaries that make a considerable contribution of time and financial support. They are a key resource in raising funds for the benefit of patients and have been a part of the health care environment for many years. We are extremely grateful to the individuals who, as part of these auxiliaries, give their time and effort for our collective benefit.



## **our research and teaching activities**

A number of key developments in 2002/03 consolidated our growing reputation as a leader in health and medical research.

In 2002, total research grants increased by 60% over the 2001 result. Major recipients included the Division of Mental Health (\$2,038,000), Division of Medicine (\$1,442,026), the Simpson Centre (\$835,500) and the Division of Population Health (\$822,906).

Our Human Research Ethics Committee (HREC) is a Sub-committee of the Board convened to consider ethical implications of all proposed research projects involving human subjects within SWSAHS. Research applications are now charged if they involve commercial development.

The Health Research Foundation Sydney South West continued to develop programs and expanded the scope of research projects. Seminars were conducted in collaboration with other research institutes and a research training mentoring database was developed. Nine volunteers from the local community were trained in clerical and office duties. The Research Office redeveloped its website and corporate video and developed and launched a new marketing portfolio.

A Research Open Day was held in November 2002, at which twelve researchers gave short presentations. The 2002 Research Annual Report gives full details of the Area's research performance.

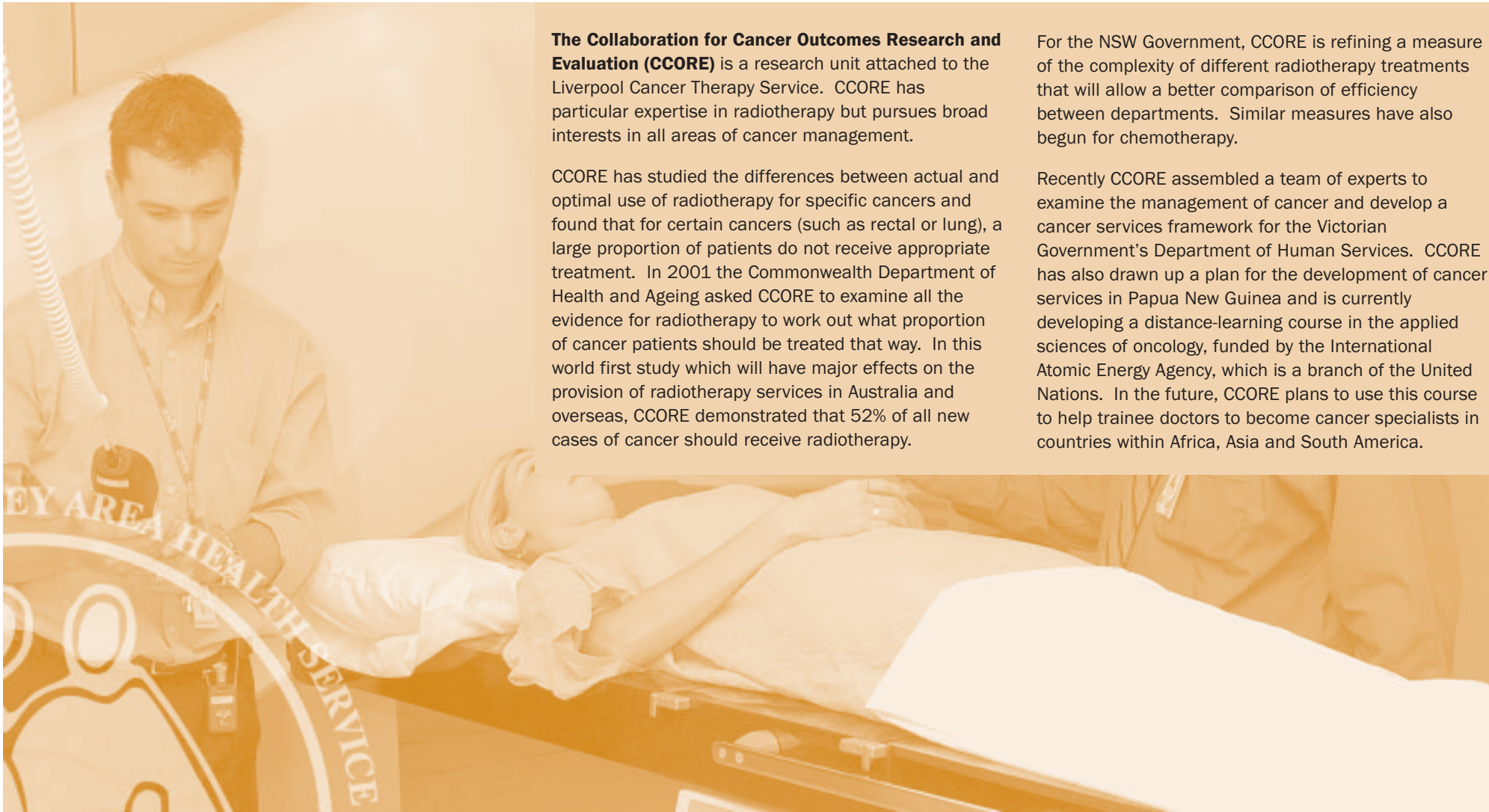


**The Collaboration for Cancer Outcomes Research and Evaluation (CCORE)** is a research unit attached to the Liverpool Cancer Therapy Service. CCORE has particular expertise in radiotherapy but pursues broad interests in all areas of cancer management.

CCORE has studied the differences between actual and optimal use of radiotherapy for specific cancers and found that for certain cancers (such as rectal or lung), a large proportion of patients do not receive appropriate treatment. In 2001 the Commonwealth Department of Health and Ageing asked CCORE to examine all the evidence for radiotherapy to work out what proportion of cancer patients should be treated that way. In this world first study which will have major effects on the provision of radiotherapy services in Australia and overseas, CCORE demonstrated that 52% of all new cases of cancer should receive radiotherapy.

For the NSW Government, CCORE is refining a measure of the complexity of different radiotherapy treatments that will allow a better comparison of efficiency between departments. Similar measures have also begun for chemotherapy.

Recently CCORE assembled a team of experts to examine the management of cancer and develop a cancer services framework for the Victorian Government's Department of Human Services. CCORE has also drawn up a plan for the development of cancer services in Papua New Guinea and is currently developing a distance-learning course in the applied sciences of oncology, funded by the International Atomic Energy Agency, which is a branch of the United Nations. In the future, CCORE plans to use this course to help trainee doctors to become cancer specialists in countries within Africa, Asia and South America.



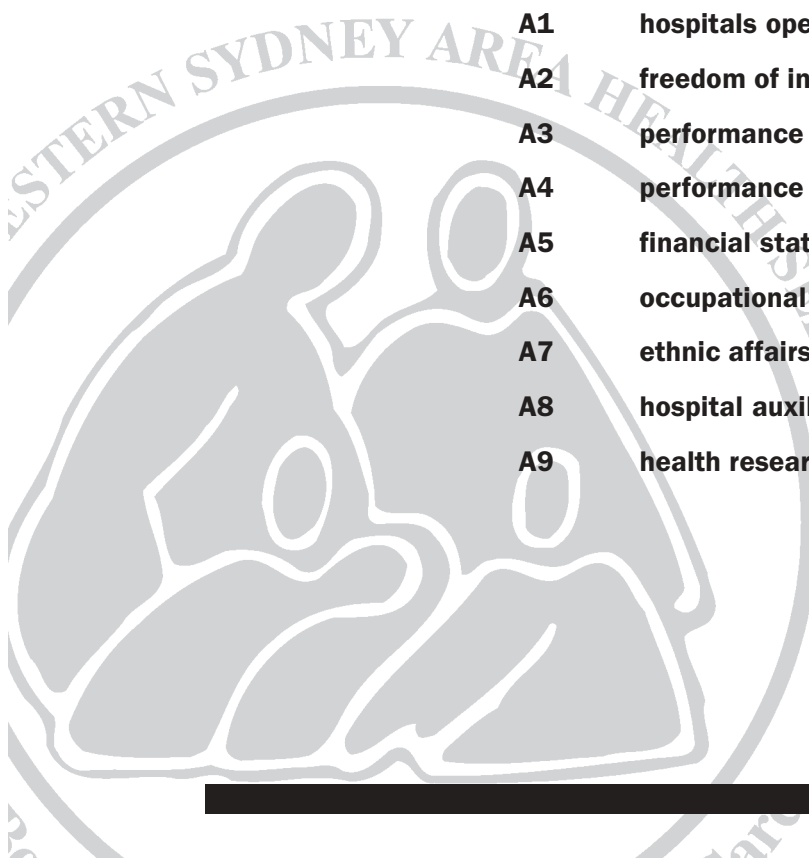


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Toilets ↑  
Pharmacy ↑  
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Pharmacy  
Enquiries  
Reception  
Admissions

Admissions

Reception Enquiries

HEALTH SERVICE  
SYDNEY



:02/03

## hospitals operational overview

### bankstown health service

Bankstown Health Service comprises the Bankstown Community Health Services and the Bankstown-Lidcombe Hospital. Bankstown Health Service provides district level hospital and community health services to the people of Bankstown in medicine, surgery,

women and child health, critical care, mental health, aged care and rehabilitation. Tertiary referral services are provided in gastroenterology, aged care and rehabilitation.

business activity	1998/99	1999/00	2000/01	2001/02	2002/03
Total Beds As At 30 June	404	398	398	368	402
Admissions during year	27,947	26,407	26,427	25,783	26,225
Separations during year	27,978	26,432	26,392	25,780	26,224
No. Same Day Admissions	8,864	8,278	8,854	8,377	8,776
Bed Days of inpatients treated	125,868	120,184	123,078	126,659	123,619
Available Bed Days	139,566	134,935	131,478	131,360	137,476
Inpatient Operations	11,385	12,930	11,022	10,733	10,743
Outpatient Operations	0	0	0	0	0
Total Operations	11,385	12,930	11,022	10,733	10,743
Number of births	1,911	1,790	1,826	1,782	1,853
Daily Average of inpatients	331	316	324	335	339
Occasions of Service	357,116	395,331	327,271	379,754	415,661
Av. Staff numbers for 12 mths	1,337	1,295	1,293	1,308	1,355
Casemix weighted Separations	27,145	26,467	25,594	27,243	28,403
Total ED Attendances	31,768	30,932	31,444	31,732	31,382
Total ED Admissions	12,280	11,760	11,083	10,494	10,651
Average Available Beds	382	369	360	360	377



## hospitals operational overview

### fairfield health service

Fairfield Health Service is very proud to serve the community of the Fairfield Local Government Area. Services provided by Fairfield Hospital include acute care in medicine, surgery, obstetrics, paediatrics and emergency medicine. Community based services include Aged Care, Ambulatory Care Services, Paediatric Outreach Services, Palliative

Care, Generalist Primary Health Nurse Service, Speech Pathology, Health Promotion, Fairfield Counselling Service, Dental Services, Early Childhood and Parenting Service, Social Work and Occupational Therapy.

business activity	1998/99	1999/00	2000/01	2001/02	2002/03
Total Beds As At 30 June	185	203	191	199	218
Admissions during year	15,858	16,529	16,665	15,519	16,069
Separations during year	15,850	16,532	16,685	15,474	16,085
No. Same Day Admissions	3,484	3,613	3,664	3,742	4,082
Bed Days of inpatients treated	51,881	53,910	56,091	55,227	56,370
Available Bed Days	60,835	67,355	63,292	65,617	76,920
Inpatient Operations	5,392	5,117	5,189	4,507	4,705
Outpatient Operations	9,685	8,952	8,119	1,886	0
Total Operations	15,077	14,069	13,308	6,393	4,705
Number of births	2,089	2,126	2,058	1,715	1,868
Daily Average of inpatients	130	135	141	142	154
Occasions of Service	395,094	330,007	285,454	270,736	283,881
Av. staff numbers for 12 mths	637	662	673	699	757
Casemix weighted Separations	14,281	14,753	15,303	14,830	16,031
Total ED Attendances	22,724	22,540	24,467	25,692	26,049
Total ED Admissions	6,665	6,132	7,284	7,102	7,317
Average Available Beds	167	184	173	180	211



:02/03

## hospitals operational overview

### **liverpool health service**

The Liverpool Health Service provides a wide range of both hospital and community based health services. Liverpool Health Service provides tertiary referral services across SWSAHS and also non tertiary level services to the Liverpool LGA. These services include

a range of sub specialty services in medicine, surgery, critical care, aged care, mental health, obstetrics, gynaecology, neonatology and paediatrics.

<b>business activity</b>	<b>1998/99</b>	<b>1999/2000</b>	<b>2000/01</b>	<b>2001/02</b>	<b>2002/03</b>
Total beds as at 30 June	565	591	591	587	622
Admissions during year	49,947	50,118	51,614	53,437	55,539
Separations during year	49,919	50,148	51,617	53,397	55,504
No. Same Day Admissions	23,183	23,448	24,294	26,290	29,149
Bed Days of inpatients treated	188,261	193,489	197,336	199,528	202,878
Available Bed Days	193,064	195,604	201,196	200,892	210,608
Inpatient Operations	14,831	14,722	14,752	15,295	15,278
Outpatient Operations	5,587	8,026	7,989	7,359	5,171
Total Operations	20,418	22,748	22,741	22,654	20,449
Number of births	3,158	3,160	3,152	2,891	3,000
Daily Average of inpatients	495	509	520	529	737
Occasions of Service	664,706	737,237	607,311	647,311	661,905
Av. staff numbers for 12 mths	2,379	2,409	2,458	2,519	2,511
Casemix weighted Separations	44,554	48,114	49,029	49,221	50,608
Total ED Attendances	43,033	42,532	45,570	45,024	45,328
Total ED Admissions	14,680	14,628	15,050	15,017	13,944
Average Available Beds	532	534	551	550	577



## hospitals operational overview

### macarthur health service

The Macarthur Health Service provides public health care to the residents of Campbelltown, Camden and Wollondilly local government areas. Services are available from Campbelltown and Camden Hospitals, Queen Victoria Memorial Hospital, community health centres, mental health and a wide range of outreach and in home care. Actual

business activity at Campbelltown Hospital has fallen in 2002-03 in line with the return of those services temporarily located at Campbelltown during the redevelopment of Camden Hospital.

business activity	Camden 1998/99	Camden 1999/00	Camden 2000/01	Camden 2001/02	Camden 2002/03
Total Beds As At 30 June	36	23	23	52	88
Admissions during year	5,750	2,109	2,383	5,796	9,351
Separations during year	5,818	2,107	2,389	5,796	9,316
No. Same Day Admissions	1,953	1,053	1,211	4,247	6,664
Bed Days of inpatients treated	21,628	7,882	8,919	16,738	25,657
Available Bed Days	27,790	8,113	8,168	16,797	25,502
Inpatient Operations	1,868	0	0	3,016	4,708
Outpatient Operations	314	344	0	4,169	2,962
Total Operations	2,182	344	0	7,185	7,670
Number of births	437	0	0	0	226
Daily Average of inpatients	54	22	24	46	70
Occasions of Service	81,083	86,483	62,717	78,890	131,339
Av. staff numbers for 12 mths	249	169	145	200	246
Casemix weighted Separations	4,533	1,712	1,985	3,931	5,826
Total ED Attendances	10,435	9,216	10,538	12,061	12,959
Total ED Admissions	2,133	1,768	1,993	2,240	2,789
Average Available Beds	72	22	22	46	70



# : 02/03

## hospitals operational overview

### macarthur health service (continued)

business activity	Campbelltown 1998/99	Campbelltown 1999/2000	Campbelltown 2000/2001	Campbelltown 2001/02	Campbelltown 2002/03
Total Beds As At 30 June	231	263	259	276	263
Admissions during year	22,547	24,918	24,288	21,194	20,058
Separations during year	22,513	24,916	24,272	21,190	20,096
No. Same Day Admissions	7,621	8,138	7,573	4,806	3,296
Bed Days of inpatients treated	71,817	80,396	81,641	80,580	80,609
Available Bed Days	73,721	88,388	87,611	88,810	99,545
Inpatient Operations	9,261	9,799	9,833	10,391	4,676
Outpatient Operations	5,376	8,832	10,451	15,583	12,730
Total Operations	14,637	18,631	20,284	25,974	17,406
Number of births	2,456	2,858	2,731	2,535	2,447
Daily Average of inpatients	184	201	206	205	221
Occasions of Service	329,886	345,461	312,423	360,601	397,448
Av. staff numbers for 12 mths	789	883	939	942	990
Casemix weighted Separations	17,541	20,243	20,169	18,947	19,093
Total ED Attendances	33,584	34,147	34,773	34,119	32,535
Total ED Admissions	9,251	9,146	10,171	9,232	8,776
Average Available Beds	202	242	240	243	273



## hospitals operational overview

### wingecarribee health service

The Wingecarribee Health Service includes the Bowral & District Hospital and the Community Health Service and provides a comprehensive range of district levels services to the community of the Wingecarribee Shire. Acute services include general medical/surgery, high dependency paediatric ward ophthalmology, orthopaedics, obstetrics and

gynecology and allied health services. Community Health Services incorporate primary health nursing, mental health, women's health, dental, palliative care, child & family, aged care, sexual assault, community development, occupational therapy, counselling.

business activity	1998/99	1999/2000	2000/2001	2001/02	2002/03
Total Beds As At 30 June	73	73	73	73	85
Admissions during year	7,141	7,445	7,899	7,752	8,004
Separations during year	7,139	7,455	7,896	7,745	8,006
No. Same Day Admissions	2,717	2,991	3,357	3,449	3,554
Bed Days of inpatients treated	21,382	21,679	22,521	21,960	22,132
Available Bed Days	24,981	24,873	25,575	25,619	30,213
Inpatient Operations	2,752	2,830	2,845	2,495	2,572
Outpatient Operations	314	316	261	113	48
Total Operations	3,066	3,146	3,106	2,608	2,620
Number of births	606	665	649	676	617
Daily Average of inpatients	54	55	57	56	85
Occasions of Service	73,122	79,347	73,370	87,517	89,294
Av. staff numbers for 12 mths	229	232	242	253	269
Casemix weighted Separations	6,032	6,245	6,549	6,694	6,818
Total ED Attendances	15,363	15,510	16,599	16,674	16,554
Total ED Admissions	2,481	2,985	3,778	3,251	3,676
Average Available Beds	68	68	70	70	83



: 02/03

### key statistics for service access across swsahs

	1998/99	1999/00	2000/01	2001/02	2002/03
Average Available Beds	1,781	1,796	1,802	1,827	1,963
Total Admissions	132,331	131,211	133,258	133,425	139,499
Bed Occupancy Rate	88%	88%	89%	90%	88%
Average Length of Stay (days)	4.5	4.6	4.6	4.7	4.5
Same Day as a % of Total Admissions	37%	37%	38%	39%	41%
Bed Days of Patients Treated	597,053	603,305	612,791	622,990	630,793
Outpatients Occasions of Service	2,046,308	2,184,249	1,832,210	1,980,607	2,177,019
Births	10,657	10,599	10,416	9,599	10,011
<b>Waiting Lists</b>					
Overdue Urgent Patients	63	166	261	325	435
Long Wait Patients (>365 days)	24	409	256	528	702
Single Delays (%)	N/A	N/A	3.2%	3.3%	1.9%
Multiple Delays (%)	N/A	0.13%	0.04%	0.06%	0.04%
Same Day Surgery (% of Total)	56.3%	56.5%	57.8%	60.3%	60.2%
Admitted on Day of Surgery (%)	N/A	76.4%	81%	84.9%	87.8%
Ready for Care Surgical Wait List	5,454	6,323	6,045	6,717	7,749
<b>Emergency Department</b>					
Emergency Dept. Attendances	156,907	154,877	163,391	165,302	164,807
<b>Triage Performance:</b>					
Resuscitation - seen within 2 minutes	82.7%	98.8%	99.9%	100%	100%
Emergency - seen within 10 minutes	70.1%	83.4%	86.7%	92.5%	91.2%
Urgent - seen within 30 minutes	56.6%	62.4%	62.6%	56.2%	55.4%
Semi Urgent - seen within 1 hour	53.7%	58.1%	66.8%	60.1%	62%
Non Urgent - seen within 2 hours	72.0%	76.1%	90.5%	87.5%	88.7%
Access Block - not admitted within 8 hours of being seen by Doctor	N/A	15.9%	17.94%	19.1%	21.4%



## freedom of information and privacy and personal information statistics

SWSAHS remains committed to the principles and objectives contained within the Freedom of Information Act 1989 and the Privacy and Personal Information Act 1988.

FOI Requests	Personal		Other		Total	
	2001/02	2002/03	2001/02	2002/03	2001/02	2002/03
New (including transferred in)	6	12	2	3	8	15
Brought Forward from previous year	2	0	0	0	2	0
<b>Total to be processed</b>	<b>8</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>10</b>	<b>15</b>
Completed	8	12	2	3	10	15
Transferred out	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0
<b>Total Processed</b>	<b>8</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>10</b>	<b>15</b>
Unfinished (carried forward)	0	0	0	0	0	0

Results of FOI Requests	Personal		Other	
	2001/02	2002/03	2001/02	2002/03
Granted in Full	6	8	2	2
Granted in part	2	4	0	0
Refused	0	0	0	1
Deferred	0	0	0	0
<b>Completed</b>	<b>8</b>	<b>12</b>	<b>2</b>	<b>3</b>

Basis of Disallowing or Restricting Access	Personal		Other	
	2001/02	2002/03	2001/02	2002/03
Section 19 (application incomplete, wrongly directed)	0	0	0	0
Section 22 (deposit not paid)	0	0	0	1
Section 25 (1)(a) (exempt)	2	4	0	0
Section 25 (1)(b), (b1), (c), (d) (otherwise available)	0	0	0	0
Section 28 (1)(b) (documents not held)	0	0	0	0
Section 24 (2) (deemed refused, over 21 days)	0	0	0	0
Section 31 (4) (released to medical practitioner)	0	0	0	0
<b>Totals</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>1</b>

Days to Process	Personal		Other	
	2001/02	2002/03	2001/02	2002/03
0 - 21	7	8	2	2
22 - 35 (consultation period/out of time determinations)	0	2	0	0
Over 35 (extended consultation/out of time determinations)	1	2	0	1
<b>Totals</b>	<b>8</b>	<b>12</b>	<b>2</b>	<b>3</b>

Hours to Process	Personal		Other	
	2001/02	2002/03	2001/02	2002/03
0 - 10	6	11	2	3
11 - 20	2	0	0	0
21 - 40	0	1	0	0
Over 40	0	0	0	0
<b>Totals</b>	<b>8</b>	<b>12</b>	<b>2</b>	<b>3</b>

Type of Discount Allowed on Fees Charged	Personal		Other	
	2001/02	2002/03	2001/02	2002/03
Public Interest	0	0	0	0
Financial Hardship - Pensioner/Child	1	5	0	0
Financial Hardship - Non Profit Organisation	0	0	0	0
<b>Totals</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>
Significant correction of personal records	0	0	0	0



We received 15 applications for information under the Freedom of Information Act 1989 this year, compared to 10 in 2001/02, representing an increase of 50%. This increase is due to the number of records containing information by and for the Department of Community Services. Twelve of the applications received were requests for personal or next of kin medical records with three requests being of a non-personal nature. There were no Internal Reviews sought for this financial year nor the previous year.

Five applications required consultation with parties outside of SWSAHS, compared to one last year. It took 46.5 hours to process the FOI requests and cost an estimated \$1,395, with fees received totalling only \$375.

There have been no requests for amendments to personal records, notations to personal records or Ministerial Certificates issued and there were no Ombudsman or District Court Appeals in the last two years.

SWSAHS supports the right of a patient to see what personal information is held by us and is continuing to advise customers of their right to access documents under FOI and outside FOI, and that strict confidentiality of all material processed is always maintained. Patients are able to apply to view or obtain a copy of their medical record by contacting the Clinical Information Department of the hospital where the records are kept. There is no

charge associated with viewing a medical record. However, when applying to view a medical record the patient is required to make an appointment and view the record in the presence of a health professional.

### **statement of affairs**

Under Section 14 (1)(a) of the FOI Act, South Western Sydney Area Health Service is required to publish a Statement of Affairs every 12 months, and as such the Statement of Affairs is incorporated within this Annual Report.

A description of our structure and functions is outlined in the Annual Report.

SWSAHS has a direct effect on the general public by providing health services to assist in improving the health and well being of the people within the local government areas under our jurisdiction. We have a number of committees that assist with policy development within the health system. These committees are also listed within the Annual Report.

A list of the our policy documents that are available for inspection, purchase or free of charge, is as per the Summary of Affairs published in the Government Gazette every 6 months. A Summary of Affairs is produced by

SWSAHS every June and December. The Summary lists all policy documents held by SWSAHS and the method of accessing the documents. The FOI Act allows a member of the public a right to apply for records to be amended if they are out of date, misleading, incorrect, or incomplete. Members of the public can apply to have records amended by applying in writing to the FOI Coordinator, South Western Sydney Area Health Service, Locked Bag 7017, Liverpool NSW 1871. There is no application fee applicable for amendment of records.

For further information relating to Freedom of Information, Amendment of Records or to obtain a copy of the Summary of Affairs contact the Freedom of Information Coordinator on (02) 9828-6063.

### **privacy and personal information**

SWSAHS has been greatly assisted by both NSW Health and Privacy New South Wales during the year, with one internal review being conducted under the Privacy and Personal Information Act 1998.



## performance statement for the chief executive officer

**Name:** Mr Ian Southwell  
**Position:** Chief Executive Officer,  
South Western Sydney Area Health Service  
**SES Level:** 7  
**Period:** 1 July 2002 to 30 June 2003

### Strategic Results

In August 2002 the Board endorsed the Interim Strategic Directions Statement to capture the work being achieved in 2002-03 to reflect our short-term realities, not what we want for the future. During 2002-03 a participatory process with staff, community members and other key stakeholders to develop a new 5 year Strategic Directions Statement for the period 2004 – 2009 has been undertaken.

Over the past year SWSAHS extensively revised its clinical governance structures in accordance with the SWSAHS Clinical Governance Plan, to equip the organisation better to deliver quality services. The major changes were the establishment of a new Clinical Council and associated supporting structures, in addition Clinical Advisory Council's have been established in each sector. The most important benefit is a growing partnership between clinicians and the area administration in setting new standards for care and identifying priorities for service improvement so that we can deliver the best possible care to our communities.

Ongoing liaison with other Human Services providers has resulted in agreements between SWSAHS and Housing, Education and Training and Community Services, and Aging Disability and Home Care and these Agencies meet to ensure co-coordinated responses for common clients.

The active effort by SWSAHS to promote community participation throughout the Area Health Service has progressed significantly in the past 12 months. Membership of the Area Community Network has increased by 60% enabling a greater range of processes

and level of involvement including SWSAHS training, Recruitment and Selection processes, review of rights & responsibilities brochures, complaints process, focus groups on service improvement for Emergency Departments. Information on Community Participation is now available on the SWSAHS internet/intranet.

Building and commissioning of the major buildings at Camden and Campbelltown Hospitals as part of the Macarthur Strategy has been completed.

### Operational Results

The majority of volume and activity targets were met despite a 4% growth for inpatient activity and 10% for non-admitted patient services.

The agreed 2002/03 Net Cost of Services budget for the Health Service was \$718 million against which the audited actuals of \$713 million represented a favourable variation of \$5 million or 0.7%.

The Area Health Service continued to work in collaboration with the Health Care Complaints Commission in relation to allegations concerning the quality of care provided by Macarthur Health Service.

The Greater Metropolitan Transitional Taskforce provided \$4.9 Million for the development of clinical services and capital development in SWSAHS in 2002-03 of which 90% of services planned for introduction during 2002-03 have been implemented.

As part of the budget holding process between SWSAHS, CSAHS and SESAHS agreements were made for targeted flow reversals for services with major outflows from SWSAHS such as neurosurgery, ophthalmology and urology. Over 2002-2003 SWSAHS continues to improve on its achievement of the agreed targets. NSW Health's assessment of SWSAHS achievements for the third quarter of 2002-03 were neurosurgery (80%), ophthalmology (76%) and urology services (63%).



:02/03

## performance statement for the deputy chief executive officer

**Name:** Mr Colin Froud

**Position:** Deputy Chief Executive Officer & Director Finance & Information Management,  
South Western Sydney Area Health Service

**SES Level:** 5

**Period:** 1 July 2002 to 30 June 2003

### Strategic Results

Formalisation of Intra Area networks for the provision of comprehensive care, including:

The Area has reached agreement on reciprocal links between Intensive Care Units and criteria for the transfer of patients. This is an important development and signals growing cooperation between partners in the network of intensive care units within SWSAHS. Development of the new level 5 Intensive Care Unit service at Macarthur is continuing.

The SWSAHS Radiology Network has been established and boasts significant outcomes, including: MRI (Magnetic Resonance Imaging) service which began in January 2003, PET (Positron Emission Tomography) which commenced in October 2002. As well as extended hours of service, a remote reporting 24hrs/day was facilitated.

SWSAHS successfully introduced a Central Warehouse for the Area Health Service at Wetherill Park and commenced operation of this Unit with state of the art electronic systems with automation from requisition at business unit level through purchasing, supply and delivery to the business unit. The first Area Health Service in the State to have this facility.

SWSAHS implemented the NSW Health preferred Asset Management and Maintenance Systems throughout the Area Health Service and assisted in developing key performance indicators for asset management on a Statewide basis.

### Operational Results

Achievement of:

- Intensive Care Service targets
- Emergency Department targets for Triage categories 1, 2 and 5 were met, Triage categories 3 (-4.6%) and 4 (-3.0%) were not achieved. Recent investments in emergency department Rapid Assessment Teams and Emergency Medical Units is demonstrating gradual improvement in triage categories 3 & 4.
- Booked surgical delay targets
- Budget
- Throughput and productivity targets



## financial management

### **Funding the Health Service**

Recurrent funding by the NSW Government has increased 25% since 1998/99. This is attributable to a number of factors. It includes funding to cover increased costs such as changes in salary and wage rates or growth in prices for consumables or services required for the treatment of patients. The increase also includes additional funds provided for growth and improvement of health services in the Area such as at Liverpool, Camden and Campbelltown Hospitals.

The source of funds used by the Health Service comprises a number of components, the main ones being recurrent budget from NSW Health Department (78% of total funds received) and Sale of Goods & Services.

Sale of Goods & Services comprises mainly patient fees, infrastructure charges to Staff Specialists for use of facilities in treating chargeable patients, commercial activities and estimated notional receipts for patients treated who reside outside the Area Health Service.

### **Use of Funds**

The main component of expenditure is Employee Related Costs at 57% of the total. Goods & Services used in the provision of health services is the next largest item at 29%. It includes for instance, drugs, diagnostic services, food and medical / surgical supplies. Other expenses include payments to Visiting Medical Officers, the Maintenance of buildings and equipment, and Grants, Subsidies or payments to other health related organisations. In addition, Depreciation of assets is also shown as part of the Service's expenses.

The main program in terms of expenditure is services to Overnight Acute Inpatients (47% of total expenses). Primary & Community Health services are next along with Rehabilitation & Extended Care, Outpatients and then services to inpatients treated on the Same Day. 9% of funds were expended on Emergency Services. Mental Health Services remain a high priority along with Aboriginal Health, Population Health and Teaching & Research.



GPO BOX 12  
SYDNEY NSW 2001

## INDEPENDENT AUDIT REPORT

### SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

To Members of the New South Wales Parliament

#### Audit Opinion Pursuant to the *Public Finance and Audit Act 1983*

In my opinion, the financial report of the South Western Sydney Area Health Service:

- (a) presents fairly the South Western Sydney Area Health Service's and the consolidated entity's financial position as at 30 June 2003 and their financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and
- (b) complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act).

#### Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

- (a) the accounts of the South Western Sydney Area Health Service show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2003
- (b) the accounts and associated records of the South Western Sydney Area Health Service have been properly kept during the year in accordance with the *Charitable Fundraising Act 1991* (the CF Act) and the *Charitable Fundraising Regulation 1998* (the CF Regulation)
- (c) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act and the CF Regulation, and
- (d) there are reasonable grounds to believe that the South Western Sydney Area Health Service will be able to pay its debts as and when they fall due.

The opinions should be read in conjunction with the rest of this report.

#### The Board's Role

The financial report is the responsibility of the members of the Board. It consists of the statements of financial position, the statements of financial performance, the statements of cash flows, the program statement - expenses and revenues and the accompanying notes for the South Western Sydney Area Health Service and the consolidated entity. The consolidated entity comprises the Service and the entity it controlled at the year's end or during the financial year.

#### The Auditor's Role and the Audit Scope

As required by the PF&A Act and the CF Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides *reasonable assurance* to Members of the New South Wales Parliament that the financial report is free of *material* misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Board 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 Board members had failed in their reporting obligations.

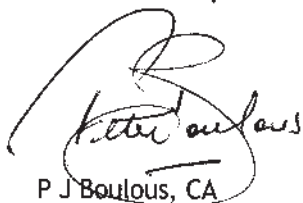
My opinions do *not* provide assurance:

- about the future viability of the South Western Sydney Area Health Service or its controlled entity,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

#### **Audit Independence**

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The PF&A Act further promotes independence by:

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



P J Boulous, CA  
Director of Audit

SYDNEY  
29 August 2003

**The South Western Sydney Area Health Service  
Financial Statements for the Year Ended 30<sup>th</sup> June 2003**

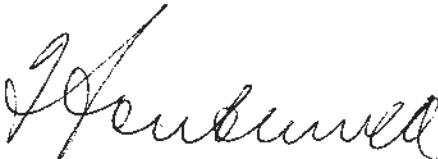
**Certification of Financial Statements**

The attached financial statements of the South Western Sydney Area Health Service for the year ended 30 June 2003

- i) have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), UIG Consensus Views, the requirements of the Public Finance & Audit Act, 1983 and its regulations, the Health Services Act 1997 and its regulations, the Accounts and Audit Determinations and the Accounting Manual for Area Health Services and Public Hospitals; and

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed; Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards and other mandatory professional legislative requirements.

- ii) present fairly the financial position and transactions of the health organisation;
- iii) have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.



**Mr Ian Southwell  
Chief Executive Officer**



**Mr Arnold Vitocco  
Chairperson  
Management of Resources Committee**

Date: 20.8.03

Date: 19-8-03

**South Western Sydney Area Health Service**  
**Statement of Financial Performance for the year ended 30 June 2003**

	Notes	PARENT				CONSOLIDATED	
		Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000	Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000
<b>Expenses</b>							
Operating Expenses							
Employee Related	3	476,748	477,597	420,159	476,993	477,597	420,390
Visiting Medical Officers		33,282	31,655	29,674	33,282	31,655	29,674
Goods and Services	4	243,312	237,562	208,107	243,409	237,562	208,212
Maintenance	5	24,571	24,990	19,529	24,574	24,990	19,537
Depreciation and Amortisation	2(i), 6	34,920	36,852	35,165	34,921	36,852	35,165
Grants and Subsidies	7	8,220	7,950	6,517	6,801	7,950	6,356
Payments to Affiliated Health Organisations	8	15,991	15,992	15,053	15,991	15,992	15,053
<b>Total Expenses</b>		<b>837,044</b>	<b>834,598</b>	<b>734,204</b>	<b>835,971</b>	<b>834,598</b>	<b>734,387</b>
<b>Revenues</b>							
Sale of Goods and Services	9	104,518	103,711	82,932	104,518	103,711	82,932
Investment Income	10	1,936	400	960	2,032	400	1,054
Grants and Contributions	11	17,874	12,788	13,472	15,241	12,788	13,734
Other Revenue	12	593	537	470	684	537	619
<b>Total Revenues</b>		<b>124,921</b>	<b>117,436</b>	<b>97,834</b>	<b>122,475</b>	<b>117,436</b>	<b>98,339</b>
Gain/(Loss) on Disposal of Non Current Assets	13	486	(500)	(532)	486	(500)	(532)
<b>Net Cost of Services</b>	32	<b>711,637</b>	<b>717,662</b>	<b>636,902</b>	<b>713,010</b>	<b>717,662</b>	<b>636,580</b>
<b>Government Contributions</b>							
NSW Health Department							
Recurrent Allocations	2 (c)	634,632	634,632	566,815	634,632	634,632	566,815
NSW Health Department							
Capital Allocations	2 (c)	22,829	22,829	51,628	22,829	22,829	51,628
Acceptance by the Crown Entity of employee superannuation benefits	2 (c)	34,300	34,261	25,302	34,318	34,261	25,317
<b>Total Government Contributions</b>		<b>691,761</b>	<b>691,722</b>	<b>643,745</b>	<b>691,779</b>	<b>691,722</b>	<b>643,760</b>
<b>RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES</b>		<b>(19,876)</b>	<b>(25,940)</b>	<b>6,843</b>	<b>(21,231)</b>	<b>(25,940)</b>	<b>7,180</b>
<b>RESULT FOR THE YEAR AFTER EXTRAORDINARY ITEMS</b>	27	<b>(19,876)</b>	<b>(25,940)</b>	<b>6,843</b>	<b>(21,231)</b>	<b>(25,940)</b>	<b>7,180</b>
Net increase/(decrease) in Asset Revaluation Reserve		380	0	(380)	380	0	(380)
Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity		<b>380</b>	<b>0</b>	<b>(380)</b>	<b>380</b>	<b>0</b>	<b>(380)</b>
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS</b>	27	<b>(19,496)</b>	<b>(25,940)</b>	<b>6,463</b>	<b>(20,851)</b>	<b>(25,940)</b>	<b>6,800</b>

The accompanying notes form part of these Financial Statements

South Western Sydney Area Health Service  
Statement of Financial Position as at 30 June 2003

	Notes	PARENT			CONSOLIDATED		
		Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000	Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000
<b>ASSETS</b>							
<b>Current Assets</b>							
Cash	16	6,965	8,882	5,997	9,197	8,882	6,546
Receivables	18	9,428	5,927	6,601	9,428	5,927	6,601
Inventories	19	3,554	3,130	3,130	3,554	3,130	3,130
Other Financial Assets	17	31,390	25,659	24,266	32,591	25,659	28,509
Other	21	550	658	658	550	658	658
<b>Total Current Assets</b>		<b>51,887</b>	<b>44,256</b>	<b>40,652</b>	<b>55,320</b>	<b>44,256</b>	<b>45,444</b>
<b>Non-Current Assets</b>							
Receivables	18	2,338	2,746	2,746	2,338	2,746	2,746
Property, Plant and Equipment							
- Land and Buildings	20	595,568	593,714	606,682	595,568	593,714	606,682
- Plant and Equipment	20	69,889	66,898	55,698	69,889	66,898	55,708
Total Property, Plant and Equipment		<b>665,457</b>	<b>660,612</b>	<b>662,380</b>	<b>665,466</b>	<b>660,612</b>	<b>662,390</b>
Other	21	8,540	8,585	9,647	8,540	8,585	9,647
<b>Total Non-Current Assets</b>		<b>676,335</b>	<b>671,943</b>	<b>674,773</b>	<b>676,344</b>	<b>671,943</b>	<b>674,783</b>
<b>Total Assets</b>		<b>728,222</b>	<b>716,199</b>	<b>715,425</b>	<b>731,664</b>	<b>716,199</b>	<b>720,227</b>
<b>LIABILITIES</b>							
<b>Current Liabilities</b>							
Payables	23	43,103	39,476	41,774	43,108	39,476	41,782
Interest Bearing Liabilities	24	12,945	2,809	2,809	12,945	2,809	2,809
Provisions	25	38,849	41,152	35,946	38,862	41,152	35,982
Other	26	97	471	471	97	471	471
<b>Total Current Liabilities</b>		<b>94,994</b>	<b>83,908</b>	<b>81,000</b>	<b>95,012</b>	<b>83,908</b>	<b>81,024</b>
<b>Non-Current Liabilities</b>							
Provisions	25	84,036	84,797	65,737	84,070	84,797	65,770
<b>Total Non-Current Liabilities</b>		<b>84,036</b>	<b>84,797</b>	<b>65,737</b>	<b>84,070</b>	<b>84,797</b>	<b>65,770</b>
<b>Total Liabilities</b>		<b>179,030</b>	<b>168,705</b>	<b>146,737</b>	<b>179,082</b>	<b>168,705</b>	<b>146,794</b>
<b>Net Assets</b>		<b>549,192</b>	<b>547,494</b>	<b>568,688</b>	<b>552,582</b>	<b>547,494</b>	<b>573,433</b>
<b>EQUITY</b>							
Reserves	27	120,367	120,093	120,093	120,367	120,093	120,093
Accumulated Funds	27	428,825	427,401	448,595	432,215	427,401	453,340
<b>Total Equity</b>		<b>549,192</b>	<b>547,494</b>	<b>568,688</b>	<b>552,582</b>	<b>547,494</b>	<b>573,433</b>

The accompanying notes form part of these Financial Statements

South Western Sydney Area Health Service  
Statement of Cash Flows for the year ended 30 June 2003

	Notes	PARENT			CONSOLIDATED		
		Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000	Actual 2003 \$000	Budget 2003 \$000	Actual 2002 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>							
<b>Payments</b>							
Employee Related		(420,093)	(415,398)	(386,831)	(420,320)	(415,398)	(386,843)
Grants and Subsidies		(9,042)	(7,155)	(7,073)	(7,481)	(7,155)	(6,911)
Other		(212,203)	(208,553)	(203,059)	(212,303)	(208,553)	(203,247)
<b>Total Payments</b>		<b>(641,338)</b>	<b>(631,106)</b>	<b>(596,763)</b>	<b>(640,104)</b>	<b>(631,106)</b>	<b>(597,001)</b>
<b>Receipts</b>							
Sale of Goods and Services		62,958	62,656	53,373	62,612	62,656	53,371
Interest Received		1,936	400	960	2,031	400	1,055
Other		19,528	14,385	37,855	16,986	14,385	38,340
<b>Total Receipts</b>		<b>84,422</b>	<b>77,441</b>	<b>92,188</b>	<b>81,829</b>	<b>77,441</b>	<b>92,766</b>
<b>Cash Flows From Government</b>							
NSW Health Department Recurrent Allocations		567,962	567,897	516,888	567,962	567,897	516,688
NSW Health Department Capital Allocations		22,363	22,828	51,991	22,363	22,828	51,991
<b>Net Cash Flows from Government</b>		<b>590,325</b>	<b>590,725</b>	<b>568,679</b>	<b>590,325</b>	<b>590,725</b>	<b>568,679</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	32	<b>33,409</b>	<b>37,060</b>	<b>64,104</b>	<b>32,050</b>	<b>37,060</b>	<b>64,444</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>							
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		914	0	6,132	914	0	6,132
Proceeds from Sale of Investments		0	2,850	1,926	0	2,850	1,523
Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(36,368)	(37,574)	(73,164)	(36,368)	(37,574)	(73,164)
Purchases of Investments		(7,123)	0	0	(4,061)	0	0
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(42,577)</b>	<b>(34,724)</b>	<b>(65,106)</b>	<b>(39,535)</b>	<b>(34,724)</b>	<b>(65,509)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>							
Repayment of Borrowings and Advances		0	0	(94)	0	0	(94)
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		<b>0</b>	<b>0</b>	<b>(94)</b>	<b>0</b>	<b>0</b>	<b>(94)</b>
<b>NET INCREASE / (DECREASE) IN CASH</b>		<b>(9,168)</b>	<b>2,336</b>	<b>(1,096)</b>	<b>(7,485)</b>	<b>2,336</b>	<b>(1,159)</b>
Opening Cash and Cash Equivalents		3,188	3,737	4,284	3,737	3,737	4,896
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	16	<b>(5,980)</b>	<b>6,073</b>	<b>3,188</b>	<b>(3,748)</b>	<b>6,073</b>	<b>3,737</b>

The accompanying notes form part of these Financial Statements

**South Western Sydney Area Health Service  
Program Statement - Expenses and Revenues  
for the Year Ended 30 June 2003**

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			
	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002	June 2003	June 2002
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Expenses</b>																								
Operating Expenses																								
Employee Related	56,561	48,107	693	625	47,936	39,597	37,618	31,918	198,015	174,251	32,525	26,966	35,389	33,166	40,168	39,692	8,754	8,011	19,334	18,057	476,993	420,390		
Visiting Medical Officers	285	198	29	0	4,062	3,811	365	645	23,208	20,469	2,991	2,296	1,353	1,141	942	873	26	238	21	3	33,282	29,674		
Goods and Services	12,930	11,090	139	94	16,756	14,958	15,698	8,636	146,870	126,131	24,764	25,755	6,211	4,818	14,194	11,372	2,505	2,311	3,342	3,047	243,409	208,212		
Maintenance	2,657	2,319	57	30	2,819	2,206	1,708	1,401	10,511	7,904	1,795	1,300	1,761	2,037	2,124	1,591	396	412	746	437	24,574	19,537		
Depreciation and Amortisation	5,253	5,655	39	72	4,718	4,272	2,586	2,618	13,735	13,555	2,381	2,052	1,753	1,987	3,509	3,920	399	287	548	747	34,921	35,165		
Grants and Subsidies	5,145	4,777	1	36	49	23	22	10	338	67	34	12	22	63	582	1,066	137	157	471	145	6,801	6,356		
Borrowing Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Payments to Affiliated Health Organisations	3,280	3,514	0	0	0	0	0	0	0	0	0	0	2,912	3,063	9,799	8,476	0	0	0	0	15,991	15,053		
Other Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total Expenses</b>	<b>86,111</b>	<b>75,660</b>	<b>958</b>	<b>857</b>	<b>76,340</b>	<b>64,867</b>	<b>57,997</b>	<b>45,228</b>	<b>392,677</b>	<b>342,277</b>	<b>64,490</b>	<b>58,381</b>	<b>49,401</b>	<b>46,275</b>	<b>71,318</b>	<b>66,990</b>	<b>12,217</b>	<b>11,416</b>	<b>24,462</b>	<b>22,436</b>	<b>835,971</b>	<b>734,387</b>		
<b>Revenue</b>																								
Sale of Goods and Services	1,458	1,226	41	31	6,494	5,246	5,429	2,167	64,968	52,947	9,749	8,986	173	84	15,569	11,414	71	212	566	619	104,518	82,932		
Investment Income	103	161	2	1	139	90	64	29	913	272	102	14	9	17	255	229	6	10	439	231	2,032	1,054		
Grants and Contributions	2,969	2,142	1	2	1,567	704	387	232	2,844	2,849	74	210	95	160	2,184	1,604	26	94	5,094	5,737	15,241	13,734		
Other Revenue	75	68	3	2	71	47	39	17	289	190	34	22	41	49	65	43	37	46	30	135	684	619		
<b>Total Revenue</b>	<b>4,605</b>	<b>3,597</b>	<b>47</b>	<b>36</b>	<b>8,271</b>	<b>6,087</b>	<b>5,919</b>	<b>2,445</b>	<b>69,014</b>	<b>56,258</b>	<b>9,959</b>	<b>9,232</b>	<b>318</b>	<b>310</b>	<b>18,073</b>	<b>13,290</b>	<b>140</b>	<b>362</b>	<b>6,129</b>	<b>6,722</b>	<b>122,475</b>	<b>98,339</b>		
Gain/ (Loss) on Disposal of																								
Non Current Assets	(3)	(43)	0	0	(48)	(50)	(13)	0	(148)	(86)	(70)	(95)	(1)	(4)	780	(253)	(6)	(1)	(5)	0	486	(532)		
<b>Net Cost of Services</b>	<b>81,509</b>	<b>72,106</b>	<b>911</b>	<b>821</b>	<b>68,117</b>	<b>58,830</b>	<b>52,091</b>	<b>42,783</b>	<b>323,811</b>	<b>286,105</b>	<b>54,601</b>	<b>49,244</b>	<b>49,084</b>	<b>45,969</b>	<b>52,465</b>	<b>53,953</b>	<b>12,083</b>	<b>11,055</b>	<b>18,338</b>	<b>15,714</b>	<b>713,010</b>	<b>636,580</b>		

\* The name and purpose of each program is summarised in Note 19. The program statement uses statistical data to 31 December 2002 to allocate the current year's financial information to each program. No changes have occurred during the period between 1 January 2003 and 30 June 2003 which would materially impact this allocation for the entire year.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**1 The Health Service Reporting Entity**

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

**2 Summary of Significant Accounting Policies**

The Health Service's financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed.

In the absence of a specific Accounting Standard, other authoritative pronouncements of the AASB or UIG consensus View, the hierarchy of other pronouncements as outlined in AAS6 "Accounting Policies" is considered.

Statements of Accounting Concepts are used in guidance in the absence of applicable Accounting Standards, other mandatory professional requirements and legislative requirements.

Except for certain investments and land and buildings, plant and equipment and infrastructure systems, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

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

South Western Sydney Area Health Service  
Notes to and forming part of the Financial Statements  
for the Year Ended 30 June 2003

a) **Employee Benefits and Other Provisions**

i) **Salaries & Wages, Annual Leave, Sick Leave and On Costs  
(Including non-monetary benefits)**

Liabilities for salaries and wages, annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees' services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

Employee benefits are dissected between the "Current" and "Non Current" components on the basis of anticipated payments for the next 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) **Accrued salaries and wages - reclassification**

As a result of the adoption of Accounting Standard AASB 1044 "Provisions, Contingent Liabilities and Contingent Assets", accrued salaries and wages has been reclassified to "payables" instead of "provisions" in the Statement of Financial Position and the related note disclosures, for the current and comparative period. On the face of the Statement of Financial Position and in the notes, reference is now made to "provisions" in place of "employee entitlements and other provisions". Total employee benefits (including accrued salaries and wages) are reconciled in Note 25 "Provisions".

South Western Sydney Area Health Service  
Notes to and forming part of the Financial Statements  
for the Year Ended 30 June 2003

iii) **Long Service Leave and Superannuation**

Long Service Leave is measured on a short hand basis at an escalated rate of 4.1% above the salary rates immediately payable at 30 June 2003 for all employees with five or more years of service. The Government Actuary considers that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

Employee leave entitlements are dissected between the "Current" and "Non Current" components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

The Health Service's liability for superannuation is assumed by the Crown Entity. The Health Service 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.

iv) **Change in Measurement of Recreation Leave and Long Service Leave values**

Both the Employee Related Expenses as disclosed in Note 3 and the Recreation Leave provisions reported in Note 25 have been increased by the 5% salary increase payable in July 2003.

The Long Service Leave component of Employee Related Expenses as disclosed in Note 3 and the Long Service Leave provisions reported in Note 25 have been increased by 4.1% in respect of year end balances at 30 June 2003.

The increase is consistent with the Government Actuary's assessment of measurement requirements per Accounting Standard, AASB1028.

Prior to effecting the current year change in accounting treatment as per the requirements of the "Financial Reporting Code for Budget Dependent General Government Sector Agencies" leave liability had been measured at the salary rates current as at balance date.

The change in accounting treatment has resulted in increases in expenses and provisions of \$ 5.04 million respectively.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**v) Other Provisions**

Other provisions exist when the entity has a present legal, equitable or constructive obligation to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events. These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

**b) Insurance**

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

**c) Revenue Recognition**

Revenue is recognised when the Health Service has control of the good or right to receive, it is probable that the economic benefits will flow to the Health Service 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 the Health Service obtains control of the assets that result from them.

*Patient Fees*

Patient Fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the NSW Health Department from time to time.

*Investment Income*

Interest revenue is recognised as it accrues. Rent revenue is recognised in accordance with AAS17 "Accounting for Leases". Dividend revenue is recognised when the Health Service's right to receive payment is established.

*Debt Forgiveness*

In accordance with the provisions of Australian Accounting Standard AAS23 debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability or the debt is subject to a legal defeasance.

**South Western Sydney Area Health Service  
Notes to and forming part of the Financial Statements  
for the Year Ended 30 June 2003**

*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*

The Health Service 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 the Health Service 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 the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Karitane, Carrington Centennial Hospital, Hope Health Care (Braeside Hospital) and the Benevolent Society of NSW have only been included in the Statement of Financial Performance prepared to the extent of the cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**d) 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.

**e) Inter Area and Interstate Patient Flows**

Inter Area Patient Flows

Health Services recognise patient flows from acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient.

The adjustments have no effect on equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Recurrent Allocation.

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. The Health Services 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 2001/02 activity data using standard cost weighted separation values to reflect estimated costs in 2002/03 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.

**f) 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.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**g) 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 determined as the fair value of the assets given as consideration plus the costs incidental to the acquisition.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

Fair value means the amount for which an asset could be exchanged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

Where settlement of any part of cash consideration is deferred, the amounts payable in the future are discounted to their present value at the acquisition date. The discount rate used is the incremental borrowing rate, being the rate at which similar borrowing could be obtained.

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Health Service are deemed to be controlled by the Health Service and are reflected as such in the financial statements.

**h) Plant and Equipment**

Individual items of plant & equipment costing \$5,000 and above are capitalised.

**i) 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 the Health Service.

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than \$200,000	10.0%
- Costing more than or equal to \$200,000	12.5%
Computer Equipment	20.0%
Computer Software	20.0%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Plant and Machinery	10.0%
Furniture, Fittings and Furnishings	5.0%

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**j) Revaluation of Physical Non-Current Assets**

Physical non-current assets are valued in accordance with the NSW Health Department's "Guidelines for the Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB 1041 from financial years beginning 1 July 2002. There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Health Service.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset's fair value is measured as its market buying price ie the replacement cost of the asset's remaining service potential. The Health Service is a not for profit entity with no cash generating operations.

Each class of physical non-current assets is revalued every five years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The last revaluation was completed on 30 June 2001 and was based on an independent assessment.

Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

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

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

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year from Ordinary Activities, the increment is recognised immediately as revenue in the Result for the Year from Ordinary Activities.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
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Revaluation decrements are recognised immediately as expenses in the Result for the Year from Ordinary Activities, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

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

**k) Maintenance and Repairs**

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

**l) Leased Assets**

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

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

Operating lease payments are charged to the Statement of Financial Performance in the periods in which they are incurred.

**m) Inventories**

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

Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**n) 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.

For current "other financial assets", revaluation increments and decrements are recognised in the Statement of Financial Performance.

**o) Equity Transfers**

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds". This treatment is consistent with Urgent Issues Group Abstract UIG 38 "Contributions by Owners Made to Wholly Owned Public Sector Entities".

Transfers arising from an administrative restructure between Health Services/government departments are recognised at the amount at which the 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.

**p) Financial Instruments**

Financial instruments give rise to positions that are a financial asset of either South Western Sydney Area Health Service or its counter party and a financial liability (or equity instrument) of the other party. For South Western Sydney Area Health Service these include cash at bank, receivables, other financial assets, payables and interest bearing liabilities.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 38 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:

*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 4.01%.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

*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.

*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 Statement of Financial Performance when earned. Shares are carried at cost with dividend income recognised when the dividends are declared by the investee.

Terms and Conditions - Short term deposits have an average maturity of 45 days and effective average interest rate of 4.85% as compared to 4.61% in the previous year. Fixed term deposits have an average maturity of 913 days and effective average interest rate of 7.6% as compared to 5.61% in the previous year.

*Payables*

Accounting Policies - Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

Terms and Conditions - Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

*Interest Bearing Liabilities*

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 Australian Accounting Standard, AAS17.

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate.

Classes of instruments recorded at market value comprise:

*Hour Glass Investment Facilities*

The Health Service has investments in TCorp's Hour Glass Investment facilities. The Health Service'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.

**South Western Sydney Area Health Service**  
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The Health Service's investments are:

	2003	2002
Cash Facility	6,475	6,037
Bond Market Facility	9,886	10,723
Medium Term Growth Facility	8,850	5,939
Long Term Growth Facility	14,238	11,848
	<u>39,448</u>	<u>34,547</u>

These investments are generally able to be redeemed with up to five business days notice (dependent upon the facility). 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.

**q) Payables**

These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest. Interest is accrued over the period it becomes due.

**r) 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.

South Western Sydney Area Health Service  
Notes to and forming part of the Financial Statements  
for the Year Ended 30 June 2003

s) **Reclassification of Financial Information**

"Prepayments" was recognised in prior year statements as "Receivables" whereas, from 2002/03, the Health Service's reporting has been amended to comply with Whole of Government reporting and bring the prepayments to account under "Other Assets". Similarly, the value of Accrued Salaries, Wages and On Costs were included in prior year statements as provisions whereas, from 2002/03, such amounts have been reported as Payables.

As a result of these changes the amounts for 2001/02 have been reclassified to ensure comparability.

t) **Budgeted Amounts**

The budgeted amounts are drawn from the budgets as formulated at the beginning of the financial year and with any adjustments for the effects of additional supplementation provided.

u) **Changes in Accounting Policy**

*Salaried Medical Practitioners - Rights of Private Practice*

With effect from the 2002/03 year the residue of funds available (after deducting the monthly infrastructure fees, medical practitioners drawings, due accounting costs and medical indemnity insurance premium reimbursements) is credited as revenue of the Health Service including amounts brought forward from 30 June 2002.

This recognises the capacity of the Health Service to control the use of the funds. Prior to 2002/03 the residue to hand was recognised as part of the Private Practice Trust Funds balance reported in Note 29.

The effects of the change in accounting policy for 2002/03 are increases in expenses and revenues of \$4.98 million and \$12.41 million respectively including the one off recognition of the cash residual previously recognised as a trust balance at 30 June 2002 (\$9.35 million). Had the change been effected in 2001/02 the comparable figures for 2001/02 would be increases in expenses and revenues of \$3.3 million and \$12.6 million respectively.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>3. Employee Related</b>				
Employee related expenses comprise the following:				
Salaries and Wages	349,806	325,529	350,008	325,717
Enterprise Agreements/Awards	13,016	4,036	13,016	4,036
Long Service Leave [see note 2(a)]	14,173	9,490	14,176	9,497
Annual Leave [see note 2(a)]	40,985	33,409	41,007	33,430
Nursing Agency Payments	9,672	5,326	9,672	5,326
Other Agency Payments	2,525	1,762	2,525	1,762
Workers Compensation Insurance	12,215	15,195	12,215	15,195
Superannuation [see note 2(a)]	34,300	25,356	34,318	25,371
Fringe Benefits Tax *	56	58	56	56
	<u>476,748</u>	<u>420,159</u>	<u>476,993</u>	<u>420,390</u>

Salaries and Wages includes \$ 132,359 paid to members of the Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

\$ Range	Number paid	\$
\$0 to \$15,000	9	111,429
\$15,000 to \$30,000	1	20,930

The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses Note 5 further refers.

**4. Goods and Services**

Computer Related Expenses	460	523	460	523
Domestic Charges	9,182	8,681	9,183	8,682
Drug Supplies	26,638	24,845	26,638	24,845
Food Supplies	7,706	7,345	7,715	7,353
Fuel, Light and Power	4,938	4,613	4,938	4,613
General Expenses (b)	10,742	8,940	10,766	9,013
Hospital Ambulance Transport Costs	1,617	1,285	1,617	1,285
Insurance	1,408	1,491	1,408	1,491
Inter Area Patient Outflows, NSW (c)	106,957	84,479	106,957	84,479
Interstate Patient Outflows (d)	1,558	1,392	1,558	1,392
Medical and Surgical Supplies	35,042	31,238	35,042	31,238
Postal and Telephone Costs	4,590	4,802	4,592	4,605
Printing and Stationery	3,988	3,981	4,007	3,998
Rates and Charges	1,157	1,103	1,162	1,103
Rental	563	601	563	601
Special Service Departments	18,625	16,001	18,625	16,001
Staff Related Costs	4,728	4,297	4,762	4,297
Sundry Operating Expenses (a)	220	148	220	148
Travel Related Costs	3,193	2,542	3,196	2,545
	<u>243,312</u>	<u>208,107</u>	<u>243,409</u>	<u>208,212</u>

(a) Sundry Operating Expenses comprise:  
Aircraft Expenses (Ambulance)

	220	148	220	148
	<u>220</u>	<u>148</u>	<u>220</u>	<u>148</u>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
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**4. Goods and Services (continued)**

	PARENT		CONSOLIDATED	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000
(b) General Expenses include:-				
Advertising	1,199	1,335	1,211	1,335
Books and Magazines	994	974	994	974
Consultancies				
- Operating Activities	477	563	477	563
- Capital Works	56	208	58	208
Courier and Freight	504	447	504	447
Auditor's Remuneration - Audit of financial reports	91	85	94	88
Legal Expenses	202	81	202	81
Membership/Professional Fees	216	169	218	169
Motor Vehicle Operating Lease Expense - minimum lease payments	2,857	2,727	2,863	2,727
Other Operating Lease Expense - minimum lease payments	35	104	35	104
Provision for Bad and Doubtful Debts	886	710	886	710
Other	3,225	1,537	3,228	1,607
	<u>10,742</u>	<u>8,940</u>	<u>10,766</u>	<u>9,013</u>

(c) Expenses for Intra Area Patient Flows, NSW on an Area basis are as follows:-

Central Sydney	28,241	22,969	28,241	22,969
Northern Sydney	3,626	3,029	3,626	3,029
Western Sydney	20,382	17,199	20,382	17,199
Wentworth	4,630	2,832	4,630	2,832
Central Coast	404	444	404	444
Hunter	367	161	367	161
Illawara	1,563	1,316	1,563	1,316
South Eastern Sydney	29,594	21,902	29,594	21,902
Northern Rivers	1,514	78	1,514	78
Mid North Coast	194	180	194	180
New England	141	56	141	56
Macquarie	115	50	115	50
Mid Western	197	107	197	107
Far West	53	13	53	13
Greater Murray	192	68	192	68
Southern NSW	483	214	483	214
Children's Hospital	15,261	13,861	15,261	13,861
	<u>106,957</u>	<u>84,479</u>	<u>106,957</u>	<u>84,479</u>

(d) Expenses for Interstate Patient Flows are as follows:-

Australian Capital Territory	315	451	315	451
Northern Territory	65	27	65	27
Queensland	650	415	650	415
South Australia	98	75	96	75
Tasmania	30	34	30	34
Victoria	298	331	296	331
Western Australia	106	59	106	59
	<u>1,558</u>	<u>1,392</u>	<u>1,558</u>	<u>1,392</u>

**5. Maintenance**

Repairs and Routine Maintenance	13,961	12,480	13,964	12,482
Other				
Renovations and Additional Works	977	1,583	977	1,583
Replacements and Additional Equipment less than \$5,000	9,833	5,466	9,633	5,472
	<u>24,571</u>	<u>19,529</u>	<u>24,574</u>	<u>19,537</u>

The value of Employee Related Expense (Note 3) applicable to Maintenance staff was \$3.293 million for 2002/03 and \$3.118 million for 2001/02, such cost covering engineers, trades staff and apprentices' salary costs, workers compensation and superannuation.

**South Western Sydney Area Health Service**  
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	2003 \$000	2002 \$000	2003 \$000	2002 \$000
<b>6. Depreciation and Amortisation</b>				
Depreciation - Buildings	22,724	23,609	22,724	23,609
Depreciation - Plant and Equipment	12,196	11,556	12,197	11,556
	<u>34,920</u>	<u>35,165</u>	<u>34,921</u>	<u>35,165</u>
<b>7. Grants and Subsidies</b>				
Grants to Non Government	5,537	5,094	5,537	5,094
Other	2,683	1,423	1,264	1,262
	<u>8,220</u>	<u>6,517</u>	<u>6,801</u>	<u>6,356</u>
<b>8. Payments to Affiliated Health Organisations</b>				
(a) Recurrent Sourced				
Carrington Centennial Hospital	1,162	1,019	1,162	1,019
Karitane	3,212	3,136	3,212	3,136
Benevolent Society of NSW	389	378	389	378
Braeside Hospital	<u>11,228</u>	<u>10,276</u>	<u>11,228</u>	<u>10,276</u>
	<u>15,991</u>	<u>14,809</u>	<u>15,991</u>	<u>14,809</u>
(b) Capital Sourced				
Braeside Hospital	0	244	0	244
	<u>0</u>	<u>244</u>	<u>0</u>	<u>244</u>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
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	PARENT		CONSOLIDATED	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000
<b>9. Sale of Goods and Services</b>				
(a) Sale of Goods and Services comprise the following:-				
Patient Fees [see note 2 (C)]	29,709	31,915	29,709	31,915
Staff-Meals and Accommodation	2,073	1,930	2,073	1,930
Infrastructure Charge - Monthly Facility Fees [see note 2(C)]	6,276	5,875	6,276	5,875
Annual Infrastructure Charge - 01/02 & 02/03	11,748	0	11,748	0
Car Parking	1,028	1,135	1,028	1,135
Child Care Fees	690	721	690	721
Commercial Activities	6,073	4,473	6,073	4,473
Fees for Medical Records	145	182	145	182
Non Staff Meals	1,562	1,114	1,562	1,114
Sale of Prosthesis	550	497	550	497
Patient Inflows from Interstate	886	670	886	670
Inter Area Patient Inflows, NSW	40,958	31,903	40,958	31,903
Other	2,820	2,517	2,820	2,517
	<b><u>104,518</u></b>	<b><u>82,932</u></b>	<b><u>104,518</u></b>	<b><u>82,932</u></b>

As disclosed in Note 2(u) the Health Service has recognised the Private Practice residual balance available at year end as revenues with effect from the 2002/03 year. The increase is specifically referenced above as an annual infrastructure charge.

(b) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:

Central Sydney	13,471	10,564	13,471	10,564
Northern Sydney	811	713	811	713
Western Sydney	9,371	8,153	9,371	8,153
Wentworth	1,865	1,385	1,865	1,385
Central Coast	517	491	517	491
Hunter	845	377	845	377
Illawara	2,938	1,769	2,938	1,769
South Eastern Sydney	5,627	3,991	5,627	3,991
Northern Rivers	211	402	211	402
Mid North Coast	808	905	808	905
New England	384	345	384	345
Macquaire	941	778	941	778
Mid Western	660	577	660	577
Far West	201	198	201	198
Greater Murray	444	321	444	321
Southern NSW	1,765	934	1,765	934
Children's Hospital Westmead	99		99	
	<b><u>40,958</u></b>	<b><u>31,903</u></b>	<b><u>40,958</u></b>	<b><u>31,903</u></b>

**South Western Sydney Area Health Service**  
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(c) Revenues from Patient Inflows from Interstate are as follows:-

Australian Capital Territory	184	98	184	98
Northern Territory	41	11	41	11
Queensland	307	252	307	252
South Australia	63	25	63	25
Tasmania	14	27	14	27
Victoria	218	199	218	199
Western Australia	59	58	59	58
	<u>886</u>	<u>670</u>	<u>896</u>	<u>670</u>

**10. Investment Income**

Interest	1,449	536	1,545	630
Lease and Rental Income	487	424	487	424
	<u>1,936</u>	<u>960</u>	<u>2,032</u>	<u>1,054</u>

**South Western Sydney Area Health Service**  
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	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>11. Grants and Contributions</b>				
Grants				
Other -				
Commonwealth Government Grant	5,913	5,329	5,913	5,329
Clinical Drug Trials	710	547	710	547
Other Bodies	11,251	7,596	8,618	7,858
	<u>17,874</u>	<u>13,472</u>	<u>15,241</u>	<u>13,734</u>
<b>12. Other Revenue</b>				
Other Revenue comprises the following:-				
Sale of Old Wares	66	57	66	57
Non User Charges	99	104	99	104
Others	428	309	519	458
	<u>593</u>	<u>470</u>	<u>684</u>	<u>619</u>
<b>13. Gain/(Loss) on Disposal of Non Current Assets</b>				
Property Plant and Equipment	15,458	6,664	15,458	6,664
Less Accumulated Depreciation (20)	<u>15,030</u>	<u>4,953</u>	<u>15,030</u>	<u>4,953</u>
<b>Written Down Value</b>	<b>428</b>	<b>1,711</b>	<b>428</b>	<b>1,711</b>
Less Proceeds from Disposal	914	1,179	914	1,179
<b>Gain/(Loss) on Disposal of Non-Current Assets</b>	<u><b>486</b></u>	<u><b>(532)</b></u>	<u><b>486</b></u>	<u><b>(532)</b></u>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**14. Conditions on Contributions**

	Parent		Consolidated	
	2003	2002	2003	2002
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date				
Purchase of Assets	3,721	1,373	3,721	1,373
Clinical Services	959	823	959	823
Private Practice Funds	6,821	0	6,821	0
Community Services	661	314	661	314
Nursing Services	145	134	145	134
Health Promotion, Education and research	2,922	2,559	5,188	3,494
Staff Amenities & Education	450	658	450	658
Patient Property	5	1	5	1
	<b>15,684</b>	<b>5,862</b>	<b>17,950</b>	<b>6,797</b>
Contributions recognised in previous years which were not expended in the current financial year				
Purchase of Assets	7,850	8,546	7,850	8,546
Clinical Services	632	465	632	465
Private Practice Funds	74	0	74	0
Community Services	360	277	360	277
Nursing Services	500	428	500	428
Health Promotion, Education and research	6,423	6,773	7,495	7,371
Staff Amenities & Education	565	323	565	323
Patient Property	27	25	27	25
	<b>16,431</b>	<b>16,837</b>	<b>17,503</b>	<b>17,435</b>
Total amount of unexpended contributions as at balance date				
Purchase of Assets	11,571	9,918	11,571	9,918
Clinical Services	1,591	1,288	1,591	1,288
Private Practice Funds	6,895	0	6,895	0
Community Services	1,021	591	1,021	591
Nursing Services	645	562	645	562
Health Promotion, Education and research	9,345	9,332	12,683	14,077
Staff Amenities & Education	1,015	981	1,015	981
Patient Property	32	26	32	26
	<b>32,115</b>	<b>22,698</b>	<b>35,453</b>	<b>27,443</b>

Comment on restricted assets appears in Note 22

**South Western Sydney Area Health Service  
Notes to and forming part of the Financial Statements  
for the Year Ended 30 June 2003**

**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.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>16. Current Assets - Cash</b>				
Cash at bank and on hand	1,095	504	2,756	509
Deposits at call	5,870	5,493	6,441	6,037
	<u>6,965</u>	<u>5,997</u>	<u>9,197</u>	<u>6,546</u>
Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:				
Cash (per Statement of Financial Position)	6,965	5,997	9,197	6,546
Bank overdraft	(12,945)	(2,809)	(12,945)	(2,809)
	<u>(5,980)</u>	<u>3,188</u>	<u>(3,748)</u>	<u>3,737</u>
Closing Cash and Cash Equivalents (per Statement of Cash Flows)				

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>17. Current/Non Current Other Financial Assets</b>				
<b>Current</b>				
Treasury Corporation - Hour Glass Facility	31,390	24,266	32,591	28,509
	<u>31,390</u>	<u>24,266</u>	<u>32,591</u>	<u>28,509</u>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000
<b>18. Current/Non Current Receivables</b>				
<b>Current</b>				
(a) Sale of Goods and Services	5,508	3,924	5,508	3,924
Other Debtors				
- Transferred Leave	1,028	320	1,028	320
- Other	6,034	5,332	6,034	5,332
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Sub Total</b>	12,570	9,576	12,570	9,576
Less Provision for Doubtful Debts	(3,142)	(2,975)	(3,142)	(2,975)
	<hr/>	<hr/>	<hr/>	<hr/>
	<b>9,428</b>	<b>6,601</b>	<b>9,428</b>	<b>6,601</b>
	<hr/>	<hr/>	<hr/>	<hr/>
(b) Bad debts written off during the year - Current Receivables				
- Sale of Goods and Services	318	212	318	212
	<hr/>	<hr/>	<hr/>	<hr/>
	<b>318</b>	<b>212</b>	<b>318</b>	<b>212</b>
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Non Current</b>				
(a) Sale of Goods and Services				
- Patient Fees Compensable	2,338	2,746	2,338	2,746
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Sub Total</b>	2,338	2,746	2,338	2,746
	<hr/>	<hr/>	<hr/>	<hr/>
	<b>2,338</b>	<b>2,746</b>	<b>2,338</b>	<b>2,746</b>
	<hr/>	<hr/>	<hr/>	<hr/>
(b) Bad debts written off during the year - Non Current Receivables				
- Sale of Goods and Services	388	669	388	669
- Other	13	40	13	40
	<hr/>	<hr/>	<hr/>	<hr/>
	<b>401</b>	<b>709</b>	<b>401</b>	<b>709</b>
	<hr/>	<hr/>	<hr/>	<hr/>
(c) Sale of Goods and Services includes:				
Patient Fees - Compensable	5,069	4,554	5,069	4,554
Patient Fees - Ineligible	1,633	1,262	1,633	1,262
Patient Fees - Other	1,144	854	1,144	854
	<hr/>	<hr/>	<hr/>	<hr/>
	<b>7,846</b>	<b>6,670</b>	<b>7,846</b>	<b>6,670</b>
	<hr/>	<hr/>	<hr/>	<hr/>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>19. Inventories</b>				
<b>Current - at cost</b>				
Drugs	1,660	1,344	1,660	1,344
Medical and Surgical Supplies	1,392	1,311	1,392	1,311
Food and Hotel Supplies	289	255	289	255
Engineering Supplies	104	97	104	97
Other including Goods in Transit	109	123	109	123
	<u>3,554</u>	<u>3,130</u>	<u>3,554</u>	<u>3,130</u>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>20. Property, Plant and Equipment</b>				
<b>Land and Buildings</b>				
At Fair Value	953,669	942,059	953,669	942,059
Less Accumulated Depreciation	<u>358,101</u>	<u>335,377</u>	<u>358,101</u>	<u>335,377</u>
	<b><u>595,568</u></b>	<b><u>606,682</u></b>	<b><u>595,568</u></b>	<b><u>606,682</u></b>
<b>Plant and Equipment</b>				
At Fair Value	165,821	154,458	165,830	154,473
Less Accumulated Depreciation	<u>95,932</u>	<u>98,760</u>	<u>95,932</u>	<u>98,765</u>
	<b><u>69,889</u></b>	<b><u>55,698</u></b>	<b><u>69,898</u></b>	<b><u>55,708</u></b>
<b>Total Property, Plant and Equipment</b>				
<b>At Net Book Value</b>	<b><u>665,457</u></b>	<b><u>662,380</u></b>	<b><u>665,466</u></b>	<b><u>662,390</u></b>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**20. Property, Plant and Equipment - Reconciliations**

**PARENT**

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
<b>2003</b>					
Carrying amount at start of year	76,028	471,463	71,811	43,078	662,380
Additions	778	495	28,360	8,412	38,045
Disposals	0	0	0	(428)	(428)
Net revaluation increment less revaluation decrements	380	0	0	0	380
Depreciation expense	0	(22,724)	0	(12,196)	(34,920)
Reclassifications	0	62,820	(72,237)	9,417	0
Carrying amount at end of year	<b>77,186</b>	<b>512,054</b>	<b>27,934</b>	<b>48,283</b>	<b>665,457</b>

**CONSOLIDATED**

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
<b>2003</b>					
Carrying amount at start of year	76,028	471,463	71,811	43,088	662,390
Additions	778	495	28,360	8,412	38,045
Disposals	0	0	0	(428)	(428)
Net revaluation increment less revaluation decrements	380	0	0	0	380
Depreciation expense	0	(22,724)	0	(12,197)	(34,921)
Reclassifications	0	62,820	(72,237)	9,417	0
Carrying amount at end of year	<b>77,186</b>	<b>512,054</b>	<b>27,934</b>	<b>48,292</b>	<b>665,466</b>

(i) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(g)].

(ii) The Health Service continues to derive service potential and economic benefits from the following fully depreciated assets:

	2003	2002
	\$000	\$000
Property, Plant and Equipment	37,496	38,191

(iii) Land and Buildings were valued by Global Valuation P/L on 30 June 2001. Mr A.C.Colman JP FAI of Global Valuation Services is not an employee of the Health Service.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000
<b>21. Current/Non Current Assets - Other</b>				
<b>Current</b>				
Prepayments	550	658	550	658
	<u>550</u>	<u>658</u>	<u>550</u>	<u>658</u>
<b>Non Current</b>				
Prepayments	1,845	1,890	1,845	1,890
Other				
- Emerging Right to receive private sector infrastructure	6,695	7,757	6,695	7,757
	<u>8,540</u>	<u>9,647</u>	<u>8,540</u>	<u>9,647</u>

Detailed Disclosure

Private Sector Infrastructure Arrangement	Year Commenced	Term of Arrangement in Years	Carrying Value 2002	Carrying Value 2003	Decrement in Carrying Value recognised in SOFP
Bowral Private Hospital	1993	60 years	5,833	4,810	(1,023)
Bowral Private Medical Imaging	1993	10 years	712	678	(34)
Bankstown Medical GP Service	1998	50 years	1,212	1,207	(5)
			<u>7,757</u>	<u>6,695</u>	<u>(1,062)</u>

Neither new arrangements were entered nor any arrangements ceased during the current financial year.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
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	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>22. Restricted Assets</b>				
<p>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.</p>				
<b>Category</b>				
Property, Plant & Equipment	11,571	9,918	11,571	9,918
Clinical Services	1,591	1,288	1,591	1,288
Private Practice Funds	6,895	0	6,895	0
Community Services	1,021	591	1,021	591
Nursing Services	645	562	645	562
Health Promotion, Education & Research	9,346	9,332	12,683	14,077
Staff Amenities and Education	1,015	981	1,015	981
Patient property	32	26	32	26
	<b>32,115</b>	<b>22,698</b>	<b>35,453</b>	<b>27,443</b>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
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<b>23. Payables</b>	<b>PARENT</b>		<b>CONSOLIDATED</b>	
	<b>2003</b>	<b>2002</b>	<b>2003</b>	<b>2002</b>
	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
<b>Current</b>				
Accrued Salaries and Wages	9,572	7,354	9,572	7,355
Taxation and Other Payroll Deductions	4,313	3,368	4,313	3,368
Creditors	18,204	22,239	18,207	22,240
Other Creditors				
- Capital Works	2,508	726	2,508	726
- Other	8,506	8,087	8,508	8,093
	<u>43,103</u>	<u>41,774</u>	<u>43,108</u>	<u>41,782</u>
 <b>24. Current/Non Current Interest Bearing Liabilities</b>				
<b>Current</b>				
Bank Overdraft	12,945	2,809	12,945	2,809
	<u>12,945</u>	<u>2,809</u>	<u>12,945</u>	<u>2,809</u>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	<b>PARENT</b>		<b>CONSOLIDATED</b>	
	<b>2003</b>	<b>2002</b>	<b>2003</b>	<b>2002</b>
	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
<b>25. Current/Non Current Liabilities - Provisions</b>				
<b>Current</b>				
Employee Annual Leave	28,386	26,937	28,397	26,951
Employee Long Service Leave	4,254	4,032	4,256	4,034
Other	<u>6,209</u>	<u>4,977</u>	<u>6,209</u>	<u>4,977</u>
<b>Total Current Provisions</b>	<b><u>38,849</u></b>	<b><u>35,946</u></b>	<b><u>38,862</u></b>	<b><u>35,962</u></b>
<b>Non Current</b>				
Employee Annual Leave	25,580	16,754	25,588	16,763
Employee Long Service Leave	<u>58,456</u>	<u>48,983</u>	<u>58,482</u>	<u>49,007</u>
<b>Total Non Current Provisions</b>	<b><u>84,036</u></b>	<b><u>65,737</u></b>	<b><u>84,070</u></b>	<b><u>65,770</u></b>
<b>Aggregate Employee Benefits and Related On-costs</b>				
Provisions - current	38,849	35,946	38,862	35,962
Provisions - non current	84,036	65,737	84,070	65,770
Accrued Salaries and Wages and on costs (Note 23)	<u>13,885</u>	<u>10,722</u>	<u>13,885</u>	<u>10,723</u>
	<b><u>136,770</u></b>	<b><u>112,405</u></b>	<b><u>136,817</u></b>	<b><u>112,455</u></b>
<b>26. Other Liabilities</b>				
<b>Current</b>				
Income in Advance	97	471	97	471
	<u>97</u>	<u>471</u>	<u>97</u>	<u>471</u>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**27. Equity**

<b>PARENT</b>	<b>Accumulated Funds</b>		<b>Asset Revaluation Reserve</b>		<b>Total Equity</b>	
	<b>2003</b>	<b>2002</b>	<b>2003</b>	<b>2002</b>	<b>2003</b>	<b>2002</b>
	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
Balance at the beginning of the financial year	448,595	441,752	120,093	120,473	568,688	562,225
Result for the Year after Extraordinary Items	(19,876)	6,843	0	0	(19,876)	6,843
Increment/(Decrement) on Revaluation of: Land and Buildings	0	0	380	(380)	380	(380)
Transfers to/(from) Revaluation Reserves	106	0	(106)	0	0	0
<b>Balance at the end of the financial year</b>	<b>428,825</b>	<b>448,595</b>	<b>120,367</b>	<b>120,093</b>	<b>549,192</b>	<b>568,688</b>

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Health Service's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(j).

**CONSOLIDATED**

Balance at the beginning of the financial year	453,340	446,160	120,093	120,473	573,433	566,633
Result for the Year after Extraordinary Items	(21,231)	7,180	0	0	(21,231)	7,180
Increment/(Decrement) on Revaluation of: Land and Buildings	0	0	380	(380)	380	(380)
Transfers to/(from) Revaluation Reserves	106	0	(106)	0	0	0
<b>Balance at the end of the financial year</b>	<b>432,215</b>	<b>453,340</b>	<b>120,367</b>	<b>120,093</b>	<b>552,582</b>	<b>573,433</b>

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Health Service's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(j).

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

28. Commitments for Expenditure	2003 \$000	2002 \$000
<b>(a) Capital Commitments</b>		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year		
Later than one year and not later than five years	31,515	28,967
Later than five years	22,582	30,576
	<b>54,097</b>	<b>59,543</b>
Of the commitments reported at 30 June 2003 it is expected that \$ 2.2 million will be met from locally generated moneys.		
<b>(b) Other Expenditure Commitments</b>		
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	13,578	7,887
Later than one year and not later than five years	0	0
Later than five years	0	0
	<b>13,578</b>	<b>7,887</b>
<b>(c) Operating Lease Commitments</b>		
Future non-cancellable operating lease rentals not provided for and payable:		
Not later than one year	3,719	3,696
Later than one year and not later than five years	13,642	13,618
Later than five years	0	3,300
	<b>17,361</b>	<b>20,614</b>

Description of Lease	Expiry Date
27 GREENFIELD PARADE, BANKSTOWN	31.05.2004
42 AUBURN ROAD, AUBURN	30.09.2004
16 FISHER STREET, CABRAMATTA	19.11.2003
SHOP 10, ROBERTSON VILLAGE CENTRE	01.01.2004
HAMMONDVILLE PUBLIC SCHOOL, HAMMONDVILLE	31.03.2005
CUDDLES N MUM, CASULA	30.04.2004
MACARTHUR SQUARE, CAMPBELLTOWN	01.12.2003
SUITES 1&2, 157-161 GEORGE ST, LIVERPOOL	10.03.2005
SUITE 5, 157-161 GEORGE ST, LIVERPOOL	10.03.2005
BOWRAL MALL, BOWRAL	06.01.2003

Motor Vehicles- ongoing

**d) Contingent Asset related to Commitments for Expenditure**

The total of "Commitments for Expenditure" above includes input tax credits of \$ 7.7 million that are expected to be recoverable from the Australian Taxation Office.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**29 Trust Funds**

The Health Service holds trust fund moneys of \$ 0.4 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Patient Trust		Refundable Deposits		Private Practice Trust Funds	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000
Cash Balance at the beginning of the financial year	38	39	312	268	9,262	8,974
Receipts	12	49	191	164	0	10,307
Expenditure	12	50	125	120	9,262	10,018
Cash Balance at the end of the financial year	38	38	378	312	0	9,262

As disclosed in Note 2(u) the Health Service has recognised the Private Practice residual balance available at year end as revenues with effect from the 2002/03 financial year. The reduction in the Private Practice Trust Funds balance recognises this change in accounting treatment.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**30 Contingent Liabilities**

**a) Claims on Managed Fund**

Since 1 July 1989, the Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service 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 the Health Service. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Health Service. 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 Health Service.

**b) Workers Compensation Hindsight Adjustment**

When the New Start to the Treasury Managed Fund was introduced in 1995/96 hindsight adjustments in respect of Workers Compensation (three years from commencement of Fund Year) and Motor Vehicle (eighteen months from commencement of Fund Year) became operative.

The calculation of hindsight adjustments was subsequently reviewed in 2000/01 to provide an interim adjustment after three years with a final adjustment at the end of year five.

Under these arrangements the Treasury Managed Fund normally calculates hindsight premiums each year. However, the final workers compensation hindsight adjustment for the 1997/98 fund year and an interim adjustment for the 1999/2000 fund year has not yet been calculated. The basis for calculating the hindsight premium is currently being reviewed and will not be resolved until next financial year.

**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 Department'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.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**31 Charitable Fundraising Activities**

**Fundraising Activities**

The South Western Sydney Area Health Service conducts direct fundraising in all hospitals under its control.

All revenue and expenses have been recognised in the financial statements of the South Western Sydney Area Health Service. Fundraising activities are dissected as follows:

	INCOME RAISED \$000	DIRECT EXPENDITURE* \$000	INDIRECT EXPENDITURE* \$000	NET PROCEEDS \$000
Appeals (In House)	12	6	1	5
Fetes	17	8	0	9
Raffles	1	0	0	1
Functions	58	31	0	27
	88	45	1	42
Percentage of Income	100%	51%	1%	48%

\* 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	3
Heid in Special Purpose & Trust Fund Pending Purchase	39
	42

The provision of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the South Western Sydney Area Health Service are considered appropriate and effective in accounting for all the income received in all material respects.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

	PARENT		CONSOLIDATED	
	2003	2002	2003	2002
	\$000	\$000	\$000	\$000
<b>32. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities</b>				
Net Cash Flows from Operating Activities	33,409	64,104	32,050	64,444
Depreciation	(34,920)	(35,165)	(34,921)	(35,165)
Inter Area/Interstate Patient Outflows	(108,515)	(85,871)	(108,515)	(85,871)
Inter Area/Interstate Patient Inflows	41,844	32,573	41,844	32,573
Provision for Doubtful Debts	(167)	211	(167)	211
Acceptance by the Crown Entity of Employee Superannuation Benefits	(34,300)	(25,302)	(34,318)	(25,318)
(Increase)/ Decrease in Provisions	(23,719)	(10,806)	(23,718)	(10,812)
Increase / (Decrease) in Prepayments and Other Assets	924	1,394	928	1,398
(Increase)/ Decrease in Creditors	3,645	(8,830)	3,645	(8,830)
Net Gain/ (Loss) on Disposal of Property, Plant and Equipment	486	(532)	486	(532)
(NSW Health Department Recurrent Allocations)	(567,962)	(516,688)	(567,962)	(516,688)
(NSW Health Department Capital Allocations)	(22,362)	(51,990)	(22,362)	(51,990)
	<u>(711,637)</u>	<u>(636,902)</u>	<u>(713,010)</u>	<u>(636,580)</u>
<b>33. Non Cash Financing and Investing Activities</b>				
Assets Received by Donation	1,267	952	1,267	952
	<u>1,267</u>	<u>952</u>	<u>1,267</u>	<u>952</u>
<b>34. 2002/2003 Voluntary Services</b>				
It is considered impracticable to quantify the monetary value of voluntary services provided to the health service. Services provided include:				
· Chaplaincies and Pastoral Care	- Patient & Family Support			
· Pink Ladies/Hospital Auxiliaries	- Patient Services, Fund Raising			
· Patient Support Groups	- Practical Support to Patients and Relative			
· Community Organisations	- Counselling, Health Education, Transport, Home Help & Patient Activities			

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**For the Year Ended 30 June 2003**

**35. Budget Review**

Net Cost of Services

The Net Cost of Service result finished \$4.7m favourable to budget. This is mainly due to growth in revenue generated by better market returns on investments, and increased level of grants received from the Commonwealth Government and NSW Government Agencies other than the NSW Health Department. At the same time expenditure on the provision of patients services, and specifically for drugs and medical/surgical supplies and diagnostic tests were significantly higher than anticipated but were offset by a lower level of depreciation.

Assets and Liabilities

Total assets increased by \$15.5m in excess of budget due to increased receivables for patients fees, leave transferred from other Public Sector Health Services and from an increase in investments with the Treasury Corporation above the level expected.

Total liabilities were \$11.1m above the budgeted level and this is primarily in the area of increased Salaries and Wages accrual and technical bank overdraft.

Cash Flow

The net cash flow from investing activities varied from budget by \$4.8m due to a higher level of investments being made than anticipated due to less expenditure being made on Special Purpose & Trust Funds held by the Area Health Service.

Movement in the Level of NSW Health Department Recurrent Allocation

Initial Allocation, 13 September 2002	535,462
Award Increases	13,015
Special Government Programs such as:	13,053
Drug & Alcohol	
Mental Health	
High Cost Drugs	
Aboriginal Health	
Clinical Service Development	
Nurse Recruitment	
Patient Outflow to other Area Health Service	65,999
Emergency Departments Service Development	2,842
Other	4,261
	<hr/>
Balance as per Statement of Financial Performance	<b><u>634,632</u></b>

**South Western Sydney Area Health Service  
Notes to and forming part of the Financial Statements  
For the Year Ended 30 June 2003**

**36. 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 Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services.

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.

**37. Health Research Foundation Sydney South West**

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 administer 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 the 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.

The HRFSSW is a controlled entity of the Area Health Service as defined in Australian Accounting Standard AAS24 "Consolidated Financial Reports" and has been incorporated in the financial statements of the Area as at 30 June 2003. The amounts incorporated in the statement of financial position are as follows:

	<b>2003</b>	<b>2002</b>
	<b>\$000</b>	<b>\$000</b>
Cash	2,232	446
Investments	1,201	4,347
Non Current Assets	8	10
Current Liabilities	(18)	(36)
Non Current Liabilities	(34)	(25)
<b>Net Assets</b>	<b>3,389</b>	<b>4,742</b>

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**38 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.

South Western Sydney Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Statement of Financial Position date are as follows:

Financial Instruments	Floating interest rate		Non-interest bearing		Total carrying amount as per the Statement of Financial Position			
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 %	2002 %
<b>PARENT</b>								
<b>Financial Assets</b>								
Cash	5,870	5,969	1,095	28	6,965	5,997	4.25	4.01
Receivables	0	0	11,766	9,347	11,766	9,347		
Treasury Corp. Investments	31,390	24,266	0	0	31,390	24,266	3.28	1.99
<b>Total Financial Assets</b>	<b>37,260</b>	<b>30,235</b>	<b>12,861</b>	<b>9,375</b>	<b>50,121</b>	<b>39,610</b>		
<b>Financial Liabilities</b>								
Borrowings-Bank Overdraft	12,945	2,809	0	0	12,945	2,809	4.25	4.01
Payables	0	0	43,103	41,774	43,103	41,774		
<b>Total Financial Liabilities</b>	<b>12,945</b>	<b>2,809</b>	<b>43,103</b>	<b>41,774</b>	<b>56,048</b>	<b>44,583</b>		

\* Weighted average effective interest rate was computed on a semi-annual basis.  
It is not applicable for non-interest bearing financial instruments.

Financial Instruments	Floating interest rate		Non-interest bearing		Total carrying amount as per the Statement of Financial Position			
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 %	2002 %
<b>CONSOLIDATED</b>								
<b>Financial Assets</b>								
Cash	6,441	6,519	2,756	28	9,197	6,547	4.25	4.01
Receivables	0	0	11,766	9,347	11,766	9,347		
Treasury Corp. Investments	32,591	28,509	0	0	32,591	28,509	3.28	1.99
<b>Total Financial Assets</b>	<b>39,032</b>	<b>35,028</b>	<b>14,522</b>	<b>9,375</b>	<b>53,554</b>	<b>44,403</b>		
<b>Financial Liabilities</b>								
Borrowings-Bank Overdraft	12,945	2,809	0	0	12,945	2,809	4.25	4.01
Payables	0	0	43,108	41,782	43,108	41,782		
<b>Total Financial Liabilities</b>	<b>12,945</b>	<b>2,809</b>	<b>43,108</b>	<b>41,782</b>	<b>56,053</b>	<b>44,591</b>		

\* Weighted average effective interest rate was computed on a semi-annual basis.  
It is not applicable for non-interest bearing financial instruments.

**South Western Sydney Area Health Service**  
**Notes to and forming part of the Financial Statements**  
**for the Year Ended 30 June 2003**

**38 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.

The South Western Sydney Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

<b>PARENT</b>	Governments		Banks		Patients		Other		Total	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000
Financial Assets										
Cash	5,870	5,969	0	0	0	0	1,095	28	6,965	5,997
Receivables	4,698	4,253	0	0	4,753	3,792	2,315	1,302	11,766	9,347
Treasury Corp. Investments	31,390	24,266	0	0	0	0	0	0	31,390	24,266
<b>Total Financial Assets</b>	<b>41,958</b>	<b>34,488</b>	<b>0</b>	<b>0</b>	<b>4,753</b>	<b>3,792</b>	<b>3,410</b>	<b>1,330</b>	<b>50,121</b>	<b>39,610</b>

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 \$1,632,576 at balance date.

<b>CONSOLIDATED</b>	Governments		Banks		Patients		Other		Total	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000
Financial Assets										
Cash	6,441	6,519	0	0	0	0	2,756	28	9,197	6,547
Receivables	4,698	4,253	0	0	4,753	3,792	2,315	1,302	11,766	9,347
Treasury Corp. Investments	32,591	28,509	0	0	0	0	0	0	32,591	28,509
<b>Total Financial Assets</b>	<b>43,730</b>	<b>39,281</b>	<b>0</b>	<b>0</b>	<b>4,753</b>	<b>3,792</b>	<b>5,071</b>	<b>1,330</b>	<b>53,554</b>	<b>44,403</b>

**c) Net Fair Value**

As stated in Note 2(p) all financial instruments are carried at Net Fair Value, the values of which are reported in the Statement of Financial Position.

**d) Derivative Financial Instruments**

The South Western Sydney Area Health Service holds no Derivative Financial Instruments.

**END OF AUDITED FINANCIAL STATEMENTS**

Appendix to the Financial Statements  
for the year ended 30 June 2003

**1. FUNDS GRANTED TO NON GOVERNMENT COMMUNITY ORGANISATIONS**

Organisation	Amount \$000	Program Area	Purpose
Cabramatta Community Centre	126	1.1 Primary & Community Care	Drug and alcohol prevention for NESB adolescents and parents/ caregivers
GROW Community Program	199	1.1 Primary & Community Care	Residential drug and alcohol treatment service
Macarthur Drug & Alcohol Services	284	1.1 Primary & Community Care	Drug and alcohol counselling, education and support services for youth
Odyssey House	974	1.1 Primary & Community Care	Residential drug and alcohol treatment service
South West Alternative Program	157	1.1 Primary & Community Care	Drug and alcohol assessment, counselling and referral for NESB community
Maryfields Recovery Centre	236	1.1 Primary & Community Care	Alcohol and drug rehabilitation centre
Sydney City Mission	98	1.1 Primary & Community Care	Drug and alcohol prevention and education for young people
Fairfield Youth Recovery Support Team	150	1.1 Primary & Community Care	Drug and alcohol support services to assist families of drug dependent young people.
Cabramatta Community Centre	72	1.1 Primary & Community Care	AIDS awareness project for NESB adolescents and parents/ caregivers
Bankstown Women's Health Centre	301	1.1 Primary & Community Care	Clinical, counselling and health education services for women
Immigrant Women's Health Service	336	1.1 Primary & Community Care	Clinical, counselling and health education services for immigrant women
Lifeline Macarthur	62	1.1 Primary & Community Care	Telephone and face to face counselling services for the general community
Liverpool Women's Health Centre	503	1.1 Primary & Community Care	Clinical, counselling and health education services for women
Southern Highlands Bereavement Care	47	1.1 Primary & Community Care	Bereavement and support service
WILMA Women's Health	330	1.1 Primary & Community Care	Clinical, counselling and health education services for women
Bankstown City Aged Care Ltd	211	4.1 Rehabilitation and extended care	Day care centre for dementia clients
Benevolent Society of NSW	1,184	1.1 Primary & Community Care	Clinical, counselling & health education services for women
Triple Care Farm	36	1.1 Primary & Community Care	Residential drug and alcohol treatment service
Families in Partnership	17	1.1 Primary & Community Care	Improve and develop services to people with disabilities through partnership with their families
Open Family Cabramatta	63	1.1 Primary & Community Care	Youth Drug Court pilot and other youth justice diversionary programs
Quest for Life	150	1.1 Primary & Community Care	Support services to persons suffering from disease, ailment or crisis

Appendix to the Financial Statements  
for the year ended 30 June 2003

**2. CONSULTANTS ENGAGED THROUGHOUT 2002/03**

There were 16 consultants engaged over the 2002/03 financial year for work costing less than \$30,000 each, at a total cost of \$163,365. There were three consultants engaged costing more than \$30,000 during 2002/03, the details of which are as follows:

Consultant Collen Wilson Health Strategies  
 Cost \$32,080  
 Project Preparation of an addendum to the procurement feasibility and an associated PDP for Macarthur & Wingecarribee Mental Health Services

Consultant DH4 Pty Ltd  
 Cost \$246,410  
 Project Develop proposal for consolidation of AHS data centres (state wide)

Consultant Freshfield Pty Ltd  
 Cost \$92,015  
 Project Develop Medical Oncology review implementation approach

**3. LATE PAYMENT OF ACCOUNTS**

- a) No interest was paid as a result of late payment of accounts.
- b) During the financial year, 91% of accounts were paid within agreed payment terms.

**4. PAYMENT OF ACCOUNTS**

The following table facilitates analysis of the Area's performance in relation to trade creditors' accounts outstanding as at 30 June for the past three years:

	2000/01 \$000	2001/02 \$000	2002/03 \$000
Current	12,210	9,915	9,566
Overdue			
30 days	1,550	3,866	5,266
31 to 60 days	201	444	772
Over 60	223	376	726

Appendix to the Financial Statements  
for the year ended 30 June 2003

**5. ACCOUNTS RECEIVABLE- AGE ANALYSIS**

	Current \$000	30 days \$000	60 days \$000	90 days \$000	>120 days \$000	Total
Chargeable	945	114	35	8	43	1,145
Compensable	467	175	155	227	3,719	4,743
Ineligible	294	39	71	87	1,122	1,613
Other	21	23	15	21	265	345
Total	1,727	351	276	343	5,149	7,846

**6. BUDGET DETAILS**

- a) Budget details for the year ended 30 June 2003 are included in the financial statements.
- b) The financial plan for the 2003/04 financial year is outlined in the "Financial Overview".

**7. GROUP SERVICE ACTIVITIES**

The Area operates three Group Services, namely the South Western Area Pathology Service (SWAPS), the Total Nutrition Link (TNL) Food Production Service and the Radiology Network. The following information outlines the financial and operational performance of the three services for the 2002/03 financial year.

	SWAPS \$ 000	TNL \$ 000	RADIOLOGY \$ 000
a) Surplus/ (Deficit) for the period	-412	130	13
b) Long Service Leave Liability at 30 June 2003	3,799	157	560
c) Leave Liability cash reserve balance	2,404	183	16
d) Equipment Replacement reserve balance	1,097	1,563	663

TNL's output during the year was 671 tonnes representing a growth of 3.2% over the previous year.

SWAPS performed 962,068 requests representing an increase of 6.2% over the previous year. Growth was due to services evenly split between public and Privately Referred Patients.

The unfavourable trading result for SWAPS was caused by three factors, a decline in private inpatient revenue, an increase in reagent expenses and the continued transfer of public episodes to the privately referred episodes. Notwithstanding the unfavourable result, total expense per request decreased to \$29.14 a reduction of 0.63% from the previous year, as SWAPS continued to improve the efficiency of its operations.

Appendix to the Financial Statements  
for the year ended 30 June 2003

**8. MAJOR ASSETS**

The following major asset acquisitions were made during the 2002/03 Financial year:-

Asset Description	\$000
25 Woodward Crescent, Miller	258
Nucletron Transabdominal Ultrasound	290
Siemens Ultrasound Machine	256
Clinical Chemistry Analyser	380
Liverpool Medical Research, Bigge Street, Liverpool	1,841

**9. TOTAL STAFF EMPLOYED AT 30 JUNE**

Category	2000/01	2001/02	2002/03
Nursing	2,960	3,089	3,229
Medical & Support	1,958	2,096	2,200
Other	2,287	2,413	2,595
Total	7,205	7,598	8,024

**10. INVESTMENT PERFORMANCE**

As at 30 June 2003 the Area had \$39.448m invested in a range of short and long term securities through the NSW Treasury Corporation Hour Glass Facilities. Return on investments throughout the 2002/03 financial year averaged 3.28% compared to 1.99% returns achieved in the previous year.

Appendix to the Financial Statements  
for the year ended 30 June 2003

**11. FINANCIAL PERFORMANCE INDICATORS**

	Units of Measure	2003	2002
Inventory	Days	5.3	5.5
Trade Creditors	Days	43	31.5
Debtors - Patient Fees	Days	96.4	76.3
Debtors – Other	Days	32	18.9
Annual Leave	Days	34.8	32.1
Long Service Leave	Days	12	9.1
Superannuation	%	7.4	6.3
Annual Leave Owing	Days	45.8	42
Long Service Leave Owing	Days	53.2	52.2
Patient Fees Write-offs	%	2.4	2.8
Workers Compensation	%	2.8	3.8
Employee Related	%	58.2	58.4
VMO	%	4.1	4.1
Goods and Services	%	29.7	28.9
Maintenance	%	3	2.7
Current Asset Ratio	Ratio	0.6	0.6
Quick Asset Ratio	Ratio	0.6	0.5
RMR as a % of Buildings and P&E	%	4.2	3.3

Appendix to the Financial Statements  
for the year ended 30 June 2003

12. CLINICAL DRUG TRIALS

Name of Trial	Pharmaceutical Company	Contribution \$	Full cost Recovery Y/N	Patient / Client Nos. In Trial	Duration/ Period	Purpose of Drug
<b>Liverpool Health Service</b>						
Renal Value 405 study	Novatis Baxter Health Care	5,137 10,902	Y Y	3 63	4 years 3 years	Antihypertensive Dialysis Treatment
Renal NESP Study	Amgen	81,807	Y	18	6-18 months	Calcium/Thyroid treatment
Renal research / Anaemia	Jansen Cilag	66,333	Y	350	Ongoing	Anaemia management
Cardiology clinical trials	Adventis Pharmaceuticals	23,375	Y	16	2 years	Synergy Heparin V Clezan post ACS
Cardiology clinical trials	Glaxo Smith Kline	4,000	Y	1	2 years	Atrial fibrillation
Cardiology clinical trials	Merck Sharpe & Dohme	11,677	Y	17	4 years	A-Z tirofiban & statin post ACS
Aged Care GroPep Trial	Gro Pep	5,000	Y	2	1 year	Treat venous ulcers
Respiratory	Atlana	2,500	Y	20	1 year	Treatment of COPD
APV 30003	Glaxo Smith Kline	2,740	Y	3	1 year	HIV
CDP 571	Celltech Chiroscience	3,200	Y	4	2-3 years	Crohn's Disease
M77001 Trial	Roche Products Pty Ltd	3,550	Y	3	1 years	Advanced Breast Cancer
JMAT Trial	Eli Lilly Australia Pty Ltd	15,541	Y	6	1 year	Lung Cancer
IBCSG 18-98 Trial	ANZ Breast Cancer Trials	6,800	Y	55	1 year	ER &/or PgR Positive Breast Cancer
Aromasin Trial	Pharmacia Australia Pty Ltd	3,400	Y	7	1 year	Metastatic Breast Cancer
NESP Trial	Amgen Australia	3,000	Y	4	1 year	Anaemia for Patients receiving chemo
EFC 3344 Trial	Sanofi-Synthelabo	3,000	Y	3	1 year	Advanced Squamous Cell Carcinoma of the Head & Neck
Cancer Council Trials	NSW Cancer Council	30,000	Y		1 year	Grant
Iressa Trial	Astra Zeneca	3,042	Y	4	1 year	Lung Cancer
ATAC Trial	ANZ Breast Cancer Trials	13,085	Y	31	1 year	Postmenopausal Breast Cancer
S202 & S231 Trials	Eli Lilly Australia Pty Ltd	2,500	Y	8	1 year	Advanced & Recurrent Ovarian Cancer
JMAT	Eli Lilly Australia Pty Ltd	23,673	Y	6	1 year	Lung Cancer
IBCSG 18-98 Trial	ANZ Breast Cancer Trial	17,250	Y	55	1 year	ER &/or PgR Positive Breast Cancer
S202 Trial	Eli Lilly Australia Pty Ltd	1,000	Y	8	1 year	Advanced & Recurrent Ovarian Cancer
Aromasin Trial	Pharmacia Australia Pty Ltd	1,700	Y	7	1 year	Metastatic Breast Cancer
CPT-11 Trial	Pharmacia Australia Pty Ltd	20,000	Y	3	1 year	Lung Cancer

Appendix to the Financial Statements  
for the year ended 30 June 2003

12. CLINICAL DRUG TRIALS (continued)

Name of Trial	Pharmaceutical Company	Contribution \$	Full cost Recovery Y/N	Patient / Client Nos. in Trial	Duration/ Period	Purpose of Drug
Androgen Blockade Trial	Metropolitan Health Svs.	1,200	Y	12	1 year	Prostate Cancer
B9E-AY-5168 Trial	Eli Lilly Australia Pty Ltd	1,600	Y	2	1 year	Pancreatic Cancer
M77001 Trial	Roche Products Pty Ltd	2,100	Y	3	1 year	Advanced Breast Cancer
Big 2-98/IBCSG 20-98 Trial	ANZ Breast Cancer Trials	4,000	Y	22	1 year	Node -Positive Breast Cancer Patients
LIFE Trial	Novatech Communications Pty Ltd	4,333	Y	8	1 year	Advanced Colorectal Cancer
B9E-MC-5202 Trial	Eli Lilly Australia Pty Ltd	500	Y	8	1 year	Advanced and Recurrent Ovarian Cancer
TROG 01-04 Rectal Trial	Peter MacCallum Institute	3,600	Y	5	1 year	Adenocarcinoma of Rectum
HERA Trial	Roche Products Pty Ltd	7,000	Y	3	1 year	HER2-positive Primary Breast Cancer
BIG 2-97/IBCSG 16-98 Trial	ANZ Breast Cancer Trials	950	Y	2	1 year	Primary Breast Cancer
IBCSG 18-98 Trial	ANZ Breast Cancer Trials	14,250	Y	55	1 year	ER &/or PgR Positive Breast Cancer
Neuropathic Bone Pain Trial	Royal Adelaide Hospital	200	Y	6	1 year	Neuropathic Pain Due to Bone Metastases
<b>Bankstown Health Service</b>						
Oncology Clinical Serv.	Genetech	8,950	Y	1	2 years	Trial of Avastin drug
Pact Trial	Bristol Myers Squibb	7,890	Y	64	9 months	Lipid lowering agent
Ophthalmology Xalatan Trial	Pharmacia Australia Pty Ltd	3,000	Y	6	5 years	Glaucoma control
Oncology Clinical Services	Eli Lilly Australia Pty Ltd	5,446	Y	3	3 years	Test of drugs and side effects
Oncology clinical trial	Pra International Eli Lilly Australia Pty Ltd	18,417 7,225	Y Y	6	2 years	Trial of Sanofi product and side effects



# : 02/03

## occupational health and safety

In 2002/03 key performance indicators that enable performance in OH&S to be measured over time are shown below. There has been an increase in the cost of workers compensation insurance reflecting salary increases and an increase in claims experience (compensable workplace injuries) over the past few years. This can be attributed to two factors. Firstly, SWSAHS has experienced recent rapid growth with the redevelopment of five of our hospitals. Historically the incidence of workplace injuries across NSW Health facilities has increased during times of major redevelopment. This has been evident at every site experiencing major building works and the level of workplace injuries has returned to levels comparable to other metropolitan facilities within 12 months of completion. The development phase in SWSAHS is in its final stages at Camden and Campbelltown Hospitals and the rate of staff injuries is expected to fall within the next twelve months.

Secondly, SWSAHS has an aging workforce and the incidence of workplace injury has increased over the last eight years for staff over the age of 50 years.

<b>Insurance premium per employee</b>			
Year	Total Premium	Total Staff (Full Time Equivalent)	Cost per employee
2000/2001	\$13,149,848	7,007	\$1,876
2001/2002	\$13,351,581	6,789	\$1,966
2002/2003	\$16,388,582	7,006	\$2,339

The frequency and severity of workplace injuries across the organisation is monitored and reported quarterly. Claim numbers have increased in all Area Health Services with the introduction of revised Workers Compensation legislation during January 2002. Although this change has had a negative impact on claim numbers experienced during 2001/2002 and 2002/2003, SWSAHS claims frequency remains above the NSW Health average indicating the continued need to focus on workplace safety and injury prevention initiatives.

### Workers Compensation claims per 100 Full Time Equivalent staff (as at 30<sup>th</sup> June 2003)

Fund Year	Number of Claims	SWSAHS claims	NSW Health claims
2000/2001	661	9.0	8.0
2001/2002	739	10.4	8.3
2002/2003	785	10.5	8.4

The type of workplace injuries is analysed and reported quarterly to identify developing trends and allow targeted intervention. The breakdown of workplace injury claim types shown is consistent with trends experienced across the whole of NSW health, with manual handling continuing to represent the most common type of workplace injury.

### Workplace Injury Workers Compensation Claim Types

Injury Type	2000/2001	2001/2002	2002/2003
Manual Handling	33.4%	36.5%	34.8%
Mental stress	6.6%	8.0%	6.7%
Exposure to chemicals	5.1%	5.0%	5.9%
Slips & Trips	17.4%	14.4%	18.0%
Hit by stationary object	18.6%	17.3%	18.5%
Hit by moving object	1.0%	1.0%	2.5%
Vehicle accident	8.6%	8.9%	9.5%
Miscellaneous	9.3%	8.9%	4.1%
<b>Total claim numbers</b>	<b>661</b>	<b>739</b>	<b>785</b>



Manual Handling injuries remain the most significant workplace injury within SWSAHS and across NSW Health. The continued emphasis on staff training, use of safety equipment and the inclusion of manual handling standards in the OH&S Numerical profile have resulted in a reduction in the frequency of injuries of this nature over the last five years.

**Manual Handling Workers Compensation Claims per 100 Full Time Equivalent staff**

Health Service	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Area Average	4.7	4.4	3.2	4	3.8

Major workplace safety programmes undertaken each year include the Occupational Health and Safety Numerical Profile, which is an audit program monitoring the existence of systems, policies and procedures for the promotion of workplace safety. In 2003 strong results were recorded in Rehabilitation & Return to Work, Workers Compensation Claims management, Staff Induction Program and OHS Management Information System elements. Opportunities for improvement exist in respect to Manual Handling, Staff Training and Hazardous Substances & Dangerous Goods elements.

In addition, the Security and Management/Minimisation of Aggression Audit Program (SAMMA) is conducted annually to assist facilities establish a mechanism for measuring safe work practice in relation to the security and personal safety of staff, clients and visitors. The SAMMA program involves the surveying of facilities to measure the existence of policies, procedures and work systems to ensure the safety of staff, patients and visitors. The program is similar to the process used for the OH&S Numerical Profile, however is focused on detailed security issues.

The program is scored on an alphabetical scale with 'D' representing minimal activity through to 'A' being excellence or best practice. The overall results achieved for 2002/03 show a continuing improvement. The number of 'A' scores has increased from 32 during 2000/01 to 54 during 2002/03 and although the number of 'D' scores has also increased so has the number of audits conducted.

The audit program highlighted the following areas as opportunities for improvement:

Recruitment and selection – relating to the identification of high-risk tasks within position descriptions and the incorporation of job demand checklists.

Incident management education and training - 63% of services were graded as a C or D, highlighting the need for improved training regarding security risks and how to identify aggressive persons within the workplace.

Field worker management - relating to the need to continuously ensure risks in client home environments are identified and managed. Additionally, the ongoing need to improve systems to monitor staff whereabouts when undertaking home visits.



## ethnic affairs priority statement

This year we commenced providing interpreters to Home and Community Care (HACC) funded services. This model provides a flexible and proficient interpreter service to a population group previously having only limited access to interpreters. Key achievements include cross-cultural training for HACC Service providers, training interpreters in the HACC service model, development of referral criteria and computerised reporting systems.

A register of Bilingual Health Professionals, Community Educators and other workers with expertise in the area of dementia was established, focussing on community education. Local and national networks have been developed to assist the provision of information and enable ongoing professional development for staff.

Extensive consultations informed the development of a draft Multicultural Health Plan that was circulated for comment in June 2003. The Multicultural Health Plan will be launched in 2003, once approved by the Board.

This year the Cabinet Office awarded us funds to implement a *Families First* Multicultural Project. This is a multi-strategic early parenting program designed to improve the health and well being of young families from culturally and linguistically diverse (CALD) backgrounds in South West Sydney. The service components include a sustained home visiting program providing culturally competent education and support for young CALD families. Supportive groups for newly arrived women and women from refugee-like backgrounds will be provided to facilitate antenatal education and enhance social integration.

The SWSAHS Ethnic Obstetric Liaison (EOL) Service review prompted the development of an innovative service model. Staff have been trained to conduct the *Families First* Home Visiting program.

In June 2003 we held a forum called "The Health and Settlement of Older Refugees". Bringing together a range of experts and workers concerned with providing appropriate and timely care for older refugees, the forum

sought to raise awareness of refugee ageing issues, to influence aged care policy and to address the needs and issues impacting on the delivery of services to older refugees. Agencies involved in the forum included NSW Refugee Health Service, SWSAHS Ethnic Aged Advisor, the Ethnic Communities Council of NSW, the Refugee Council of Australia, STARTTS, the Centre for Mental Health, NSW Transcultural Aged Care Service and the Transcultural Mental Health Centre.

The Health Care Interpreter Service Inpatient Program targets Vietnamese, Chinese and Arabic speaking patients and carers. The Inpatient Program seeks to ensure higher quality health care by enhancing patient and family participation in the care of patients. An evaluation of the Program will demonstrate whether benefits such as improved access to interpreters and reduced delays in accessing information necessary for decision making, have been achieved.



## hospital auxiliaries

### bankstown health service

#### Bankstown-Lidcombe Hospital Auxiliary

President	Alf Long
Secretary	June Ryan
Treasurer	Harvey Worth
No. of Members	85
Funds Raised	\$60,585

### fairfield health service

#### Fairfield Hospital Auxiliary

President	Margaret Mason
Secretary	Wilma Stewart
Treasurer	Bill Mason
No. of Members	29
Funds Raised	\$30,000

### liverpool health service

#### Busby Auxiliary

President	Nola Dean
Secretary	Elaine Young
Treasurer	George Dean
No. of Members	13
Funds Raised	\$62,073.72

#### Liverpool Hospital Auxiliary

President	Elizabeth Johnson
Secretary	Robyn Jance
Treasurer	Pat Goggins
No. of Members	28
Funds Raised	\$40,632.35

#### Moorebank/Chipping Norton Auxiliary

President:	Elizabeth Winner
Secretary:	Judy Hughes
Treasurer:	Patsy Colarco
No. of Members:	9
Funds Raised:	\$35,000 (approx.)

#### Colonial Club Auxiliary

President:	John Frame
Secretary:	Margaret Peade
Treasurer:	David Nolan
No. of Members:	26
Funds Raised:	\$12,000

### macarthur health service

#### United Hospitals Auxiliary – Campbelltown Branch

President	Faye Last
Secretary	Barry Kemister
Treasurer	Gail Smith
No. of Members	50 – 60
Funds Raised	\$33,063.00

### wingecarribee health service

#### Bowral Hospital Auxiliary

President	Lucy Donkin
Secretary	Wendy Pedley
Treasurer	Joan Liebmann
No. of Members	35
Funds Raised	\$29,465

#### Moss Vale Auxiliary

President	Val Cuningham
Secretary	Sandra D'Adam
Treasurer	Rikky Winley
No. of Members	31
Funds Raised	\$6,085

#### Burrawang/Wildes Meadow Auxiliary

President	Jenny Gair
Secretary	Audrey Jackson
Treasurer	Anne Ford
No. of Members	23
Funds Raised	\$2,300



:02/03

## health research foundation sydney south west: research projects awarded in 2002-2003

### **Ms Christine Allman**

Senior Cardiac Scientist, Department of Cardiology, Liverpool Hospital

This study will identify early signs of development of doxorubicin-induced cardiomyopathy.

### **Dr Enzo Binotto**

Staff Specialist, Department of Microbiology and Infectious Diseases, South West Area Pathology Service (SWAPS)

This study will look at the DNA of *Neisseria meningitidis* (NM), a bacterium that causes infection, popularly known as meningococcal disease (MD), to allow researchers to monitor which strains of NM are causing infections.

### **Professor Adrian Bauman**

Professor of Public Health and Epidemiology, SWSAHS

The study will look at the effects of a brisk walking regimen based on a simple motivational tool (i.e. a pedometer).

### **Dr Minote Apte**

Senior Research Fellow and Director of the Pancreatic Research Group, Liverpool Hospital

The overall aim of this project, is to determine the mechanism(s) by which alcohol consumption leads to scarring of the pancreas. Investigate the capacity of stellate cells to metabolise and store vitamin A and examine the influence of alcohol on this process to assess the role of vitamin A in preventing/inhibiting PSC activation.

### **Dr Barbara Depczynski**

Staff Specialist, Diabetes Centre

Investigating non-alcoholic steatohepatitis or NASH, a condition of the liver where fat accumulates and causes damage, specifically a build up of scar tissue. This study will examine whether metformin and diet, as compared to a control group of diet alone, is truly useful for the treatment of NASH.

### **Dr Paul Edwards**

Visiting Medical Officer, Department of Gastroenterology, Liverpool Hospital

This study will use an ultrathin gastroscope to allow endoscopy to be performed in the ED without the use of intravenous sedation. Overall, this change in management could herald a new indication for ultrathin gastroscopy, as well as dramatically altering the management of upper gastrointestinal bleeding.

### **Dr Leon Heron**

Career Medical Officer, SWSAHS Public Health Unit

This project aims to explore how well babies born to hepatitis B virus (HBV) infected women are protected in the less well controlled circumstances of a regular health service.

### **Dr Dominic Leung**

Senior Staff Cardiologist, Department of Cardiology, Liverpool Hospital

The findings of this project will provide clear guidelines for health professionals about how to

prevent and manage painful contractures and ensure that future stroke patients will receive the most effective treatment.

### **A/Professor Stephen Lillioja**

Director of the Diabetes Clinic, Liverpool Hospital

This study will look to improve the understanding of Gestational (pregnancy) Diabetes (GDM) by searching for the genes that cause GDM.

### **Professor Gwynnyth Llewellyn**

Professor of Occupation and Leisure Sciences, The University of Sydney

The project builds on a study already underway, which is investigating prenatal care and birth outcomes for expectant mothers with intellectual disability (Health Research Foundation Grant, No: 2002.8.15). The study will result in knowledge about when and how best to intervene to promote effective parental caregiving and foster healthy development in the infants of parents with intellectual disability.

### **A/Professor Guy Marks**

Senior Staff Specialist and Director of the Department of Respiratory Medicine, Liverpool Hospital

The study will evaluate genetic and non-genetic risk factors for reactivation of tuberculosis (TB) in a cohort of tuberculin skin test (TST) positive subjects, in whom incidence cases of TB have been or will be identified.

### **Mr Ghinea Narcyz**

Research assistant, Department of Neurosurgery at Liverpool Hospital

The research is for a PhD under the supervision of Dr James van Gelder, Neurosurgeon at Liverpool Hospital. He is developing a novel system of using computers to assist surgeons to make more informed decisions on major operations. He has so far developed a computer decision support system for the decision to treat unruptured intracranial aneurysms. The project is unique because it represents collaboration between a mathematician, a statistician and a surgeon for the purposes of providing tools for clinicians to use for decision making. There has not been anything identified or any other projects in the medical field that are comparable to the work achieved so far in Dr Narcyz's project.

### **Ms Qing Shen**

Research assistant, Department of Aged Care and Rehabilitation, Bankstown-Lidcombe Hospital.

Under the supervision of Associate Professor Daniel Chan, the Director of the Bankstown-Lidcombe Department of Aged Care and Rehabilitation, Ms Shen will be investigating strokes as one of the leading causes of death and disability in the elderly. Elderly patients (aged greater than 65 years) have been largely ignored as an independent group. In addition, stroke risk factors and its treatment in patients from English-speaking background (ESB) and non-English speaking background (NESB) have not been studied in Australia. This project will look into the above issues and will aim to present a current profile of stroke risk factors and outcomes in the above areas.



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