



**South Western Sydney
Area Health Service**

Annual report 2001/2002



Annual General Meeting

The fourteenth Annual General Meeting will commence at 3pm on Friday, 6th December 2002 at the Auditorium, Level 4, Bankstown Hospital, Eldridge Road, Bankstown.

Production

This Annual Report has been designed and printed in accordance with the NSW Government's guidelines which emphasise cost effectiveness. Cost \$5.46 each (1200 Units)

This report is also available on South Western Sydney Area Health Service's website: www.swsahs.nsw.gov.au

GUARANTEE OF SERVICE

We guarantee that the range and quality of services available to you will be the same irrespective of whether you choose to be treated as an uninsured or private patient.

As a private patient you may choose your doctor from those on the staff of the hospital, except in emergencies.

In cases of a clinical emergency, immediate attention is guaranteed in a public hospital.

Your needs will be responded to in a timely and courteous manner. At all times emergency cases will be given treatment priority.

Access to qualified interpreters is available if required.

HEALTH SERVICES ACT 1997

South Western Sydney Area Health Service is constituted under the Health Services Act 1997. The principal reason for the existence of health services is to facilitate the conduct of public hospitals and other health institutions and the provision of health services for residents of the areas of the State in respect of which the services are constituted. The area health service system was first established under the Area Health Services Act 1986. The primary purpose is to:

- (a) Provide relief to sick and injured persons through the provision of care and treatment; and
- (b) Promote, protect and maintain the health of the community.

Our Purpose

South Western Sydney Area Health Service's purpose is to provide good health care to, and achieve better health for the people of the Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly Local Government Areas.

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Highlights

- Joint winner of Minister's Peak Award at 2001 Baxter Health Awards for introduction of Chest Pain Guidelines.
- New Camden Hospital completed.
- Campbelltown Hospital Stage Two ready to open in November 2002.
- Commitment to new Mental Health Unit at Liverpool.
- New Adolescent Mental Health Service commenced at Campbelltown Hospital.
- New Community Health Service building opened in Bankstown.
- Programs introduced to improve care for the chronically ill.
- Area Cancer Network set up.
- Aboriginal health programs expanded in line with SWSAHS Aboriginal Health Strategic Plan.
- Youth Health Centre opened in Bowral.
- Liverpool Hospital receives funding to install MRI and PET scanners, making it one of the best equipped diagnostic hospitals in Sydney.
- NSW Government announces \$9 million expansion of Liverpool emergency department to cope with increased demand.
- Neurosurgery commenced at Bankstown-Lidcombe Hospital.
- Fairfield and Liverpool Hospitals network to provide better trauma and elective orthopaedic surgery.

Report of the CHAIRMAN & CHIEF EXECUTIVE OFFICER

It is our pleasure to present this Annual Report to the Minister for Health and to the people of South Western Sydney.

This was yet another year of considerable progress for South Western Sydney Area Health Service (SWSAHS).

Total Government funding for the 2001/2002 financial year increased by \$46.114 million to \$643.760 million. This represents a continuation of the NSW Government's commitment to enhance funding to the South Western Sydney area in order to achieve equity of funding across all health services.

The Area's net cost of services was \$636.58 million compared to a budget of \$641.037 million, giving an operating result of \$7.180 million (budget \$2.566 million).

The Area continues to use increased funds to enhance services in key areas. It is achieving a growing reputation for the quality of the programs it is introducing to meet target areas of concern.

There is no better example of this, than the Area's achievement at the 2001 Baxter Health Awards when it was joint winner of the Minister's Peak Award – the highest award available in New South Wales. The award was for new guidelines introduced to emergency departments in South Western Sydney for the treatment of chest pain, one of the most common afflictions in people seeking emergency treatment.

Achieving that kind of excellence is a key goal across the wide range of health services provided in South Western Sydney. That program also demonstrates the increased level of clinician involvement across the Area. Clinician involvement in decision-making is fundamental to the future of the organisation. A review of the organisational structure was undertaken during the 2001/2002 year, with increased clinician involvement as one of its aims. As a result of that review, changes to the organisational structure will occur during the 2002/2003 financial year.

SWSAHS's purpose is to provide good health care to, and achieve better health for, the people of South Western Sydney.

In order to achieve that purpose, SWSAHS has established seven key challenges, designed to build the effectiveness of our services. Those challenges are outlined on page 19 of this document. The initiatives outlined on the following pages are all designed to meet those challenges.

Performance Agreement

During the 2001/2002 year, SWSAHS achieved 96% of its Health Department performance agreement targets either fully or partly - 79% were fully achieved and 17% were partially achieved. Due to factors outside of

Report of the Chairman & Chief Executive Officer

SWSAHS's control, 4% of targets were not achieved.

The highlights of the organisation's achievements in the 2001/2002 financial year are outlined in the following pages.

However, the progress in capital development is particularly pleasing - this includes the new Camden Hospital which commenced operation during the year, and Stage Two of the Campbelltown Hospital which was also completed in 2002.

As well, funding was made available for an MRI scanner and the State's second Positron Emission Tomography (PET) scanner - these will bring Liverpool Hospital to the forefront of New South Wales' diagnostic capability.

Community Support

Before moving on to summarise, it is important to acknowledge the support health services in South Western Sydney receive from our communities.

Throughout the Area we have very active auxiliaries which selflessly fund-raise to help provide equipment for our services. Likewise, we have very strong commitments from local clubs and from the business community. We are eternally grateful for this support.

In addition, our facilities have received substantial donations over the year, which we greatly appreciate.

It is also important that we acknowledge the time our Volunteers give to our services. Their contribution is outstanding and critical in an organisation that is striving to meet ever increasing demands from such a rapidly growing population.

Summary

Many initiatives to reform and improve the way services are provided have commenced during the 2001/2002 year.

We would like to place on record our appreciation to the Minister for his continued support and the Director General of Health, Mr Mick Reid, who retired at the end of 2001. We appreciated his assistance and that of his staff during the year.

Finally, we want to thank the staff of South Western Sydney Area Health Service for their outstanding work during a year in which we have continued to build and improve our services.

Mr Grahame Bush OAM
Chairman

Mr Ian Southwell
Chief Executive Officer

Patient & Staffing Statistics

	Consolidated Total	
	2001/2002	2000/2001
BED CAPACITY		
<i>Total Beds As At 30 June</i>	1,937	1,912
<i>General Hospital Bed Number</i>	1,574.7	1,533.4
INPATIENT DETAILS		
<i>No. in Hospital As At 1 July</i>	1,542	1,534
<i>Admissions during year</i>	133,425	133,258
<i>Total patients treated</i>	134,967	134,792
<i>Separations during year</i>	133,362	133,250
<i>No. in Hospital as at 30 June</i>	1,605	1,542
<i>No. Same Day Admissions</i>	52,090	50,061
<i>% of Same Day Admissions to Total</i>	39.0	37.6
<i>Bed Days of inpatients treated</i>	622,990	612,791
<i>Available Bed Days</i>	666,908	657,747
OPERATIONS		
<i>Inpatient Operations</i>	46,437	43,641
<i>% of operations to admissions</i>	34.80	32.75
<i>Outpatient Operations</i>	29,110	26,820
BABIES		
<i>Number of live births</i>	9,599	10,416
<i>Bed Days of newly born babies</i>	21,891	25,018
<i>Adjustment for A.D.A.</i>	30.0	34.3
OUTPATIENTS		
<i>Occasions of Service</i>	1,980,607	1,832,210
<i>Adjustment for A.D.A.</i>	542.6	502.0
AVERAGES		
<i>Daily Average of inpatients</i>	1,646.8	1,610.3
<i>Adjustment for babies and outpatients</i>	572.6	536.2
<i>Adjusted daily average (A.D.A.)</i>	2,219.5	2,146.6
<i>Average stay of inpatients (days)</i>	4.7	4.6
<i>Bed Occupancy rate (%)</i>	90.1	89.4
<i>Average cost per bed day</i>	\$825.52	\$787.85
STAFFING DETAILS		
<i>Nursing</i>	3,155.0	3,107.0
<i>Medical and Support Services</i>	2,254.9	2,086.9
<i>Other</i>	1,972.1	1,792.9
<i>Total Staff Employed as at 30 June</i>	7,382.0	6,986.8
<i>Average staff numbers for 12 months</i>	7,135.9	6,925.9
<i>Admissions per hospital staff</i>	18.1	19.1
<i>Occasions of service per staff</i>	268.3	262.2
REVENUE ANALYSIS		
<i>% Chargeable Patients</i>	22.7	23.1
<i>Collection Rate (Inpatients)</i>	105.2	98.0
<i>Debtors days outstanding (Inpatients)</i>	148	177

Note: For patient and staffing statistics on each sector please refer to pages 12-17

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Aboriginal Health

SWSAHS continues to implement its Aboriginal Health Strategic Plan, launched in 2001. With approximately 25% of Sydney's total indigenous population living in the South West, Aboriginal health is a priority for the service.

Key achievements in implementing the Plan included. -

- The Aboriginal Men's Health Program was expanded into Macarthur, in collaboration with the Tharawal Aboriginal Corporation.
- An Aboriginal Dental Health Clinic at Hoxton Park Community Health Centre was established during the year to deal with one of the key issues for indigenous people's health.
- SWSAHS and Tharawal Aboriginal Corporation established the Aboriginal Infant Home Visiting Program in the Macarthur sector and are developing plans to expand the program across the Liverpool, Bankstown and Fairfield sectors.
- SWSAHS and Tharawal Aboriginal Corporation have established an Aboriginal Vascular Health Program and the Aboriginal Infant and Maternal Health Project, already entrenched in Macarthur, is being expanded into the Liverpool, Bankstown and Fairfield sectors.
- SWSAHS has established an Aboriginal Sexual Health Steering Committee that has oversight of the Aboriginal Sexual Health Service at Bigge Park Centre in Liverpool.
- The progress of the SWSAHS Directions in Aboriginal and Torres Strait Island Employment 2000-2003 Plan has been evaluated. The program has been successful in increasing employment of the ATSI population within the Health Service.
- The SWSAHS Aboriginal Health Strategic Plan 2001-2006 was launched in July 2001.
- The Area Aboriginal Health Unit was established in June 2002.
- A Director of Aboriginal Health position was established in June 2002.

Chronic & Complex Care

The Area has been identifying and implementing initiatives in order to better care for patients with chronic and complex conditions. The Chronic and Complex Care Program is one of the Government's key State-wide strategies to reduce the need for people with long term chronic conditions to be hospitalised and to improve the overall quality of their lives.

During the year Chronic and Complex Care Program models were finalised and agreed to by all clinical governors and Divisions of General Practice in our Area. As of June 2002 over 25 clinicians had been employed with 1439 patients registered to the Program. Significant achievements include. -

- care planning systems in place;
- increases in enhanced primary care uptake items in all sectors;
- pulmonary rehabilitation and smoking cessation programs started;
- performance indicators established;
- consumer representatives appointed to the chronic and complex care steering committee.

Mental Health

The development of mental health services in South Western Sydney continues as a priority. A strategic plan for adult population-based mental health services, using the Mental Health-Clinical Care Prevention Model has been completed.

Staffing levels for specified age groups for ambulatory contacts and acute inpatient care have been met. Early intervention staff have been designated in each sector, with a comprehensive program developed in Liverpool and Fairfield.

Training and prevention programs have been conducted in schools across South Western Sydney and a School Link Conference was attended by over 250 people.

Service Access Strategies

Access to services is a key issue for the people of South Western Sydney.

A comprehensive winter strategy was put in place to deal with the demand on emergency departments and medical beds.

The increased networking of the ambulance service and the emergency departments is improving the efficient use of resources to assist the health service meet peak winter demand. The Area achieved its

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targets for Triage 1 and Triage 2 patients in Emergency Departments.

The Area also achieved all intensive care service targets for the number of out-of-Area transfers and number of ICU bed transfers.

There continues to be an emphasis on providing day only surgery and admitting patients on the day of their surgery wherever possible. The Area achieved its targets for both.

Service Development and Strategies

SWSAHS and GPs agreed a protocol for notifying GPs of patient admission and discharge within one week of each event.

The SWSAHS Strategic Resource Plan was completed and submitted to NSW Health. The Plan is being used as a benchmark.

Other service developments and strategies included.-

- Planning and construction work is on target for the installation of an MRI scanner at Liverpool Hospital in late 2002.
- Paediatric surgeons have been cross-appointed at Liverpool and Campbelltown, with rosters in effect from January 2002.
- The SWSAHS Oral Health Strategic Plan was completed and endorsed by the Board of Directors in December 2001.
- A neurosurgery service was established at Bankstown Hospital with a fortnightly list, by networking with Liverpool Hospital's neurosurgery service.
- The SWSAHS Strategic Plan for Renal Dialysis Services was adopted by the Board in November 2001.
- Orthopaedic elective and emergency networking for Campbelltown, Fairfield and Liverpool Hospital's commenced on 21 January 2002 and is progressing well.
- The new Camden Hospital commenced services in November 2001. It's formal opening by the Premier of NSW scheduled for 30 September 2002.
- A new Adolescent Mental Health Unit providing both in-patient and out-patient services was opened by the Governor of NSW, Professor Marie Bashir AC, at Campbelltown Hospital in October 2001.

- The Area continued to implement the SWSAHS Disability Action Plan 2000-2003
- Programs were developed and implemented to increase awareness of benefits and participation in physical activity in targeted communities
- Programs were developed and implemented to increase awareness of the risk associated with smoking and passive smoking and reduce smoking in the targeted communities
- Systems were developed to identify all women who give birth in SWSAHS hospitals and electronically transfer this information to the early childhood nursing services within each sector. They then contact all women (100%) to offer a home visit. Uptake of home visits within two weeks ranges from 14% - 87% across the different sectors. This was a major step forward as part of the Families First initiative.
- Neonatal admission and discharge criteria were implemented in all sectors and evaluated.
- Teleradiology links were established between Macarthur, Liverpool and Fairfield sectors.

South Western Area Pathology Service (SWAPS)

Following multiple inspections of Area and sector laboratories throughout 2001, all laboratories within SWAPS have been granted re-accreditation by the National Association Testing Authority (NATA) for a further three years. This was a major achievement, requiring compliance with stringent international standards (ISO 17025), many of which relate to the processes of quality assurance.

Both the Camden and Bowral laboratories have new premises. Each is larger, purpose built and better equipped to meet not only present, but future demands for services.

To ensure that SWAPS provides diagnostic services that are not only accurate but also effective and timely, SWAPS participates in a number of Quality Assurance programs that monitor the non-analytical aspects of our service such as turn-around times and incorrect collections etc. The College of American Pathologists from whom an Award for achievement in service improvement was received during the year, provides these programs.

In addition to the extensive teaching sessions SWAPS supplies to medical students, there were significant milestones in post graduate training including a 100% pass rate in the examinations of the Royal College of Pathologists of Australasia, with two staff completing their finals and being admitted to Fellowship. Also, several scientific staff completed higher academic degrees during the year.

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Health Research Foundation Sydney South West

The Health Research Foundation's annual premier fundraising event, the dinner dance held on 25th May 2002, was attended by 650 guests from the local community. This year the Foundation raised almost \$1.6 million in funding after 'dollar for dollar' matching funds were provided by the New South Wales Government. This amount also includes \$100,000 as part of the commitment by Ingham Enterprises to contribute \$500,000 over five years and a \$250,000 contribution from Lady Mary Fairfax from the 'Home for Health' project. The total achieved from fundraising activities will further add to the financial base for promoting research within SWSAHS.

The Chairman of the Foundation, Roy Medich and his committee, have done outstanding work in raising funds.

In May, the Minister for Health announced the NSW Government's approval of the incorporation of the Ingham Institute. The establishment of the Ingham Institute will be a major boost to the long-term prospects for health and medical research within the South Western Sydney Area, as well as fulfilling a long-held wish of the Ingham brothers. The NSW Government and SWSAHS are engaged in discussions to secure funding for the construction of an appropriate research facility. This building will not only accommodate the Ingham Institute, but will also provide facilities for other research groups that currently exist within the Area. Agreement has been reached with the Department of Housing to acquire land in Campbell Street, Liverpool on which to locate a building to accommodate the Institute.

The Minister also announced a proposed South Western Sydney Bowel Cancer Screening Program to be named after one of the Foundation's founders and stalwarts, Dominic Vitocco. The recently opened Campbelltown Breast Screening clinic is to be named after Lady Mary Fairfax.

Assessment and awarding of Round 7 and 8 research grants and Round 7 PhD scholarships were completed during the year. The Foundation was greatly assisted in this complex process by the generous involvement of numerous academics and senior health and medical professionals from within and external to the Area, who freely gave their time and expertise to the assessment process. During the year, the Health Research Foundation awarded 26 grants for research projects and PhD scholarships to the total amount of \$551,522.

As a major component of the "community leaders program", four community groups undertook visits and tours of the research facilities within SWSAHS,

including presentations by Area researchers and staff.

Arrangements have been formalised to establish a "Research Hub" partnership between SWSAHS and the Westmead Research Hub. The Westmead Research Hub was formed in 2001. Health and medical research can play a key role in the development of a world-class biotechnology precinct in the Western suburbs of Sydney.

The Research Training Committee further progressed research training by conducting seminars in collaboration with other research institutes. In addition, a research training mentoring database was developed and implemented.

Human Resources

The Area Human Resources Plan aims to address key human resource areas. This is designed to lay the ground work for the Area Health Service to attract, develop and retain the best staff whilst further becoming a learning and teaching organisation.

A Recruitment and Retention Working Party was established to specifically examine and develop strategies to address recruitment and retention issues.

An additional five positions were included in the Elsa Dixon Program for the employment of people of Aboriginal & Torres Strait Islander (ATSI) descent. This will assist the Area in increasing the number of ATSI employees in order to better reflect the composition of the local community. The additional positions bring the total number of positions in this program to twenty.

The Area participated in a program to facilitate the employment of people who have a disability. Five people were employed as a result of the program.

Area Commercial Services

To facilitate the safe and durable return to work by staff who have sustained a work-related injury, an accredited Injury Management Consultant has been located at Liverpool Hospital, working from the Outpatients Department on a weekly basis. The service provides for the speedy assessment and monitoring of work-related injuries and at the same time facilitates occupational rehabilitation.

In conjunction with NSW Supply, negotiations were undertaken with motor vehicle manufacturers to acquire vehicles based on an agreed volume over a defined period of time. The arrangement achieved significant rebates for the Area Health Service as a consequence of vehicle manufacturers being able to better forecast and program production.

In order to continually improve workplace safety, Occupational Health & Safety Numerical Profile and Security & Minimisation/ Management of Aggression

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(SAMMA) programs are conducted annually. Both programs measure the existence of policies, procedures and systems in the workplace to ensure the safety of staff, patients and visitors. Audit results this year identify improvements to workplace safety requirements.

Area Radiology Network

The Area Radiology Network was formally established during the year with progress made towards uniformity in processes including recruitment, finance, product usage and management generally.

Implementation of workforce strategies resulted in the recruitment of six 'Area of Need' overseas qualified Radiologists to positions at Liverpool, Macarthur and Fairfield Health Services, two of whom have gained Australian qualifications during the year.

Teleradiology links were established between Liverpool, Macarthur & Fairfield and the homes of participating radiologists, promoting improvements to service delivery.

Area HR Development Service

Child Protection and EnAct training has been provided to 100% of targeted health workers in SWSAHS in accordance with the NSW Health Training and Communication Plan.

Significant progress has been made with the implementation of the Aboriginal Health Information Program. 100% of frontline staff have been trained in patient registration skills to facilitate improved identification of ATSI clients.

Following changes in Commonwealth funding, the Area Human Resource Development Service has succeeded in negotiating a seamless transfer of the Overseas Doctors Training Program to the University of NSW. The South Western Sydney Area Health Service Clinical School will conduct the Program. This has ensured the continuation of a highly successful state-wide program that has produced outstanding outcomes over the past 12 years. The Program has enabled more than 600 overseas-trained medical graduates to pass the Australian Medical Council clinical examination and gain registration as medical practitioners.

Two hundred & fifty staff in food services, security and stores across the Area Health Service completed a Certificate Level III qualification in their area of work through the Existing Worker Traineeship Program.

The Area Human Resource Development Service has successfully piloted and implemented a Leadership Development Program (based on upward feedback) to enhance the leadership skills of clinician managers and improve teamwork.

Clinical Governance

Clinical Governance remains a key agenda item for SWSAHS.

A Clinical Governance Working Party was established to produce a Clinical Governance strategic plan and an effective partnership was entered into with the Director of Health System Reform and Area Director of Nursing & Clinical Services in order to advance the clinical governance agenda.

All the Area's Advisory Committees have work-plans and have had a high work output, particularly in developing standards and guidelines. Their effectiveness has been demonstrated by the SWSAHS Chest Pain Guidelines. SWSAHS was a joint winner of the overall 2001 Baxter Health Awards for the development, implementation and evaluation of these guidelines.

The Injury Advisory Committee has completed Part One of the Falls Guidelines, relating to assessing elderly patients presenting to the emergency departments, following a fall.

The Diabetes Advisory Committee – Clinical Nurse Consultant Sub Group has finalised a policy on insulin dispensing by credentialled Diabetes Educators.

The Diabetes Advisory Committee has completed a review of diabetic dietitian services in South Western Sydney and a benchmarking paper has been completed.

Two Ambulatory Care Guidelines, for the assessment and treatment of deep vein thrombosis (DVT) and anaphylaxis, have been implemented in Fairfield, Macarthur, Bankstown and Wingecarribee Health Services. Several others have been developed and are awaiting implementation.

Inter-Hospital Trauma Transfer Guidelines have been developed and are currently being implemented.

Under the leadership of the Area Director of Cancer Services, 11 Tumour Streams and leaders have been established. The Area Cancer Service is set to become a leading example of what clinicians can achieve when they are engaged in the process of improving standards for clinical care.

Area of Need Program

Under its Area of Need Program, SWSAHS has facilitated approvals of Area of Need positions throughout the Area, particularly in the Area Radiology Network. We now have 48 Area of Need positions for medical staff across SWSAHS in all specialties.

During the year Neonatal Admission/Discharge Criteria were implemented in neonatal units and evaluation is underway.

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Organ and Tissue Donation

SWSAHS has achieved a major turn around in the number of times organ and tissue donations have come from the Area.

SWSAHS equalled Central Sydney Area Health Service as the leading source of referrals in NSW. The donor referral rate for SWSAHS was up by 14.3%. Bankstown Lidcombe Hospital is the leading bone retrieving hospital in NSW. Liverpool Hospital is the most improved corneal graft donating hospital in NSW – donations were up by 60% over the previous year. An awards ceremony for the most improved hospital in corneal donations was held at Liverpool Hospital on 22 March 2002.

Nursing

SWSAHS has been an enthusiastic participant in the State-wide Nursing Re-Connect Recruitment Initiative and this has facilitated the return of 55 nurses, who had left the profession, back into the nursing workforce.

The implementation of an Area-wide nursing work experience model, which allows school students to participate in work experience in the facility of their choice, has streamlined the process and has had a favourable evaluation.

Participation in the Nursing Recruitment Expo 2002 at Darling Harbour has enabled Nursing Services to showcase employment opportunities within SWSAHS.

The Quality Awards Program for 2001/2002 received a number of Quality Improvement projects, which were of high quality and which had positive outcomes for the Service. The winners were:

- Outstanding Achievement: Partnership between Speech Pathology and two Aged Care facilities.
- Highly Commended: Liverpool Patient Falls Prevention Project and Better Management of Acute Chest Pain Project.

The SWSAHS Corporate Office gained ACHS EQUiP Accreditation for a period of four years. It is the first Area Health Service in NSW which has undergone this accreditation process.

SWSAHS has coordinated the home placement of two Ventilator Dependent Quadriplegic (VDQ) clients. Funding for these clients is provided under the auspices of NSW Health VDQ Program. This provides for round-the-clock nursing care in their home environment. The Area Health Service contracts these services to external providers.

The Centre of Applied Nursing Research published a two-year research project "Older People and Quality Use of Medicines. Exploring the role of the Primary Health Nurse in domiciliary medication review and management" report to Commonwealth Department of Health & Aged Care, Quality Use of Medicines Evaluation Program.

A nursing research project investigating the effect of working at Operation Safe Haven on nurses has been completed. *"Caring for Traumatized Refugee Women and Children: Clinical and Professional Implications for Registered Nurses and Midwives"* report to the Nurses Registration Board.

The first Area Health Service based programme, Community: Family & Child Health in NSW has been accredited for three years by the Royal College of Nursing - Australia.

Planning

The Area capital works strategy plan called the Strategic Resource Plan, was completed. This provides a blue-print for future capital development in South Western Sydney.

Securing a Positron Emission Tomography (PET) Scanner for SWSAHS was a major planning exercise.

Plans for Renal Dialysis, Paediatrics, Inpatient and Ambulatory Care, Colorectal, Palliative Care and Rehabilitation, were completed.

Further planning for Neonatal, Child Health, and Emergency Services was commenced.

Ethics Committee

The SWSAHS Human Research Ethics Committee (HREC) met on eleven occasions in 2001/2002, and processed 146 research applications. Three workshops to consider HREC policies and procedures were held, and further workshops are planned for 2002/2003.

New lay representatives, Mrs Catherine Davies and Mrs Muriel Foster, joined the HREC in November 2000, and Mr James Ramos-Conna joined the HREC in May 2002. Ms Pat Thomson, Board representative, resigned in early 2002, and was replaced by Mr Grahame Simpson in June 2002. Mr Alastair McDougall, pharmacist, resigned from the HREC in February 2002.

Professor Hugh Dickson was appointed Chairman in February 2001.

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The Ethics Secretariat has implemented a tracking system to enable follow-up reminders to be issued to researchers for projects which remain current. A sub-committee meets on a monthly basis to review the serious adverse event reports which have been received by the HREC as part of the monitoring process of clinical trials. Visits by HREC representatives to research sites in the SWSAHS are planned for 2002/03. The HREC maintains active correspondence with the National Health & Medical Research Council Australian Health Ethics Committee.

Population Health

Professor Jeanette Ward was appointed as Director of the Division of Population Health in May 2001. This is a conjoint appointment with the University of NSW. New premises were established in March 2002 which now accommodate the Divisional Directorate, the Aboriginal Health Unit, the Centralised Oral Health Intake and Information Service, and staff to promote evidence-based practice (EBP) in population health.

Health Promotion

A Health Promotion Network Executive has been formed to oversee the implementation of the recommendations of a high-level strategic review of Health Promotion in South Western Sydney.

Tobacco

The Aboriginal Youth Tobacco Working Group launched and distributed an 18-month calendar "Smoking is a hurdle that affects our culture" featuring artwork from Aboriginal youth. The Health Promotion Unit is now working with Tharawal to develop a smoking cessation and intervention program.

SWSAHS is a partner with Central and Western Sydney Area Health Services in two NESB projects – the Arabic Tobacco and Health Project and Vietnamese Health is Gold. Strategies have included training pharmacists in brief interventions, billboard advertising at several Sydney railway stations, media strategies for radio and newspapers and local World No Tobacco Day events.

Falls Prevention

Audits of physical activity opportunities for older people were undertaken in Western Sydney, South Eastern Sydney, Central Coast and South Western Sydney. Reports were compiled and electronic databases developed providing ready access to local information for referral purposes.

Stay Safe, Stay Active

The final report of the Stay Safe, Stay Active Project and a summary document has been distributed widely throughout SWSAHS. This study assessed the effects of a low intensity exercise program for elderly people

identified as at risk of a fall by their GP or hospital-based physiotherapist. Recruitment occurred in Bankstown and Liverpool Local Government Areas. The aim of this trial was to investigate whether a gentle exercise group would increase physical activity levels, improve quality of life and reduce falls among people over 65 referred through their GPs and hospital-based physiotherapists.

The results of this study indicate that there was a significant decrease in the rate of falls (37%) in the intervention group.

Epidemiology Unit

The Epidemiological Profile for South Western Sydney, was produced and discussed throughout the Area.

The NSW Centre for Physical Activity and Health was affiliated with the Epidemiology Unit.

Community Paediatrics

Child Protection Services in SWSAHS underwent an audit by NSW Health. Many of the Child Protection systems in SWSAHS are now being recommended for adoption in other Area Health Services in NSW.

Families First has developed and established a Central Families First Intake in SWSAHS, giving a population-level structure to Families First services in SWSAHS.

SWSAHS is playing a lead agency role in two key NSW Families First projects:

- South Western Sydney Regional Families First Information Coordinator Project.
- The Families First Multicultural Project.

Both projects have been developed in close collaboration with a range of service partners, and funded externally.

Area Dental Services

A Centralised Oral Health Intake and Information Service was introduced, leading to greater clinical efficiency at Public Oral Health Clinics, reduction of stress for clients and clinical staff, improved primary access for all eligible clients to Oral Health Services and reduced administrative burden on clinical staff.

Improved clinical outcomes in adult, child, denture and specialist oral health care lead to total non admitted patient occasions of service (NAPOOS) of 162,203 exceeding the 2001/02 Department of Health target of 111,392 by 45%.

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Drug and Alcohol Services

Co-Director positions were established in Drug & Alcohol. These positions are Service Director and Clinical Director.

The Cabramatta Anti-Drug Strategy, Intoxicated Person's Protocol and Magistrates' Early Referral into Treatment (MERIT) were established in collaboration with other Government agencies.

A new Drug Treatment Service at Bankstown was opened in April 2002

A new pharmacotherapy treatment for opiate dependence, 'Buprenorphine', is now available within drug treatment services in SWSAHS.

Public Health (PHU)

A large food-borne outbreak caused by the bacteria Salmonella was investigated and found to be linked to a bakery in South Western Sydney. Risk practices at the bakery were identified and corrected.

Immunisation coverage of children aged 12 - < 15 months in South Western Sydney was 90%.

The infectious disease staff have responded to a number of cases of meningococcal disease and provided the community and GPs with information about the disease, the public health response, and the role of vaccination in its prevention.

The PHU undertook a study to determine the best way to immunise our adolescents against hepatitis B.

105 of the 158 government primary schools in South Western Sydney participated in the evaluation. The in-school vaccination program was the most effective at achieving coverage in adolescents.

NSW Refugee Health Service

The NSW Refugee Health Service has participated in high level education around refugee health issues including:

- Contribution to two NSW Health Disaster Management courses, the Royal Australian College of General Practitioners education program, medical undergraduate and postgraduate courses, supervision of postgraduate students, and education for numerous health care staff.
- Two-day training of statewide sexual assault counsellors in conjunction with Education Centre Against Violence and the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).
- Presentations on refugee health issues at two national conferences and at numerous seminars.
- GP refugee health clinic commenced at Auburn Community Health Centre.

Equal Employment Opportunity

SWSAHS continued to focus on a number of Equal Employment Opportunity (EEO) initiatives throughout 2001/02.

All of the Area Health Services' Human Resources Policies embrace the principles of EEO. EEO initiatives contained within the EEO Operational Plan 2001/2002, the Disability Action Plan 2000/2003 and the ATSI Employment Strategy were progressed during the 2001/2002 financial year.

These initiatives are designed to attract, develop and retain staff from major EEO groups particularly Aboriginal and Torres Strait Islanders, people from a non-english speaking background and those with a disability.

The Area Health Services' education, training and development activities supported EEO with key initiatives including work experience programs, the provision of training, traineeships and some volunteer programmes. The Area Health Service will continue to pursue the principles of EEO in all future HR activities.

Detailed information on EEO initiatives can be obtained from the Areas EEO Annual Report on page 73.

Community Participation

Increased community participation is a priority for SWSAHS.

The Board has adopted a Statement of Intent for Community Participation in SWSAHS and local coordinators have been appointed at Wollondilly, Bankstown, Fairfield and Macarthur health services.

Community representatives are now members of many of SWSAHS's major decision-making committees.

A community network now has more than 100 participants - a remarkable achievement in just over 12 months.

Multicultural Report

Area Multicultural Health Services, Ethnic Affairs Priorities Statement Initiatives

In response to the recommendations of the *Families First Multicultural Project Report, November 2000*, the South Western Sydney Families First Multicultural Communication Project has been designed. The project will address the information needs and concerns of culturally and linguistically diverse families in South West Sydney related to health care, parenting and family needs. Bilingual workers will work closely with local communities to build on culturally appropriate parenting and child rearing practices; develop coordinated communication strategies; ensure that appropriate and relevant information is developed through community involvement and ownership; and improve knowledge of health and other services and understanding of how to access them.

The SWSAHS Ethnic Obstetric Liaison Service has undergone a comprehensive review. Changes to the Service will increase its flexibility to provide services to a broader range of language groups in our community, as well as ensure alignment with changes to maternity and child and family services under the Families First initiative. Over the coming two years, the new service model will be piloted and evaluated in terms of its quality, safety, efficiency and cultural competence.

The Bankstown Residential Aged Care Facility Partnership was developed to establish the first multicultural residential aged care facility in Sydney. Based in Bankstown, with a high aged population from culturally and linguistically diverse backgrounds, the new facility provides expert and culturally appropriate care to residents from seven ethnic groups. The Reference Group, chaired by the SWSAHS Ethnic Aged Health Adviser, included representatives from each of the ethnic groups, nursing home staff and proprietor, and NSW Transcultural Aged Care Service. Key initiatives included recruitment initiatives targeting bilingual staff, cross cultural training for facility staff, marketing strategies for the different ethnic groups and the development of appropriate multilingual information.

During the implementation of the *Awareness of Dementia in communities of non-English speaking backgrounds* project, the need for a pool of bilingual professionals with specialisation in the area of dementia was identified. In the last financial year, a Register of Bilingual Community Educators was established to provide seminars or other information to professionals and workers in health, other Government and community organisations. There are currently 37 people registered covering 11 languages. In 02/03 the Project will see the development of a network to ensure information dissemination and provide ongoing professional development for the bilingual professionals.

The Health Care Interpreter Service Inpatient Program has been developed to meet the changing needs of patients and service providers following implementation of the Government Action Plan. Targeted service areas include ambulatory care, day surgery and emergency services. The Health Care Interpreter Inpatient Program will target Vietnamese and Arabic-speaking patients and carers. The Program will ensure higher quality health care by: enhancing patient and family participation in their care through improved access to interpreters; more accurate communication between service providers and patients and families; reduced delays in accessing information necessary for decision-making regarding treatment options; reduced readmissions related to poor communication about care planning and patient care following discharge.

This year also saw the development of a model for the provision of interpreters to Home and Community Care (HACC) funded services. The model provides flexible and proficient interpreter services to a population group, which has had no access to interpreters to date. Initiatives over the next year will include cross-cultural training for HACC service providers and on using interpreters, training interpreters in the HACC service model, and the implementation, monitoring and evaluation of the model.

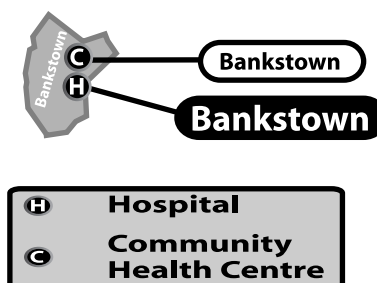
This year the Health Care Interpreter Service has launched its "Talking Pictures". This is a multilingual resource that has been developed to aid basic communication with NESB clients. It has been trialed in selected wards in Arabic, Chinese, Spanish and Vietnamese languages. The coming year will see the development of the communication tool into Croatian, Cambodian (Khmer), Macedonian and Serbian languages. The new language version will also undergo a trial so as to obtain better data on its usefulness. It will be released to staff and be made available on the Intranet when complete.

The Health Care Interpreter Service has begun developing a "Language Glossary". The Glossary aims to standardise terminology used by the health care interpreters, not only in SWSAHS but also among all interpreters in NSW. The year 2002/2003 will see the establishment of cross-Area language groups for Health Care Interpreters who will develop terminology glossaries and other texts for use by Health Care Interpreter Services; develop practice materials for the National Association of Accredited Translators and Interpreters; develop a standardised protocol for service usage and develop language specific promotion strategies.

SWSAHS Sectors

Bankstown Health Service

General Manager: Mr Andrew Bernard



- Bankstown Community Health Services were relocated to newly renovated premises in Raymond Street. Staff and services relocated to the new premises in May 2002. The Minister for Health officially opened the building on 5 August 2002.
- Drug treatment services commenced at Bankstown-Lidcombe Hospital. Pharmacotherapy dosing commenced in April, and the service is now up to 60 clients daily.
- Bankstown's CT scanner was replaced with a new CT scanner for \$1.4 million in October 2001. The new equipment brings new generation diagnostic technology to the Bankstown-Lidcombe Hospital, supporting the emergency department and acute inpatient services. An outpatient referral service is also in place.
- Chronic and Complex Care initiatives commenced in congestive cardiac failure, diabetes, palliative care and respiratory medicine.
- The Health Service achieved a 4-year accreditation with The Australian Council on Healthcare Standards following an organisation-wide survey in November 2001.
- Elective neurosurgery commenced at Bankstown-Lidcombe Hospital in November 2001, accompanied by the purchase of significant operating theatre equipment from Hospital donations to support the commencement of the service.
- The status of the Hospital was changed from "major metropolitan" to "principal referral" by the Department of Health in August 2001. During the year the average case complexity for the Bankstown-Lidcombe Hospital rose by 12.45%.
- A sector Community Participation Project Officer commenced work in June 2002.
- Detailed planning for extensions to the Hospital car park was completed. Work to provide an additional 94 parking spaces on the Hospital grounds is expected to be completed by May 2003.
- Two additional staff specialists were recruited to the mental health service, filling two long-term vacancies and an additional staff specialist oncologist and an additional respiratory physician started with the Bankstown Health Service. These staff provide enhanced service in areas of high priority to meet the growing needs of the Bankstown community.
- A partnership has been established between the Bankstown Health Service, the Department of Education and Training and the SWSAHS Human Resources Development Unit to introduce a Nursing Work Studies Program. Training is being provided to senior high school students for the Certificate III

in Community Services (Aged Care Work) Nursing Assistant qualification.

- A Medical Advisory Committee was established to increase the role of senior consultants in setting and reviewing clinical standards in the Health Service.
- There were significant increases to Ambulatory Care services – admissions to the Bankstown-Lidcombe Hospital Ambulatory Care ward were 7.83% above target, and hospital and community based clinic numbers increased by 30.2%. This was accompanied by a reduction in admissions to the wards from the emergency department of 2.4% and a reduction in total emergency admissions of 5.7%. An allied health rapid response service for Emergency and Ambulatory Care was started.
- The cost for each inpatient was reduced by 3.79% compared to the previous year.

PATIENT & STAFFING STATISTICS
for the financial year ended 30 June 2002

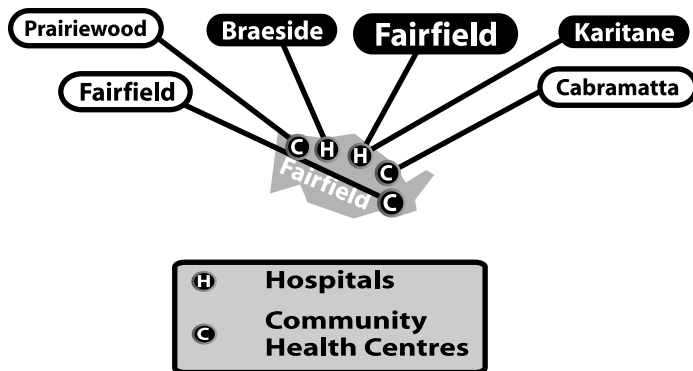
	Bankstown Lidcombe
BED CAPACITY	
Total Beds As At 30 June	368
General Hospital Bed Number	367.1
INPATIENT DETAILS	
No. in Hospital As At 1 July	340
Admissions during year	25,783
Total patients treated	26,123
Separations during year	25,780
No. in Hospital as at 30 June	343
No. Same Day Admissions	8,377
% of Same Day Admissions to Total	32.5
Bed Days of inpatients treated	126,659
Available Bed Days	131,360
OPERATIONS	
Inpatient Operations	10,733
% of operations to admissions	41.63
Outpatient Operations	0
BABIES	
Number of live births	1,782
Bed Days of newly born babies	4,458
Adjustment for A.D.A.	6.1
OUTPATIENTS	
Occasions of Service	379,754
Adjustment for A.D.A.	104.0
AVERAGES	
Daily Average of inpatients	334.8
Adjustment for babies and outpatients	110.1
Adjusted daily average (A.D.A.)	444.9
Average stay of inpatients (days)	4.9
Bed Occupancy rate (%)	93.0
Average cost per bed day	\$835.23
STAFFING DETAILS	
Nursing	624.8
Medical and Support Services	363.1
Other	363.0
Total Staff Employed as at 30 June	1,350.9
Average staff numbers for 12 months	1,307.7
Admissions per hospital staff	19.1
Occasions of service per staff	281.1
REVENUE ANALYSIS	
% Chargeable Patients	15.7
Collection Rate (Inpatients)	104.6
Debtors days outstanding (Inpatients)	97

S W S A H S S e c t o r s

Fairfield Health Service

Acting General Manager: Ms Lyn Curtis

- Cabravale Diggers Club has generously donated funds for the purchase of a car for Fairfield Cardiac Rehabilitation Service. The car will assist in providing improved efficiency in work with General Practitioners and patients in the community.
- Fairfield Hospital has a CT Scanner for the first time. Service commenced on 13 August 2001.
- With additional resources available from the Cabramatta Anti-Drug Strategy, Corella Lodge resumed seven day inpatient services from 24th September 2001.
- New facilities on the Carramar campus for Fairfield Liverpool Youth Health Team and Adult and Adolescent Mental Health are well underway. The target date for completion of construction is September 2002.
- Official advice was received from The Australian Council for Healthcare Standards that Fairfield Health Service had been awarded 4 years' accreditation. A very satisfying outcome for all involved.
- A Community Participation Co-ordinator for Fairfield has been appointed, initially for twelve months. This is a two day per week role and, together with the Area Co-ordinator, has been recruiting Community Representatives.
- Orthopaedic Networking between Fairfield and Liverpool Hospitals commenced 21st January 2002. Fairfield Health Service is providing elective joint replacement surgery for Liverpool, Macarthur and Fairfield. Emergency orthopaedic services are being provided from Liverpool.
- Following inspection of the Emergency Department by the Accreditation Surveyors of the College of Emergency Medicine, Fairfield Health Service has been granted Accreditation for Registrar Training by the College Council.
- Podiatry Services recommenced the first week in June with the appointment of a Podiatrist. Networking with the Liverpool Podiatry Service for professional development of Podiatrists is occurring.
- The new Ambulatory Care Pulmonary Rehabilitation program commenced, with 16 attendances so far and 21 new clients having been referred to the Chronic and Complex Respiratory Program.



PATIENT & STAFFING STATISTICS
for the financial year ended 30 June 2002

	Fairfield	Braeside	Karitane
BED CAPACITY			
Total Beds As At 30 June	199	72	35
General Hospital Bed Number	184.5	70.7	32.3
INPATIENT DETAILS			
No. in Hospital As At 1 July	126	67	20
Admissions during year	15,519	2,157	1,507
Total patients treated	15,645	2,224	1,527
Separations during year	15,474	2,155	1,506
No. in Hospital as at 30 June	171	69	21
No. Same Day Admissions	3,742	1,179	0
% of Same Day Admissions to Total	24.1	54.7	0.0
Bed Days of inpatients treated	55,227	23,812	6,977
Available Bed Days	65,617	25,491	11,397
OPERATIONS			
Inpatient Operations	4,507	0	0
% of operations to admissions	29.04	0.00	0.00
Outpatient Operations	1,886	0	0
BABIES			
Number of live births	1,715	0	0
Bed Days of newly born babies	3,481	0	0
Adjustment for A.D.A.	4.8	0.0	0.0
OUTPATIENTS			
Occasions of Service	270,736	8,500	32,868
Adjustment for A.D.A.	74.2	2.3	9.0
AVERAGES			
Daily Average of inpatients	141.8	65.2	19.1
Adjustment for babies and outpatients	78.9	2.3	9.0
Adjusted daily average (A.D.A.)	220.7	67.6	28.1
Average stay of inpatients (days)	3.6	11.0	4.6
Bed Occupancy rate (%)	78.9	93.4	61.2
Average cost per bed day	\$889.49	\$461.48	\$449.56
STAFFING DETAILS			
Nursing	377.5	86.8	45.5
Medical and Support Services	188.9	70.1	16.2
Other	166.7	6.7	8.5
Total Staff Employed as at 30 June	733.1	163.6	70.1
Average staff numbers for 12 months	699.5	163.6	71.5
Admissions per hospital staff	21.2	13.2	21.5
Occasions of service per staff	369.3	52.0	468.8
REVENUE ANALYSIS			
% Chargeable Patients	7.1	13.7	17.7
Collection Rate (Inpatients)	102.0	100.0	100.0
Debtors days outstanding (Inpatients)	92	0	0

S W S A H S S e c t o r s

Liverpool Health Service

General Manager: Mr Raad Richards



- The Liverpool Health Service received Australian Council on Healthcare Standards accreditation for 4 years in recognition of high standard of services.
- The mental health service was commended following the in-depth review of the service in line with Australian Council on Healthcare Standards and National Standards for Mental Health Services, and gained four-year accreditation.
- Liverpool Health Service honoured its staff at its inaugural service awards presentation. These awards recognised staff who had achieved continued service with Liverpool Health Service for 10, 15, 20, 25 and 30 years. More than 265 staff members were recognised for their years of service.
- Planning is underway for a new \$23.7 million 50-bed in-patient mental health ward with associated outpatient, community and research facilities. The Project Development Plan for the new Mental Health Centre was completed with significant contribution from our community through public meetings and representation of the Consumer Network, Carers and the Community Consultative Committee on the planning committee.
- There were significant works and refurbishment associated with the Magnetic Resonance Imaging Scanner to be installed later this year in the refurbished radiology area. Works have included the relocation of the Feto-maternal unit and antenatal clinics.
- The new Positron Emission Tomography (PET) Scanner has been installed at a cost of \$3.7 million and is operating. The PET scanner provides advanced diagnostic services and is only the second in the state.
- A new ambulatory care unit has been established in Alex Grimson Wing at a cost of \$400,000. The renovations have enabled the co-location of the Primary Health Support Team, Chronic and Complex Care Liaison Nurses and Ambulatory Care. A Medical Director of Ambulatory Care has been appointed and an Ambulatory Care Executive Committee has been established.
- The Paediatric ward was refurbished at a cost of \$150,000. A community paediatrician was appointed as part of the Greater Western Paediatric Network. Paediatric Surgery developed with establishment of additional Visiting Medical Officer appointments, additional lists and a paediatric anaesthetic roster.

- Increased funding to cardiology provided greater numbers of angioplasties at Liverpool Hospital and increased capacity for cardiac catheterisation.
- Enhancements to the emergency department have provided additional nursing and medical staff in response to increasing demand for emergency services.
- An additional ICU bed was commissioned to provide increased capacity to meet the growing demand arising from the continued development of tertiary services at Liverpool.
- The service convened the Ninth Swan Trauma Meeting with seven visiting international trauma experts.
- The Ambulatory Community Paediatric Team was established. This has involved recruitment of the paediatrician, registrar, nursing staff and allied health staff. The team is functioning very well and has developed good links with paediatricians, the emergency department and general practitioners. Multidisciplinary assessment clinics have been extended to Miller and Hoxton Park Community Health Centres.
- The “Wellbeing in the Valley” project was completed and the final report submitted to Associate Professor Debbie Picone, Deputy Director General Policy, NSW Health. One of the major achievements of this project has been the development of the “Community 2168 Board” and the capacity of the partners to respond quickly to demands placed on it. This enabled the Board to pull together a strategic plan for the expenditure of \$2.4 million dollars through the Premiers Department for projects in Miller. Health is the lead agency for two of these: The Miller Early Childhood Sustained Home Visiting Project and the Miller Multidisciplinary Domestic Violence Family Support Team.

Liverpool Health Service

continued...

- The Lurnea Adult Activity Centre was refurbished in Partnership with Liverpool City Council. The Activity Centre has been modernised and has had a major improvements in terms of its operation.
- The Branches Project has been very successful in supporting the children and families of clients attending Jacaranda House. It has enabled Jacaranda House to move forward with case management and to increase community involvement in the service.
- There was increased work with minority non-English speaking background (NESB) communities such as the Nigerian community. This has involved projects such as the Sun Safe project and the Nigerian Women's Health Day.
- The Health Promoting Schools Program was strengthened. The Communication Partners Program is now in 23 schools. The Occupational Therapy programs are now in three schools, and the Early Intervention Anxiety and Depression Program is running in primary schools.

PATIENT & STAFFING STATISTICS
for the financial year ended 30 June 2002

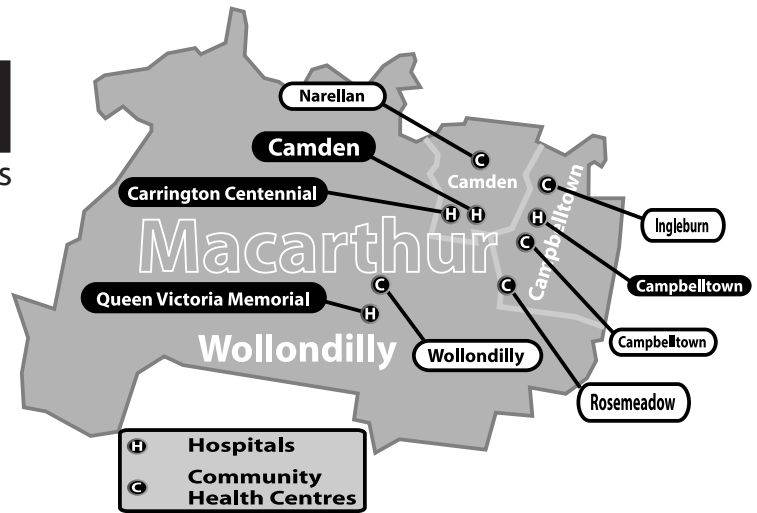
	Liverpool
BED CAPACITY	
Total Beds As At 30 June	587
General Hospital Bed Number	557.9
INPATIENT DETAILS	
No. in Hospital As At 1 July	462
Admissions during year	53,437
Total patients treated	53,899
Separations during year	53,397
No. in Hospital as at 30 June	502
No. Same Day Admissions	26,290
% of Same Day Admissions to Total	49.2
Bed Days of inpatients treated	199,528
Available Bed Days	200,892
OPERATIONS	
Inpatient Operations	15,295
% of operations to admissions	28.62
Outpatient Operations	7,359
BABIES	
Number of live births	2,891
Bed Days of newly born babies	6,498
Adjustment for A.D.A.	8.9
OUTPATIENTS	
Occasions of Service	647,311
Adjustment for A.D.A.	177.3
AVERAGES	
Daily Average of inpatients	528.8
Adjustment for babies and outpatients	186.2
Adjusted daily average (A.D.A.)	715.1
Average stay of inpatients (days)	3.7
Bed Occupancy rate (%)	96.1
Average cost per bed day	\$1,160.90
STAFFING DETAILS	
Nursing	1,196.3
Medical and Support Services	728.8
Other	637.7
Total Staff Employed as at 30 June	2,562.7
Average staff numbers for 12 months	2,519.2
Admissions per hospital staff	20.9
Occasions of service per staff	252.6
REVENUE ANALYSIS	
% Chargeable Patients	12.7
Collection Rate (Inpatients)	105.1
Debtors days outstanding (Inpatients)	144

S W S A H S S e c t o r s

Macarthur Health Service

General Manager: Ms Jennifer Collins

- At a cost of \$20million, Camden Hospital reopened in September 2001 as an 84 bed level-three acute hospital. Providing palliative care, rehabilitation, acute medical and day only surgical services, emergency care, ambulatory care and obstetrics care, the Hospital has greatly improved services to the area.
- The Gna Ka Lun Adolescent Mental Health Unit, a \$3.2 Million 10-bed inpatient and 10-person day program unit was opened in October 2001 by her Excellency, the Governor of NSW Professor Marie Bashir AC. It is a state-wide tertiary level service for young people aged 12 – 17 years.
- In 2001, the Drugs in Pregnancy Program won a Baxter Award for excellence in service provision.
- The Macarthur Aboriginal Antenatal Home Visiting Program was commenced. All Aboriginal pregnant women who live in Macarthur receive a home visit by a team to determine their physical, medical and social needs.
- The Macarthur Health Service received \$500,000 to commence a paediatric home-based ambulatory care program. This was launched by the Minister for Health, The Hon Craig Knowles, MP.
- Major Staff Specialists appointments included:
 - Dr David Saxton, Director of Obstetrics and Gynaecology
 - Dr Martin Low, Aged Care and Rehabilitation
 - Dr Raymond Chin, Paediatrics
 - Dr Andrew MacDonald, Director of Medical Education
 - Dr Amanda Walker, Palliative Care
 - Dr Ahmed Mayat & Dr Sacha Kobilski, Radiologists
 - Dr Matthew Lynch, Child & Adolescent Mental Health
 - Dr Philip Kelly, Dental
 - Dr Richard Cracknell, Emergency Medicine
- New Visiting Medical Officer appointments included:
 - Dr Arjuna Ananda, ENT Surgeon
 - Dr Neil Lovelock, Anaesthetics
 - Dr Anthony Dilley, Paediatric Surgeon
- Macarthur Health Service has commenced teaching 3rd year medical students from the South Western Sydney Clinical School of the University of New South Wales.



- A Staff Specialists Association was established.
- The Macarthur Health Clinical Governance Action Plan was developed.

PATIENT & STAFFING STATISTICS for the financial year ended 30 June 2002

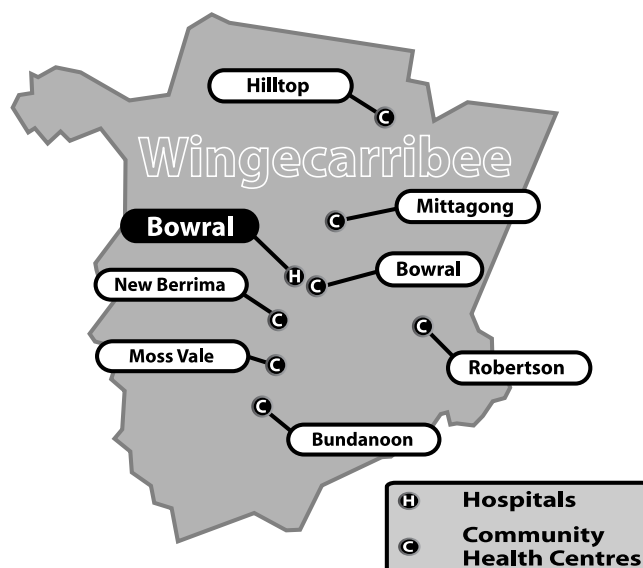
	Camden	Campbelltown	Queen Victoria	Carrington
BED CAPACITY				
Total Beds As At 30 June	52	276	100	94
General Hospital Bed Number	43.5	247.7	0.0	0.0
INPATIENT DETAILS				
No. in Hospital As At 1 July	23	245	56	91
Admissions during year	5,796	21,194	108	114
Total patients treated	5,819	21,439	164	205
Separations during year	5,796	21,190	132	115
No. in Hospital as at 30 June	23	249	32	90
No. Same Day Admissions	4,247	4,806	0	0
% of Same Day Admissions to Total	73.3	22.7	0.0	0.0
Bed Days of inpatients treated	16,738	80,580	35,489	33,973
Available Bed Days	16,797	88,810	36,500	34,308
OPERATIONS				
Inpatient Operations	3,016	10,391	0	0
% of operations to admissions	52.04	49.03	0.00	0.00
Outpatient Operations	4,169	15,583	0	0
BABIES				
Number of live births	0	2,535	0	0
Bed Days of newly born babies	0	5,920	0	0
Adjustment for A.D.A.	0.0	8.1	0.0	0.0
OUTPATIENTS				
Occasions of Service	78,890	360,601	837	0
Adjustment for A.D.A.	21.6	98.8	0.2	0.0
AVERAGES				
Daily Average of inpatients	45.9	204.5	97.2	93.1
Adjustment for babies and outpatients	21.6	106.9	0.2	0.0
Adjusted daily average (A.D.A.)	67.5	311.5	97.5	93.1
Average stay of inpatients (days)	2.9	3.8	268.9	295.4
Bed Occupancy rate (%)	99.6	84.1	97.2	99.0
Average cost per bed day	\$1,004.76	\$869.07	\$153.39	\$29.98
STAFFING DETAILS				
Nursing	136.9	415.5	56.3	42.3
Medical and Support Services	49.9	314.3	2.0	39.6
Other	54.2	225.8	27.7	5.1
Total Staff Employed as at 30 June	240.9	955.6	86.0	87.0
Average staff numbers for 12 months	200.5	942.2	84.8	87.0
Admissions per hospital staff	24.1	22.2	1.3	1.3
Occasions of service per staff	327.4	377.4	9.7	0.0
REVENUE ANALYSIS				
% Chargeable Patients	12.8	8.6	100.0	100.0
Collection Rate (Inpatients)	91.5	93.9	113.3	100.0
Debtors days outstanding (Inpatients)	102	106	0	0

S W S A H S S e c t o r s

Wingecarribee Health Service

General Manager: Ms Amanda Larkin

- The service underwent a full organisational survey in April 2002 and achieved four years' accreditation.
- The community participation program was launched in October, 2001 with 10 community representatives joining key committees within the Health Service. Furthermore a Community Participation Manager was appointed to support the community representatives and develop the program.
- The service received enhancement funding, which enabled the development of an extensive range of services; eg: school-based speech therapy, expansion of the paediatric occupational therapy service, ophthalmology, medical oncology, third part-time physician, part-time pediatrician, expansion of the ACAT services and other various services.
- The Youth Health Centre was opened in April, 2002. This was a collaborative effort between the Health Service, other government agencies and non-government agencies to provide a specific health service for youth.
- The South Western Area Pathology Service was completely refurbished, extended and officially opened by the Chief Executive of SWSAHS, Ian Southwell, in May, 2002.
- A Chronic & Complex Care program has been established in the areas of heart failure and respiratory illness. 2002/2003 will see the expansion and development of this program.
- The Phoenix Unit (for stroke patients) was developed with the goal of providing comprehensive and best practice care for patients during the acute and rehabilitation stage.
- A formal agreement was signed with the Southern Area of Department of Community Services with the aim of improving services for families and their children. A Working Party has been established with a defined action plan to implement some key strategies between the two agencies.
- Eight nursing staff were recruited under the reconnect program.
- Through the tireless work of the auxiliaries and some key community organizations there were significant contributions received for the purchase of essential equipment for the Health Service.



PATIENT & STAFFING STATISTICS
for the financial year ended 30 June 2002

	Wingecarribee
BED CAPACITY	
Total Beds As At 30 June	73
General Hospital Bed Number	70.9
INPATIENT DETAILS	
No. in Hospital As At 1 July	56
Admissions during year	7,752
Total patients treated	7,808
Separations during year	7,745
No. in Hospital as at 30 June	63
No. Same Day Admissions	3,449
% of Same Day Admissions to Total	44.5
Bed Days of inpatients treated	21,960
Available Bed Days	25,619
OPERATIONS	
Inpatient Operations	2,495
% of operations to admissions	32.19
Outpatient Operations	113
BABIES	
Number of live births	676
Bed Days of newly born babies	1,534
Adjustment for A.D.A.	2.1
OUTPATIENTS	
Occasions of Service	87,517
Adjustment for A.D.A.	24.0
AVERAGES	
Daily Average of inpatients	56.0
Adjustment for babies and outpatients	26.1
Adjusted daily average (A.D.A.)	82.0
Average stay of inpatients (days)	2.8
Bed Occupancy rate (%)	79.7
Average cost per bed day	\$924.92
STAFFING DETAILS	
Nursing	138.9
Medical and Support Services	43.3
Other	84.5
Total Staff Employed as at 30 June	266.7
Average staff numbers for 12 months	253.5
Admissions per hospital staff	29.1
Occasions of service per staff	328.2
REVENUE ANALYSIS	
% Chargeable Patients	16.8
Collection Rate (Inpatients)	92.9
Debtors days outstanding (Inpatients)	60

OUR COMMUNITY

South Western Sydney Area Health Service (SWSAHS) is now the largest Area Health Service in NSW with an estimated 2001 population of nearly 798,000 people. Preliminary 2000 Census data indicates significant growth in the Liverpool and Camden Local Government Areas (LGAs). Liverpool LGA alone has grown by over 34,000 people in the period 1996-2000. The proportion of people aged over 65 years has increased in the period 1996-2000, with this growth forecast to continue.

The 2001 Census data indicates that there has been ongoing growth in the number of people from culturally and linguistically diverse backgrounds which indicates that South Western Sydney will continue to be an increasingly multicultural region. While Fairfield LGA continues to have over 50% of its population overseas-born, the proportion of

overseas-born people in Liverpool and Bankstown LGAs has increased. One quarter of Sydney's Aboriginal and Torres Strait Islander population live in South Western Sydney.

SWSAHS has the highest number of confinements in NSW, accounting for 14.5% of all confinements. 59.7% of babies are born to English-speaking mothers, with 20% born to women from south east and north east Asia.

People living in South Western Sydney have more social disadvantage than other areas in NSW. For example, unemployment, sole parent households, people living in public housing and the number receiving welfare are high in South Western Sydney. Circulatory disease and cancer are the major causes of death for people living in South Western Sydney. However, for children aged 0-14 years,

accidents are the main cause of death. Acute myocardial infarction (heart attack) was the principal individual cause of death for both men and women. Injury and poisoning were the most important contributors to premature death.

The main causes of hospitalisation for males in South Western Sydney are diseases of the digestive system, injury/poisoning and circulatory disorders. For females, the main causes are pregnancy complications, diseases of the digestive and genitourinary systems. Health priority areas for South Western Sydney include coronary heart disease, cancer, diabetes, stroke, injury, mental health, blood borne viruses, asthma and drug and alcohol. Population priorities are towards children, Aboriginal and Torres Strait Islander people, and people from a non-English speaking background.

Disability Plan

Bankstown Health service has implemented its "Sector Access Improvement Plan" and installed entry ramps with hand rails at dental services and identified modifications for the new Community Health Centre. Liverpool Health Service has improved signage and installed hand-rails in the link corridor and "Tactiles" in high risk areas.

The SWSAHS Directory complies with the world wide standard level of accessibility. All services and care providers are listed and searchable and available over the Internet and Intranet.

Information about access to facilities and service providers is included in the Area Service Directory including basic maps of the facilities.

Five administrative traineeships commenced in March 2002 with funding from the Department of Education and Training. These traineeships are for one year and include two positions at Macarthur and one position each at Wingecarribee, Liverpool and Fairfield.

O u r C h a l l e n g e s

Key Challenge 1:

Working with our community and staff to develop a shared sense of responsibility and direction.

Key Challenge 2:

Working in partnership with other agencies to improve health.

Key Challenge 3:

Ensuring that people in South Western Sydney access health services according to need.

Key Challenge 4:

Making the best use of, and fairly allocating, existing and new resources.

Key Challenge 5:

Developing effective and efficient health services which focus on improved health outcomes.

Key Challenge 6:

Attracting, developing and retaining the best staff.

Key Challenge 7:

Becoming a learning and teaching organisation.

C o m p l a i n t s

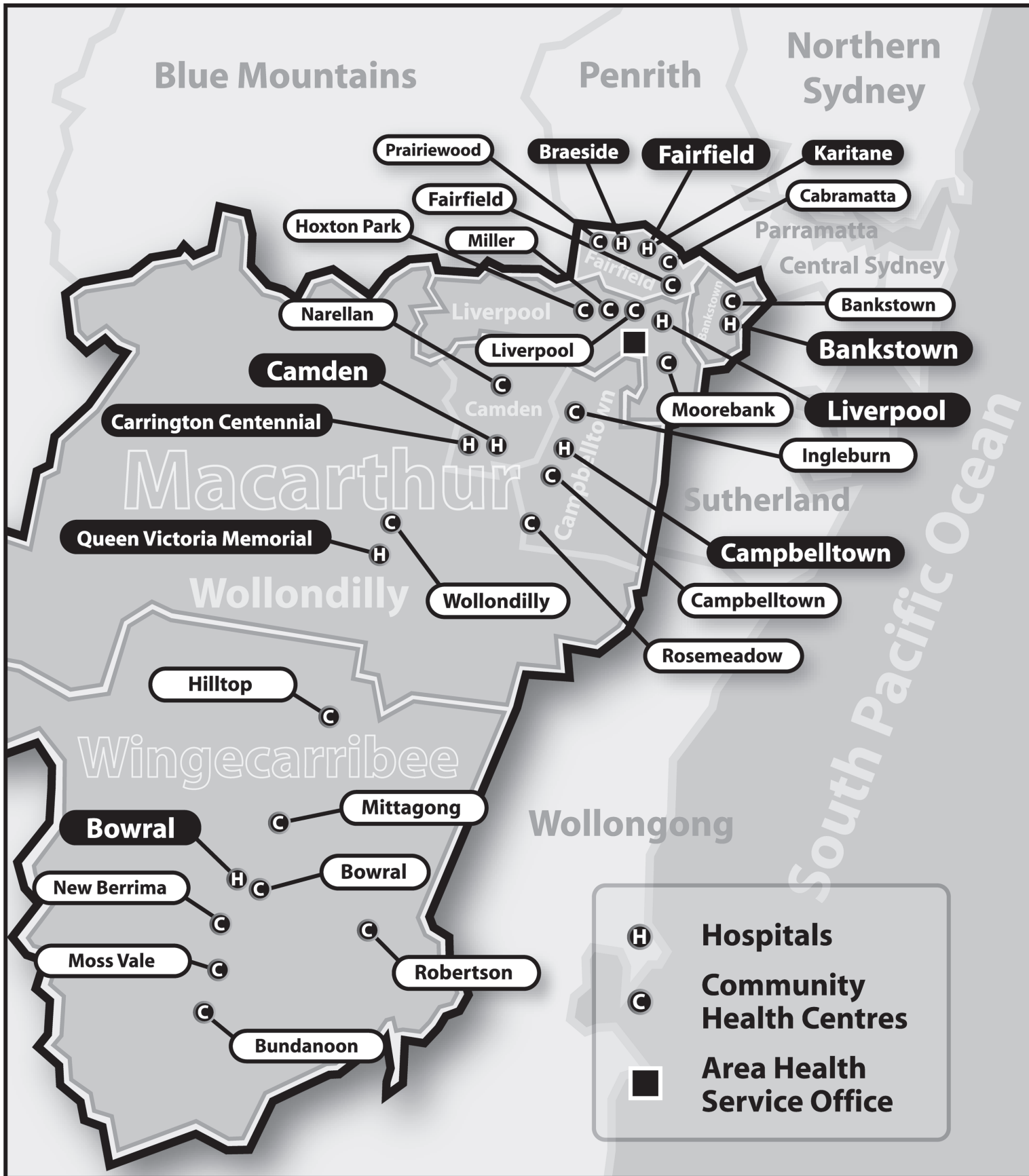
South Western Sydney Area Health Service resolved 1434 complaints during the year. The most common complaints are about accessibility of services, followed by treatment provided and communication.

Complaint levels appear to have risen over the previous two years. This rise actually reflects a more efficient complaint reporting process adopted across South Western Sydney Area Health Service. In turn, this process has officially recorded and responded to more complaints than were previously.

The most common ways of resolving complaints were to provide an explanation, to provide another service or to apologise to the person making the complaint.

Follow-up action taken included staff training and education, changes to the environment in which the service was provided, changes to processes and procedures and, in some cases, changes to policy or formal review.

The Area We Service



C O R P O R A T E G O V E R N A N C E

The Board of Directors is responsible for the corporate governance practices of the South Western Sydney Area Health Service. This statement sets out the main corporate governance practices in operation throughout the financial year, except where indicated.

The Area Health Service Board

The Board carries out all its functions, responsibilities and obligations in accordance with the Health Services Act 1997.

The Board is committed to better practices contained in the Guide on Corporate Governance, issued jointly by the Health Services Association and the NSW Department of Health.

Board membership consists of a Chair, nine other non-executive members, a staff elected member and the Chief Executive Officer.

The Board has in place practices that ensure that its primary governing responsibilities are fulfilled in relation to -

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring organisational performance
- Monitoring quality of health services
- Board appraisal
- Community consultation
- Professional development

Board Members

Under the terms of the Health Services Act, 1997 the appointment of the Board of Directors, other than the Chief Executive Officer, is made by the Minister for Health for periods not exceeding four years. The staff elected Director is appointed for a period not exceeding four years but not less than two years.

The Chair of the Board of Directors is appointed by the Minister. The Chief Executive Officer is appointed by the Governor of NSW for a period not exceeding five years.

The Board, including the Chairperson and the Chief Executive Officer, shall consist of not less than nine and no more than 12 Directors.

There were 11 Board meetings and 2 extraordinary meetings during 2001/2002 and the attendances are as shown.

The members of the SWSAHS Board are:-

Chairperson

Mr Grahame Bush OAM

- Director from 1988. Appointed to July 31, 2004.
- Past Director and Chairman, Macarthur Health Service.
- Past Director, Camden Hospital
- Past Mayor of Camden.
- Chairman, Delgrah Investments Pty Ltd.
- Director, Australian Traders Pty Ltd.
- Director, Chief Executive Officer, Pulia Mining, SDN BHD.
- Director, Austral Malaysian Mining Ltd.
- Number of Board Meetings attended: 11

Chief Executive Officer

Mr Ian Southwell BSc, MHA

- Director from December 1999. Appointed to December 2004.
- Chief Executive Officer, South Western Sydney Area Health Service from December 1999.
- Number of Board Meetings attended: 13

Dr Betty Andersen AO, DSc, MA (Hons) Ed (Macq), BA (UNSW), Dip N Ed (NSW College Nursing)

- Director from 1988. Appointed to July 31, 2006.
- Self-employed Educational Consultant.
- UN and WHO Projects - various consultancies.
- Foundation Dean (1984-92) and Professor (1989-92), Faculty of Health, University of Western Sydney.
- Number of Board Meetings attended: 12

Mr Brenton Banfield

- Director from 31 July 2000. Appointed to July 31, 2004.
- Former member of the Campbelltown Hospital Board (1983 -1987)
- Campbelltown City Councillor since 1991
- Number of Board Meetings attended: 12

Mrs Dimitra Gallos BA, GRAD DIP TESOL - NAATI (3) INTERP/TRANS - JP

- Director from 1994. Appointed to June 30, 2006.
- Member, Greek and Cypriot Community, Sydney.
- TAFE Languages Teacher.
- Past Director, Breast Cancer Institute Board.
- Member Ethnic Communities Council.
- Member, Association for Teachers of English Speakers of Other Languages.
- Number of Board Meetings attended: 10

Ms Irene Hing RN

- Staff Elected Board Member
- Director from 31 July 2000. Appointed to July 31, 2004.
- Number of Board meetings attended: 12

Mr Roy Medich OAM, CLO, JP

- Director from July 1998. Appointed to June 30, 2002.
- Managing Director of the Medich Group of Companies.
- Chairman of the Health Research Foundation Sydney South West.
- Member of The Greater Western Sydney Economic Development Board.
- Chairman of the Planning Infrastructure and Transport Committee.
- Member, Cancer Council Colorectal Screening Steering Committee
- Member of the Salvation Army Advisory Board for Greater Western Sydney.
- Past Member of the University of Western Sydney Macarthur Foundation Board.

- Past Member of The South West Olympic Team Fundraising Committee.
- Past Chairman of The South Western Sydney Regional Development Organisation.
- Past Chairman of The South Western Sydney Bowel Cancer Foundation.
- Number of Board Meetings attended: 9

Mr Alex Sanchez

- Director from November 1996.
- Appointed to July 31, 2004.
- Councillor, Liverpool City Council from 1991 to 1999. Deputy Mayor 1995 - 1997.
- Director, NSW Waste Service.
- Director and Deputy President, NRMA Ltd.
- Number of Board Meetings Attended: 10

Ms Patricia Thomson

- Director from July 1998. Appointed to June 30, 2002.
- Past Member, SWSAHS Human Research Ethics Committee, August 1998 - February 2002
- Member, Consumer/Community Participation Implementation Group, NSW Health.
- Community Member, Metro South Regional Disability Advisory Group, Ageing & Disability Department.
- Past Tenant Member, South Western Sydney Regional Customer Service Council, NSW Department of Housing.
- Past Community Member, Advisory Committee, the Simpson Centre for Health Service Innovation.
- Past Chairperson, Macarthur Disability and Community Support Services Committee, Department of Community Services.
- Number of Board Meetings Attended: 13

Mr Arnold Vitocco

- Director from November 1996. Appointed to July 31, 2004.
- Director, Vaste Developments Pty Ltd.
- Director, D. Vitocco

- Constructions Pty Ltd.
- Member, Narellan Chamber of Commerce.
- Committee Member, Health Research Foundation, Sydney South West.
- Chairman, Management of Resources, SWSAHS.
- Committee Member, Audit Committee, SWSAHS.
- Number of Board Meetings Attended: 13

Professor Ian Webster AO MBBS, MD, FRACP FRACGP FAFPHM FAFRM

- Director from 1995. Appointed to July 31, 2004.
- Number of Board Meetings Attended: 12

Resources Available to The Board

The Board, and its members, has available to it various sources of independent advice. This includes advice of the external auditor (The Auditor General or the nominee of that office), the internal auditor who is free to give advice direct to the Board, and professional advice.

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

Strategic Direction

The Board has in place processes for the effective planning and delivery of health services to the communities and patients serviced by the Area health Service. This process includes the setting of a strategic direction for both the organisation and for the health services it provides.

Code of Ethical Behaviour

As part of the Board's commitment to the highest standard of conduct, the Board has adopted a Code of Ethical Behaviour to guide Board members in carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community, compliance with laws and regulations, and ethical responsibilities.

The Board has also endorsed the Code of Conduct which applies to the management and other employees of the Area Health Service. A copy of this Code of Conduct is included in this Annual Report.

Risk Management

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

The Board receives and considers all reports of the Service's external and internal auditors and, through the Audit Committee, ensures that audit recommendations are implemented.

There is in place a risk management plan for the Area Health Service.

Committee Structure

The Board meets at regular intervals and has in place mechanisms for the conduct of special meetings. The Board has a committee structure in place to enhance its corporate governance role. These committees meet regularly.

Clinical Council

The Clinical Council has the role of the Quality Committee. All Board members are appointed to the Council. The Board has in place systems and activities for measuring and routinely reporting on the safety and quality of care provided to the community. These systems and activities reflect the principles, performance and reporting guidelines as detailed in the Framework for Managing the Quality of Health Services in New South Wales.

Audit Committee

The Board has established an Audit Committee. This committee is chaired by Mr Grahame Bush and consists of the following Board members.- Ms Irene Hing, Mr Alex

Sanchez and Mr Arnold Vittocco
The Audit Committee meets four times per year. Its terms of reference are to:

- Maintain an effective internal control framework
- Review and ensure the reliability and integrity of management and financial information systems
- Review and ensure the effectiveness of the internal and external audit functions

Management of Resources Committee

The Board has established a Management of Resources Committee. This Committee is chaired by Mr Arnold Vittocco and consists of the following Board members: Mr Grahame Bush, Mr Ian Southwell, Ms Irene Hing, Mr Roy Medich and Mr Alex Sanchez, as well as the Area Executive Team.

The Management of Resources Committee meets eleven times per year. The terms of reference for the Committee are to:

- Advise the Board on strategies for improving management of resources to ensure services are delivered at world standards by highly trained and motivated staff using modern facilities, technologies and information systems
- Advise the Board on strategies to achieve and maintain adequate standards of patient care and services
- Recommend to the Board to adopt and implement all necessary measures (including systems of planning, management and quality control) as will best ensure the efficient and economic operation and use of its

resources in the provision of health services.

- Advise the Board on methods to manage hospitals or health services under its control

The Board complies with the provisions of the Accounts and Audit Determination for Area Health Services.

Performance Appraisal

The Board has ensured that there are process in place to:

- Monitor progress of the matters contained within the Performance Agreement between the Board and the Director General of the Department of Health.
- Regularly review the performance of the Board through a process of Board self appraisal.

Senior Executive Team

Chief Executive Officer

Mr Ian Southwell BSC, MHA

Deputy Chief Executive Officer And Director Of Operations

Mr Colin Froud CPA, DHA, AFCHSE CHE

Director, Internal Audit

Mr Thomas Breen B Arts (Accounting), ASCPA, CISA

Director, Nursing & Clinical Services

Ms Rosemary Chester RN, CM, M Hlth Serv. Mgt., BA, Dip Admin, Dip Teaching, Cert. A&E Nursing

Directors, Financial Services

Ms Chona Yango CPA (Acting); Mr Peter Ontatzis FCPA MBA B.Bus; Mr Ross Hamilton CPA (Acting)

Director, Health System Reform

Dr Colin MacArthur MA, MB, Bchir, MSc (Nuc Med), MHP, MRCP (UK), FRACP, FAFPHM, AFACHSE

Director, Information Services

Mr Denis Nosworthy BSc, AAIMLT, MACS

Director, Medical & Clinical Services

Dr Charles H. Pain LRCP (Lond), MRCS (Eng), MSc, MFPHM, FAFPHM, AFCSHE

Director, Business Services

Mr Craig Turner B.Bus.

Director, Division Of Population Health

Professor Jeanette Ward MBBS, MHPEd PhD, FEFPHM

Director, Division Of Planning

Mr Tim Wills BA MA

SENIOR EXECUTIVE

Performance Audit

Name: Ian Southwell

Position title: Chief Executive Officer

Period in position: 2 years 7 months

Strategic Initiatives:

- Camden Hospital opened November 2001 and Adolescent Mental Health Unit opened at Campbelltown in 2001
- A strategic plan for adult population-based mental health service, using the Mental Health Clinical Care Prevention Model, has been completed.
- The Board has adopted a Statement of Intent for Community Participation in SWSAHS with local coordinators appointed.
- Corporate Office was awarded 4-year accreditation in November 2001 by the Australian Council on Healthcare Standards.

Management Accountabilities

- Budget met: net cost of service was \$4.457m favourable
- Achieved day only and day of surgery admission targets.
- Numerous ATSI programs established including new dental health clinic, infant home visiting program and vascular program.

Name: Colin Froud

Position Title: Deputy Chief Executive Officer

Period in position: 6 years

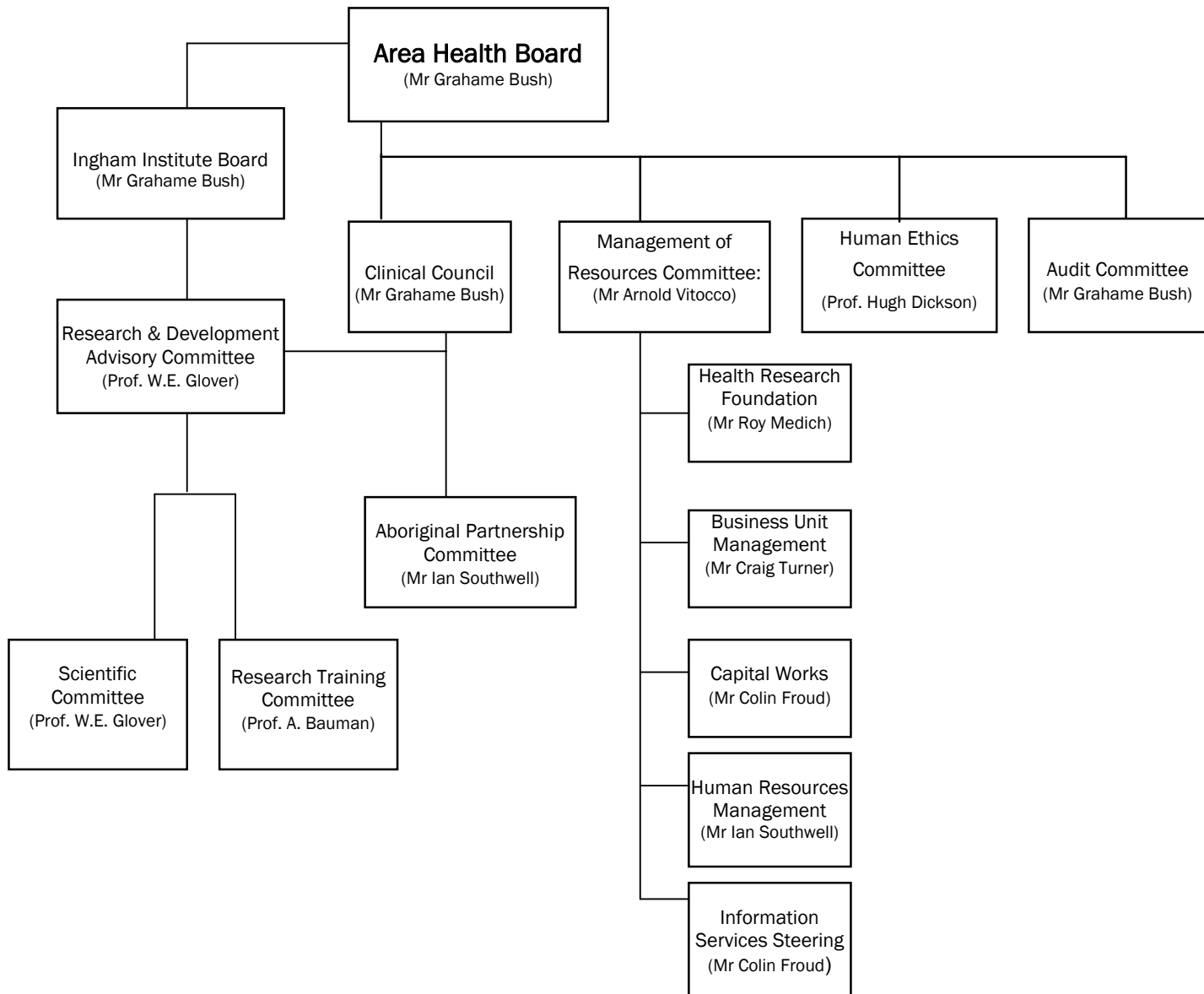
Strategic Initiatives

- Area Strategic Resource Plan completed and submitted to NSW Health.
- Implementation of the Area Disability Plan.
- Establishment of Stroke Unit at Campbelltown Hospital.

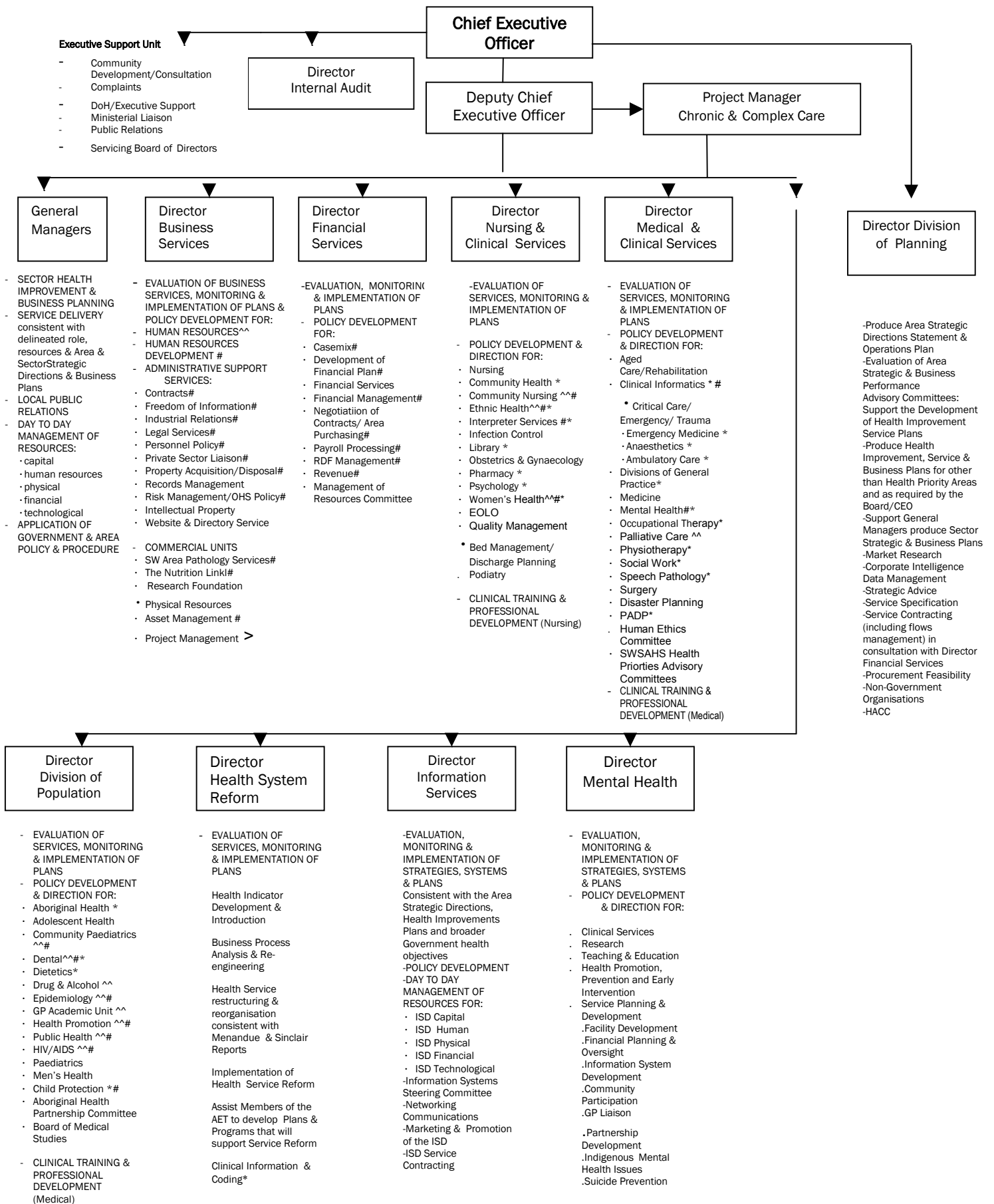
Management Accountabilities

- IT systems developed to ensure 100% of births are contacted by early childhood nurses to offer home visit follow up.
- Chronic and Complex Care programs finalised integrating hospital and community care.
- Performance management process for Visiting Medical Officers developed using specific criteria and included in the reappointment process.

Area Health Board & SUB-COMMITTEES



ORGANISATIONAL CHART



* indicates Area Advisers exist

^{^^} indicates Adviser/Coordinator/Director position with line responsibility to the Clinical Director

indicates the services provided by these Units are across the whole of the Organisation

Financial Overview

EXECUTIVE SUMMARY

The South Western Sydney Area Health Service received its Budget Allocation for the 2001/02 financial year on 31 August 2001. The allocation letter also provided advice on budgets (including growth funding) up to 2002/03, such forward notice enabling the Service to better plan its service delivery.

The agreed 2001/02 Net Cost of Services budget for the Health Service was \$641.037million against which the audited actuals of \$636.58 million represented a favourable variation of \$4.457 million or 0.7%.

The reported variation can be attributed to:

- Growth in revenue generated by patients' fees and research grants.
- Underexpenditure on new services occasioned by recruitment delays for clinical staff due to national shortage in some specialities.

In achieving the above result, the Health Service is satisfied that it has operated within the advised level of Government Cash Payments and restricted operating costs to the budget available. Further, it has ensured that no general creditors over 45 days exist at the end of any month and has effected all loan repayments within the time frames agreed.

SIGNIFICANT BUDGET INCREASES 2001/02

Some of the major increases in budget allocations that occurred during 2001/02 are as follows:

Use of General Growth enhancements for services such as:

- ambulatory care (paediatric and adult), diabetes, family care,
- emergency, rehabilitation and extended care
- acute inpatient including medical oncology, cardiology, renal, respiratory, gastroenterology and neurology
- mental health and drug and alcohol.
- During the year award increases of 3% occurred, thereby increasing salary costs by \$ 11.6 million.

Program Reporting:

The accounts record revenue and expenses by Health Program. With the exception of Aboriginal Health, programs show evidence of increased investment in health services. The Aboriginal Health Program 1.2 now records the specific inputs to Aboriginal Health initiatives.

DIRECTIONS IN FINANCING

As part of the initiatives detailed in the Health Council Report, Episodic Funding has been introduced as a means of distributing funds to hospitals for some acute services, Emergency Departments and Intensive Care Units. These services will be increasingly funded in accordance with planned activities as opposed to the traditional method of providing budgets based on prior

year events.

The Health Service recognises the need to update its administrative bases in order to provide the optimum support for the many clinical advances effected in recent years. Projects implemented in 2001/02 include replacement of the Patient Administration System, commenced theatre systems rollout, implementation of the first stage of the Asset Management and Maintenance System, Switched Network Infrastructure Upgrade and internet and intranet infrastructure upgrades.

THE 2002/03 BUDGET

The 2002/03 Budget was received on 16 September 2002 and provides for an increase of \$40.3 million (8.1%). The Budget continues the growth of health service availability with expanded capacity in:

- Emergency
- Ambulatory and community
- Palliative and rehabilitation
- Inpatients specialties including intensive care, cardiology, gastroenterology, haematology, surgery, medicine, dialysis and cancer services
- The refurbished Camden and Campbelltown Hospitals.



GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

To Members of the New South Wales Parliament

Scope

I have audited the accounts of the South Western Sydney Area Health Service for the year ended 30 June 2002. The Board is responsible for the financial report consisting of the statement of financial position, statement of financial performance, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament based on my audit as required by the *Public Finance and Audit Act 1983* (the PF&A Act) and the *Charitable Fundraising Act 1991* (the CF Act). My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

My audit has been conducted in accordance with the provisions of the PF&A Act and Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. I have also performed procedures, including obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the CF Act.

These procedures have been undertaken to form an opinion:

- (a) whether, in all material respects, the financial report is presented fairly in accordance with the PF&A Act, Accounting Standards and other mandatory professional reporting requirements and statutory requirements, in Australia, so as to present a view which is consistent with my understanding of the South Western Sydney Area Health Service's financial position, the results of its operations and its cash flows; and
- (b) on the matters required by section 24(2) of the CF Act.

The audit opinion expressed in this report has been formed on the above basis.

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 complies with section 45E of the PF&A Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 2002 and the results of its operations and its cash flows for the year then ended.



-2-

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

- i) 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 2002;
- ii) the accounts and associated records of the South Western Sydney Area Health Service have been properly kept during the year in accordance with the CF Act;
- iii) 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
- iv) 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.



P J Boulous, CA
Director of Audit

SYDNEY
18 September 2002

**The South Western Sydney Area Health Service
Financial Statements for the Year Ended 30th June 2002**

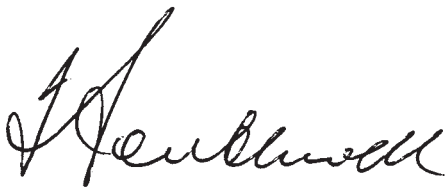
Certification of Financial Statements

The attached financial statements of the South Western Sydney Area Health Service for the year ended 30 June 2002

- 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: 17/9/02

Date:

STATEMENT OF FINANCIAL PERFORMANCE

South Western Sydney Area Health Service Statement of Financial Performance for the year ended 30 June 2002

	Notes	PARENT			CONSOLIDATED		
		Actual 2002 \$000	Budget 2002 \$000	Actual 2001 \$000	Actual 2002 \$000	Budget 2002 \$000	Actual 2001 \$000
Expenses							
Operating Expenses							
Employee Related	3	420,159	425,400	391,859	420,390	425,400	392,058
Visiting Medical Officers		29,674	29,636	27,362	29,674	29,636	27,361
Goods and Services	4	208,107	200,353	192,780	208,212	200,353	192,838
Maintenance	5	19,529	20,520	18,506	19,537	20,520	18,504
Depreciation and Amortisation	2(k), 6	35,165	35,000	23,226	35,165	35,000	23,227
Grants and Subsidies	7	6,517	5,573	6,049	6,356	5,573	5,453
Payments to Affiliated Health Organisations	8	15,053	15,053	14,403	15,053	15,053	14,403
Total Expenses		734,204	731,535	674,185	734,387	731,535	673,844
Revenues							
Sale of Goods and Services	9	82,932	80,337	75,083	82,932	80,337	75,421
Investment Income	10	960	1,300	2,922	1,054	1,300	2,858
Grants and Contributions	11	13,472	2,780	10,914	13,734	2,780	10,900
Other Revenue	12	470	6,614	2,161	619	6,614	2,256
Total Revenues		97,834	91,031	91,080	98,339	91,031	91,435
Gain/(Loss) on Disposal of Non Current Assets	13	(532)	(533)	344	(532)	(533)	344
NET COST OF SERVICES	32,35	636,902	641,037	582,761	636,580	641,037	582,065
Government Contributions							
NSW Health Department Recurrent Allocations	2(a)	566,815	566,815	540,523	566,815	566,815	540,523
NSW Health Department Capital Allocations	2(a)	51,628	51,454	32,258	51,628	51,454	32,258
Acceptance by the Crown Entity of Superannuation Liability	2(c)	25,302	25,334	24,852	25,317	25,334	24,865
Total Government Contributions		643,745	643,603	597,633	643,760	643,603	597,646
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES		6,843	2,566	14,872	7,180	2,566	15,581
RESULT FOR THE YEAR AFTER EXTRAORDINARY ITEMS	26	6,843	2,566	14,872	7,180	2,566	15,581
Net increase/(decrease) in Asset Revaluation Reserve		(380)		98,273	(380)		98,273
Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity		(380)	0	98,273	(380)	0	98,273
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS		6,463	2,566	113,145	6,800	2,566	113,854

The accompanying notes form part of these Financial Statements

STATEMENT OF FINANCIAL POSITION

South Western Sydney Area Health Service Statement of Financial Position as at 30 June 2002

	Notes	PARENT		Actual 2001 \$000	Actual 2002 \$000	CONSOLIDATED	
		Actual 2002 \$000	Budget 2002 \$000			Budget 2002 \$000	Actual 2001 \$000
ASSETS							
Current Assets							
Cash	16	5,997	6,127	6,147	6,546	6,127	6,759
Receivables	18	7,259	8,899	10,189	7,259	8,899	8,254
Inventories	19	3,130	2,829	2,829	3,130	2,829	2,829
Other Financial Assets	17	24,266	24,406	26,192	28,509	24,403	30,033
Total Current Assets		40,652	42,261	45,357	45,444	42,258	47,875
Non-Current Assets							
Receivables	18	4,636	1,935	5,525	4,636	1,935	7,460
Other	17	7,757	7,395	6,295	7,757	7,395	6,295
Property, Plant and Equipment							
- Land and Buildings	20	619,302	633,354	604,805	619,302	633,354	604,805
- Plant and Equipment	20	43,078	29,355	33,757	43,088	29,355	33,769
Total Property, Plant and Equipment		662,380	662,709	638,562	662,390	662,709	638,574
Total Non-Current Assets		674,773	672,039	650,382	674,783	672,039	652,329
Total Assets		715,425	714,300	695,739	720,227	714,297	700,204
LIABILITIES							
Current Liabilities							
Payables	22	31,052	29,166	29,152	31,059	29,164	29,164
Interest Bearing Liabilities	23	2,809	4,292	1,863	2,809	4,198	1,863
Employee Entitlements and Other Provisions	24	46,668	46,057	43,766	46,685	46,057	57,091
Other	25	471	151	244	471	244	244
Total Current Liabilities		81,000	79,666	75,025	81,024	79,663	88,362
Non-Current Liabilities							
Employee Entitlements and Other Provisions	24	65,737	65,436	58,489	65,770	65,436	45,207
Total Non-Current Liabilities		65,737	65,436	58,489	65,770	65,436	45,207
Total Liabilities		146,737	145,102	133,514	146,794	145,099	133,569
Net Assets		568,688	569,198	562,225	573,433	569,198	566,635
EQUITY							
Reserves	26	120,093	120,473	120,474	120,093	120,473	120,474
Accumulated Funds	26	448,595	448,725	441,751	453,340	448,725	446,161
Total Equity		568,688	569,198	562,225	573,433	569,198	566,635

The accompanying notes form part of these Financial Statements

STATEMENT OF CASH FLOWS

South Western Sydney Area Health Service Statement of Cash Flows for the year ended 30 June 2002

Notes	PARENT			CONSOLIDATED		
	Actual 2002 \$000	Budget 2002 \$000	Actual 2001 \$000	Actual 2002 \$000	Budget 2002 \$000	Actual 2001 \$000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee Related	(386,631)	(393,451)	(360,054)	(386,843)	(393,451)	(360,227)
Grants and Subsidies	(7,073)	(6,128)	(6,544)	(6,911)	(6,128)	(5,949)
Borrowing Costs						
Other	(203,059)	(203,999)	(186,860)	(203,247)	(203,999)	(186,954)
Total Payments	(596,763)	(603,578)	(553,458)	(597,001)	(603,578)	(553,130)
Receipts						
Sale of Goods and Services	53,373	50,368	49,514	53,371	50,368	49,522
Interest Received	960	1,300	2,584	1,055	1,300	2,858
Other	37,855	34,842	31,412	38,340	34,842	31,533
Total Receipts	92,188	86,510	83,510	92,766	86,510	83,913
Cash Flows From Government						
NSW Health Department Recurrent Allocations	516,688	516,688	482,946	516,688	516,688	482,946
NSW Health Department Capital Allocations	51,991	51,454	31,896	51,991	51,454	31,896
Asset Sale Proceeds transferred to the NSW Health Department						
Cash Reimbursements from the Crown Entity						
Net Cash Flows from Government	568,679	568,142	514,842	568,679	568,142	514,842
NET CASH FLOWS FROM OPERATING ACTIVITIES	64,104	51,074	44,894	64,444	51,074	45,625
CASH FLOWS FROM INVESTING ACTIVITIES						
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems	6,132	6,131	3,653	6,132	6,131	3,653
Proceeds from Sale of Investments	1,926	5,627	0	1,523	5,627	0
Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems	(73,164)	(65,799)	(48,315)	(73,164)	(65,799)	(48,315)
Purchases of Investments			(2,373)			(2,701)
NET CASH FLOWS FROM INVESTING ACTIVITIES	(65,106)	(54,041)	(47,035)	(65,509)	(54,041)	(47,363)
CASH FLOWS FROM FINANCING ACTIVITIES						
Repayment of Borrowings and Advances	(94)	(94)	(581)	(94)	(94)	(581)
NET CASH FLOWS FROM FINANCING ACTIVITIES	(94)	(94)	(581)	(94)	(94)	(581)
NET INCREASE / (DECREASE) IN CASH	(1,096)	(3,061)	(2,722)	(1,159)	(3,061)	(2,319)
Opening Cash and Cash Equivalents	4,284	4,896	7,006	4,896	4,896	7,215
CLOSING CASH AND CASH EQUIVALENTS	3,188	1,835	4,284	3,737	1,835	4,896

The accompanying notes form part of these Financial Statements

PROGRAM STATEMENT - EXPENSES & REVENUES

South Western Sydney Area Health Service
 Program Statement - Expenses and Revenues
 for the Year Ended 30 June 2002

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		
	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenses																							
Operating Expenses	48,107	49,660	964	1,589	39,897	43,007	31,918	30,238	174,251	157,240	26,966	24,830	31,674	27,494	40,845	38,359	8,011	6,289	18,057	13,352	420,390	392,068	
Employee Related	198	220	0	3,811	1,277	645	606	20,469	19,380	2,296	4,408	1,141	772	698	873	772	238	0	3	0	29,674	27,361	
Visiting Medical Officers	11,090	6,004	94	500	14,958	6,672	8,636	8,577	126,131	123,387	25,755	25,768	4,648	4,443	11,542	13,755	2,311	1,420	3,047	2,312	208,212	192,838	
Goods and Services	2,319	2,841	30	25	2,206	2,860	1,401	1,139	7,804	6,975	1,300	1,309	1,970	1,140	1,658	1,562	412	255	437	398	19,537	18,504	
Maintenance	5,655	3,917	72	7	4,272	2,814	2,618	1,718	13,555	9,396	2,052	1,264	1,970	929	3,937	2,614	287	131	747	437	35,165	23,227	
Depreciation and Amortisation	4,777	5,085	36	0	23	0	10	0	67	0	12	0	63	154	1,066	14,617	157	0	145	0	6,356	19,856	
Grants and Subsidies		0		0		0	0	0	0	0	0	0	0	0	11,539						15,053	0	
Borrowing Costs		3,514																				0	0
Payments to Affiliated Health Organisations																						0	0
Other Expenses																						0	0
Total Expenses	75,660	67,727	1,196	2,121	64,867	56,630	45,228	42,278	342,277	316,378	58,381	57,579	41,466	34,858	71,460	71,679	11,416	8,095	22,436	16,499	734,387	673,844	
Revenue																							
Sale of Goods and Services	1,594	1,304	4	3	2,011	1,672	1,814	1,549	55,719	50,323	10,521	9,487	2,934	2,543	8,248	8,461	38	34	49	45	82,932	75,421	
Investment Income	68	100	1	2	50	74	43	64	663	2,163	60	89	35	52	74	110	13	19	47	185	1,054	2,858	
Grants and Contributions	882	882	0	0	0	0	0	0	11,117	8,636	0	0	0	0	0	0	0	0	1,735	1,382	13,734	10,900	
Other Revenue		0	0	0	0	0	0	0	619	2,256	0	0	0	0	0	0	0	0	0	0	619	2,256	
Total Revenue	2,544	2,286	5	5	2,061	1,746	1,857	1,613	68,118	63,378	10,581	9,576	2,969	2,595	8,322	8,571	51	53	1,831	1,612	98,339	91,435	
Gain/ (Loss) on Disposal of Non Current Assets																						(532)	344
NET COST OF SERVICES	73,116	65,441	1,191	2,116	62,806	54,884	43,371	40,665	274,691	252,656	47,800	48,003	38,497	32,263	63,138	63,108	11,365	8,042	20,605	14,887	636,560	582,065	

* The name and purpose of each program is summarised in Note 19.

The preparation of each year's Program Statement is based on statistical data for the previous year, together with any known program enhancements or definitional changes that have been advised by NSW Health.

Using this methodology for 2001/02, no material variations have occurred, with the movements largely representing the affects of cost escalation and specific enhancement funding.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

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 that, while containing assets that 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 and as part of the NSW Public Accounts.

2 Summary of Significant Accounting Policies

The Health Service's Financial Statements are a general purpose financial report that have 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.

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

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

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

a) NSW Health Department Recurrent Payments

Payments are made by the NSW Health Department on the basis of the net 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 in 2001/2002 on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

Expenses/revenues of Affiliated Health Organisations (Karitane, Carrington Centennial Hospital, Hope Healthcare (Braeside Hospital) and the Benevolent Society of NSW), have only been included in the Statement of Financial Performance to the extent of the net 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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

b) Employee Entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs.

Liabilities for wages and salaries, annual leave, vesting sick leave and related on-costs are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services up to that date.

Long service leave is measured on a nominal basis and is based on the remuneration rates at year end for all employees with five or more years of service. It is considered 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.

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 entitlements accrued in the future.

The outstanding amounts of workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee entitlements to which they relate have been recognised.

c) Superannuation

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 Superannuation Liability".

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 (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and the State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

d) 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.

e) 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.

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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

Patient Fees

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

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.

Use of Hospital Facilities

Specialist doctors with rights of private practice are charged a facility fee for the use of hospital facilities at rates determined by the NSW Health Department and are based on fees collected.

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.

f) Goods and 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.

g) Inter Area Patient Flows

Health Services recognise the flow of acute inpatients from the area in which they are resident to other areas within the State. The expense and revenue values reported within the financial statements have been based on 2000/01 activity data using standard cost weighted separation values to reflect estimated costs in 2001/02 for acute weighted inpatient separations. Where treatment is obtained outside the home Area Health Service, the Area providing the service is notionally reimbursed by the benefiting Area via adjustments effected by the NSW Department of Health to the Area's NSW Health Recurrent Allocation.

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.

The reporting adopted also 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.

h) Research and Development Costs

Research and development costs are charged to expense in the year in which they are incurred.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

i) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the agency. Cost is determined as the fair value of 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.

Fair value means the amount for which an asset could be charged in a sale 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 owned by the Health Service and are reflected as such in the financial statements.

j) Plant and Equipment

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

k) 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. Land is not a depreciable asset.

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%

l) Revaluation of Physical Non-Current Assets

Buildings, plant and equipment and infrastructure assets (excluding land) are valued based on the estimated written down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis, subject to any restrictions or enhancements since

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

acquisition. Infrastructure assets will be included as part of the next revaluation process due during the 2005/06 financial year.

m) 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.

n) Leased Assets

A distinction is made between finance leases that 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 Operating Statement in the periods in which they are incurred.

o) 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.

p) Other Financial Assets

“Other financial assets” are generally recognised at cost, with the exception of Treasury Corporation Hour Glass Facilities and Managed Fund Investments, which are measured at market value.

For non-current “other financial assets”, revaluation increments and decrements are recognised in the same manner as physical non-current assets (see para l).

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

q) 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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 40 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%.

Receivables

Accounting Policies - Receivables recognised are carried at cost, based on the original invoice amount less a provision for estimated uncollectable debts. A Bad Debts expense is incurred when collection of the full amount is no longer probable. No interest is earned on trade debtors. Accounts are issued on 7 day terms.

Investments

Accounting Policies - Investments reported include Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Statement of Financial Performance when earned.

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:

Investment Facilities

The Health Service has investments in Treasury Corporation'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. Treasury Corporation appoints and monitors fund managers and establishes and monitors the application of appropriate investment guidelines.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

The Health Service's investments are:

	2002	2001
Cash Facility	6037	6114
Bond Market Facility	10723	10307
Medium Term Growth Facility	5939	6539
Long Term Growth Facility	11848	13185
	34547	36145

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 accruals basis.

r) Emerging Right to Receive Private Sector Infrastructure:

The Health Service is party to transactions where private sector entities fund the construction of facilities on land that is owned by the Health Service. In return for funding the construction of these facilities, the private sector entity is given the right to utilise the facilities in question exclusively for a predetermined period. When this period ceases, full usage rights of the facility return to the control of the Health Service. Ownership of the facilities remains with the Health Service throughout the term of each arrangement.

The Health Service capitalises the related value of these assets, being the value of the emerging right to occupy and control these infrastructure facilities at the end of the agreed period. The value attributed to these assets is calculated based on depreciated replacement cost, with the 10 year Government bond rate used as the appropriate construction replacement cost. The asset value is determined after notionally charging depreciation at the rate of 2.5% per annum.

The increment or decrement to the asset value on a year on year basis is recognised in the statement of financial performance as part of grants and contributions revenue in Note 11.

Details of the arrangements in place at year end are disclosed in Note 17.

s) 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.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

t) Interest Bearing Liabilities

All loans are valued at current capital value. The finance lease liabilities are accounted for in accordance with AAS17 "Leases".

u) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 32. 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.

v) Reclassification of Financial Information

"Lease and Rental Income" was recognised in prior year statements as Sale of Goods and Services whereas, from 2001/02, the Health Service's reporting has been amended to comply with Whole of Government reporting and bring the revenue to account under Investment Income.

Intra Area Patient Flows / Inter State Patient Flows were recognised as payments within the Statement of Cash Flows in 2000/01 whereas, consistent with the treatment required across all of NSW Health's controlled entities, such amounts are of a nominal nature only and have not been recognised in 2001/02.

Patient fees have been classified into current and non current debtors. Consequently, the prior year comparative has been restated to conform with the current year disclosure.

w) 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.

x) Changes in Accounting Policy

Provision for Annual Leave has been effected on a current and non current liability basis. Receivables (Debtors Compensable) has also been dissected into current and non current assets as per Department of Health instructions.

y) Where appropriate, comparative numbers have been adjusted to accord with the current year presentation.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
3. Employee Related				
Employee related expenses comprise the following:				
Salaries and Wages	325,529	305,608	325,717	305,776
Enterprise Agreements/Awards	4,036	3,698	4,036	3,698
Long Service Leave [see note 2(b)]	9,490	8,482	9,497	8,485
Annual Leave [see note 2(b)]	33,409	31,548	33,430	31,563
Nursing Agency Payments	5,326	4,251	5,326	4,251
Other Agency Payments	1,762	1,549	1,762	1,549
Workers Compensation Insurance	15,195	11,756	15,195	11,756
Superannuation (See note 2(c))	25,356	24,906	25,371	24,919
Fringe Benefits Tax	56	61	56	61
	420,159	391,859	420,390	392,058

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 2001.

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

Computer Related Expenses	523	318	523	318
Domestic Charges	8,681	7,673	8,682	7,674
Drug Supplies	24,845	22,261	24,845	22,261
Food Supplies	7,345	6,419	7,353	6,424
Fuel, Light and Power	4,613	3,644	4,613	3,644
General Expenses	6,212	5,691	6,286	5,725
Hospital Ambulance Transport Costs	1,285	1,191	1,285	1,191
Insurance	1,491	690	1,491	690
Inter Area Patient Outflows, NSW	84,479	82,852	84,479	82,852
Interstate Patient Outflows	1,392	1,528	1,392	1,528
Medical and Surgical Supplies	31,238	28,098	31,238	28,098
Postal and Telephone Costs	4,602	4,520	4,605	4,521
Printing and Stationery	3,982	2,986	3,998	2,998
Rental	601	574	601	574
Rates and Charges	1,103	1,073	1,103	1,073
Special Service Departments	16,001	14,011	16,001	14,011
Staff Related Costs	4,297	3,697	4,297	3,697
Sundry Operating Expenses	148	145	148	148
Travel Related Costs	5,269	5,409	5,272	5,411
	208,107	192,780	208,212	192,838

(a) Sundry Operating Expenses comprise:

Aircraft Expenses (Ambulance)	148	145	148	148
Contract for Patient Services				
	148	145	148	148

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

4. Goods and Services (continued)	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
(b) General Expenses include:-				
Advertising	1,335	1,027	1,335	1,028
Books and Magazines	974	998	974	998
Consultancies				
- Operating Activities	563	598	563	598
- Capital Works	208	115	208	115
Courier and Freight	447	381	447	381
Auditor's Remuneration - Audit of financial report:	85	82	88	82
Legal Expenses	81	73	81	73
Membership/Professional Fees	169	151	169	152
Operating Lease Expense	104	113	104	113
Payroll Services	0	0	0	0
Provision for Bad and Doubtful Debts	710	1,176	710	1,176
Other	1,537	977	1,607	1,009
	<u>6,213</u>	<u>5,691</u>	<u>6,286</u>	<u>5,725</u>

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

Central Sydney	22,969	23,080	22,969	23,080
Northern Sydney	3,029	2,669	3,029	2,669
Western Sydney	17,199	17,857	17,199	17,857
Wentworth	2,832	2,663	2,832	2,663
Central Coast	444	341	444	341
Hunter	161	197	161	197
Illawarra	1,316	1,207	1,316	1,207
South Eastern Sydney	21,902	21,764	21,902	21,764
Northern Rivers	78	82	78	82
Mid North Coast	180	182	180	182
New England	56	64	56	64
Macquarie	50	70	50	70
Mid Western	107	120	107	120
Far West	13	12	13	12
Greater Murray	68	85	68	85
Southern NSW	214	386	214	386
Childrens Hospital	13,861	12,073	13,861	12,073
	<u>84,479</u>	<u>82,852</u>	<u>84,479</u>	<u>82,852</u>

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

Australian Capital Territory	451	308	451	308
Northern Territory	27	17	27	17
Queensland	415	689	415	689
South Australia	75	85	75	85
Tasmania	34	6	34	6
Victoria	331	294	331	294
Western Australia	59	129	59	129
	<u>1,392</u>	<u>1,528</u>	<u>1,392</u>	<u>1,528</u>

5. Maintenance

Repairs and Routine Maintenance	12,480	11,965	12,482	11,965
Other				
Renovations and Additional Works	1,583	1,018	1,583	1,016
Replacements and Additional Equipment less than \$5,000	5,466	5,523	5,472	5,523
	<u>19,529</u>	<u>18,506</u>	<u>19,537</u>	<u>18,504</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
6. Depreciation and Amortisation				
Depreciation - Buildings	23,609	14,068	23,609	14,068
Depreciation - Plant and Equipment	11,556	9,158	11,556	9,159
	<u>35,165</u>	<u>23,226</u>	<u>35,165</u>	<u>23,227</u>
7. Grants and Subsidies				
Grants to Non Government Organisations	5,094	4,834	5,094	4,834
Other	1,423	1,215	1,262	619
	<u>6,517</u>	<u>6,049</u>	<u>6,356</u>	<u>5,453</u>
8. Payments to Affiliated Health Organisations				
(a) Recurrent Sourced				
Carrington Centennial Hospital	1,019	1,032	1,019	1,032
Karitane	3,136	3,133	3,136	3,133
Benevolent Society of NSW	378	369	378	369
Braeside Hospital	10,276	9,869	10,276	9,869
	<u>14,809</u>	<u>14,403</u>	<u>14,809</u>	<u>14,403</u>
(b) Capital Sourced				
Braeside Hospital	244	0	244	0
	<u>244</u>	<u>0</u>	<u>244</u>	<u>0</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
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	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
9. Sale of Goods and Services				
(a) Sale of Goods and Services comprise the following:-				
Patient Fees [see note 2(e)]	31,915	29,229	31,915	29,229
Staff-Meals and Accommodation	1,930	1,474	1,930	1,474
Infrastructure Charge - Facility Fees [see note 2	5,875	6,374	5,875	6,374
Car Parking	1,135	1,074	1,135	1,074
Child Care Fees	721	703	721	703
Commercial Activities	4,473	3,359	4,473	3,359
Fees for Medical Records	182	197	182	197
Non Staff Meals	1,114	1,460	1,114	1,460
Sale of Prosthesis	497	455	497	455
Patient Inflows from Interstate	670	1,090	670	1,090
Inter Area Patient Inflows, NSW	31,903	27,919	31,903	27,919
Other	2,517	1,749	2,517	1,749
	82,932	75,083	82,932	75,083
(b) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:-				
Central Sydney	10,564	9,645	10,564	9,645
Northern Sydney	713	556	713	556
Western Sydney	8,153	7,126	8,153	7,126
Wentworth	1,385	1,394	1,385	1,394
Central Coast	491	471	491	471
Hunter	377	561	377	561
Illawarra	1,769	1,371	1,769	1,371
South Eastern Sydney	3,991	4,017	3,991	4,017
Northern Rivers	402	105	402	105
Mid North Coast	905	337	905	337
New England	345	309	345	309
Macquarie	778	589	778	589
Mid Western	577	368	577	368
Far West	198	116	198	116
Greater Murray	321	221	321	221
Southern NSW	934	733	934	733
	31,903	27,919	31,903	27,919
(c) Revenues from Patient Inflows from Interstate are as follows:-				
Australian Capital Territory	98	123	98	123
Northern Territory	11	21	11	21
Queensland	252	460	252	460
South Australia	25	87	25	87
Tasmania	27	9	27	9
Victoria	199	349	199	349
Western Australia	58	41	58	41
	670	1,090	670	1,090
10. Investment Income				
Interest	536	2,584	630	2,858
Lease and Rental Income	424	338	424	338
Other				
	960	2,922	1,054	3,196

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
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	PARENT		CONSOLIDATED	
	2002	2001	2002	2001
	\$000	\$000	\$000	\$000
11. Grants and Contributions				
Grants				
Other -				
Commonwealth Government grant	5,329	4,868	5,329	4,868
Clinical Drug Trials	547	470	547	470
Other Bodies	7,596	5,576	7,858	5,562
	<u>13,472</u>	<u>10,914</u>	<u>13,734</u>	<u>10,900</u>
12. Other Revenue				
Other Revenue comprises the following:-				
Sale of Old Wares	57	23	57	23
Non User Charges	104	1,919	104	1,920
Other	309	219	458	313
	<u>470</u>	<u>2,161</u>	<u>619</u>	<u>2,256</u>
13. Gain/(Loss) on Disposal of Non Current Assets				
Property Plant and Equipment	6,664	3,308	6,664	3,309
Other Assets				
Less Accumulated Depreciation	4,953	2,405	4,953	2,406
Written Down Value	1,711	903	1,711	903
Less Proceeds from Sale	1,179	1,247	1,179	1,247
Gain/(Loss) on Disposal of Non-Current Assets	<u>(532)</u>	<u>344</u>	<u>(532)</u>	<u>344</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
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14. Conditions on Contributions

	PARENT		CONSOLIDATED	
	2002	2001	2002	2001
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date				
Purchase of Assets	1,373	3,497	1,373	3,497
Clinical Services	823	133	823	133
Community Services	314	109	314	109
Nursing Services	134	147	134	147
Health Promotion, Education and research	2,559	3,892	3,494	5,101
Staff Amenities & Education	658	494	658	494
Patient Property		3	1	3
	5,861	8,275	6,797	9,484

Contributions recognised in previous years which were not expended in the current financial year

Purchase of Assets	1,549	3,342	1,549	3,342
Clinical Services	140	171	140	171
Community Services	98	183	98	182
Nursing Services	119	93	119	93
Health Promotion, Education and research	5,244	3,453	5,842	3,955
Staff Amenities & Education	285	274	285	274
Patient Property	2	5	2	5
	7,437	7,521	8,035	8,022

Total amount of unexpended contributions as at balance date

Purchase of Assets	10,024	10,201	10,024	10,201
Clinical Services	1,270	588	1,270	588
Community Services	549	333	549	333
Nursing Services	586	570	586	570
Health Promotion, Education and research	9,279	12,204	14,026	16,613
Staff Amenities & Education	968	595	968	595
Patient Property	22	25	22	25
	22,698	24,516	27,445	28,925

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

15. Programs/Activities of the Agency

Program 1.1 - Primary and Community Based Services

Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 1.2 - Aboriginal Health Services

Objective: To raise the health status of Aborigines and to promote a healthy lifestyle.

Program 1.3 - Outpatient Services

Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program 2.1 - Emergency Services

Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 2.2 - Overnight Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 2.3 - Same Day Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment of 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.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
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	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
16. Current Assets - Cash				
Cash at bank and on hand	504	257	509	645
Deposits at call	5,493	5,890	6,037	6,114
	<u>5,997</u>	<u>6,147</u>	<u>6,546</u>	<u>6,759</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)	5,997	6,147	6,546	6,759
Bank overdraft	(2,809)	(1,863)	(2,809)	(1,863)
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	<u>3,188</u>	<u>4,284</u>	<u>3,737</u>	<u>4,896</u>

	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
17. Current/Non Current Other Financial Assets				
Current				
Treasury Corporation - Hour Glass Facility	24,266	26,192	28,509	30,033
Other Loans and Deposits				
Advances Receivable				
Shares				
Other				
	<u>24,266</u>	<u>26,192</u>	<u>28,509</u>	<u>30,033</u>
Non Current- Other				
Emerging right to receive private sector infrastructure	7,757	6,295	7,757	6,295
	<u>7,757</u>	<u>6,295</u>	<u>7,757</u>	<u>6,295</u>

Detailed disclosure:

	Year	Term of	Carrying Value	Carrying Value	Increment in
	Comm	Arrangement in	2001	2002	carrying
	enced	Years			value
					recognised
					in SOFP
Private Sector Infrastructure Arrangement					
Bowral Private Hospital	1993	60 years	4,861	5,833	972
Bowral Private Medical Imaging	1993	10 years	614	712	98
Bankstown Medical GP Service	1998	50 years	820	1,212	392
Total			6,295	7,757	1,462

No new arrangements were entered into during the current year. No arrangements ceased during the financial year.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
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	PARENT		CONSOLIDATED	
	2002	2001	2002	2001
	\$000	\$000	\$000	\$000
18. Current/Non Current Receivables				
Current				
(a) Sale of Goods and Services	3,924	4,388	3,924	4,388
Other Debtors				
- Prepayments	658	381	658	381
Department of Health Non Operating	0	3,533	0	3,533
Transferred Leave	320	494	320	494
Other	5,332	4,578	5,332	4,578
	<u>10,234</u>	<u>13,374</u>	<u>10,234</u>	<u>13,374</u>
Sub Total	10,234	13,374	10,234	13,374
Less Provision for Doubtful Debts	(2,975)	(3,185)	(2,975)	(3,185)
	<u>7,259</u>	<u>10,189</u>	<u>7,259</u>	<u>10,189</u>
(b) Bad debts written off during the year - Current Receivables				
- Sale of Goods and Services	212	343	212	343
- Other	40		40	
	<u>252</u>	<u>343</u>	<u>252</u>	<u>343</u>
Non Current				
(a) Sale of Goods and Services				
Other Debtors				
- Prepayments	1,890	1,935	1,890	1,935
Patient fees compensable	2,746	3,590	2,746	3,590
	<u>4,636</u>	<u>5,525</u>	<u>4,636</u>	<u>5,525</u>
Sub Total	4,636	5,525	4,636	5,525
Less Provision for Doubtful Debts				
	<u>4,636</u>	<u>5,525</u>	<u>4,636</u>	<u>5,525</u>
(b) Bad debts written off during the year - Non Current Receivables				
- Sale of Goods and Services	669	643	669	643
- Other				
	<u>669</u>	<u>643</u>	<u>669</u>	<u>643</u>
(c) Sale of Goods and Services includes:				
Patient Fees - Compensable	4,554	5,954	4,554	5,954
Patient Fees - Ineligible	1,262	1,148	1,262	1,148
Patient Fees - Other	854	876	854	876
	<u>6,670</u>	<u>7,978</u>	<u>6,670</u>	<u>7,978</u>
	PARENT		CONSOLIDATED	
	2002	2001	2002	2001
	\$000	\$000	\$000	\$000
19. Inventories				
Current - at cost				
Drugs	1,344	1,043	1,344	1,043
Medical and Surgical Supplies	1,311	1,425	1,311	1,425
Food and Hotel Supplies	255	225	255	225
Engineering Supplies	97	76	97	76
Other including Goods in Transit	123	60	123	60
	<u>3,130</u>	<u>2,829</u>	<u>3,130</u>	<u>2,829</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

20. Property, Plant and Equipment

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
Gross Carrying Amount 1 July 2001					
At Valuation date 30 June 2001	77,488	773,004	0	0	850,492
At Cost	0	0	68,082	123,931	192,013
Revaluation Adjustment [see note 2(l)]	(380)				(380)
Capital Expenditure/Donations		35,836	3,729	21,506	61,071
Disposals	(1,080)	(2,000)		(3,584)	(6,664)
Balance at 30 June 2002					
At Valuation date 30 June 2001	76,028	806,840			882,868
At Cost			71,811	141,853	213,664
TOTAL	76,028	806,840	71,811	141,853	1,096,532
Accumulated Depreciation					
Balance 1 July 2001					
At Valuation date 30 June 2001		313,768			313,768
At Cost				90,162	90,162
Charge for the year [see note 2(k)]		23,609		11,556	35,165
Adjustment for disposals		2,000		2,953	4,953
Balance at 30 June 2002					0
At Valuation date 30 June 2001		335,377			335,377
At Cost				98,765	98,765
TOTAL	0	335,377	0	98,765	434,142
Carrying Amount at 30 June 2002					
At Valuation date 30 June 2001	76,028	471,463	0	0	547,491
At Cost	0	0	71,811	43,088	114,899
TOTAL	76,028	471,463	71,811	43,088	662,390

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

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

	2002	2001
	\$000	\$000
Property, Plant and Equipment	38,191	33,160

(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.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
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21. Restricted Assets

The Health Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

Category	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
Property, Plant & Equipment	10,024	10,201	10,024	10,201
Clinical Services	1,270	588	1,270	588
Community Services	549	333	549	333
Nursing Services	586	570	586	570
Health Promotion, Education & Research	9,279	12,204	14,026	16,613
Staff Amenities and Education	968	595	968	595
Patient property	22	25	22	25
	<u>22,698</u>	<u>24,516</u>	<u>27,445</u>	<u>28,925</u>

22. Payables	PARENT		CONSOLIDATED	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
Current				
Creditors	22,239	14,183	22,240	14,184
Other Creditors				
- Capital Works	726	7,864	726	7,864
- Other	8,087	7,105	8,093	7,116
	<u>31,052</u>	<u>29,152</u>	<u>31,059</u>	<u>29,164</u>

23. Current/Non Current Interest Bearing Liabilities

Current				
Bank Overdraft	2,809	1,863	2,809	1,863
	<u>2,809</u>	<u>1,863</u>	<u>2,809</u>	<u>1,863</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
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	PARENT		CONSOLIDATED			
	2002 \$000	2001 \$000	2002 \$000	2001 \$000		
24. Current/Non Current Liabilities - Employee Entitlements and Other Provisions						
Current						
Employee Annual Leave	26,937	26,290	26,952	26,303		
Employee Long Service Leave	5,291	4,472	5,293	4,474		
Accrued Salaries and Wages	7,354	6,012	7,354	6,012		
Other						
Taxation and Other Payroll Deductions	7,086	6,992	7,086	6,992		
Aggregate employee entitlements/other provisions	<u>46,668</u>	<u>43,766</u>	<u>46,685</u>	<u>43,781</u>		
Non Current						
Employee Annual Leave	16,754	13,305	16,763	13,311		
Employee Long Service Leave	48,983	45,184	49,007	45,207		
Sick Leave						
Other						
Aggregate employee entitlements/other provisions	<u>65,737</u>	<u>58,489</u>	<u>65,770</u>	<u>58,518</u>		
25. Other Liabilities						
Current						
Income in Advance	471	151	471	151		
Other		93		93		
	<u>471</u>	<u>244</u>	<u>471</u>	<u>244</u>		
26. Equity						
Parent	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2002	2001	2002	2001	2002	2001
	\$000	\$000	\$000	\$000	\$000	\$000
Balance at the beginning of the financial year	441,752	426,879	120,473	22,201	562,225	449,080
Result for the Year after Extraordinary Items	6,843	14,872			6,843	14,872
Increment/(Decrement) on Revaluation of: Land and Buildings			(380)	98,273	(380)	98,273
Balance at the end of the financial year	<u>448,595</u>	<u>441,751</u>	<u>120,093</u>	<u>120,474</u>	<u>568,688</u>	<u>562,225</u>
Consolidated						
Balance at the beginning of the financial year	446,160	430,580	120,473	22,201	566,633	452,781
Result for the Year after Extraordinary Items	7,180	15,581			7,180	15,581
Increment/(Decrement) on Revaluation of: Land and Buildings			(380)	98,273	(380)	98,273
Balance at the end of the financial year	<u>453,340</u>	<u>446,161</u>	<u>120,093</u>	<u>120,474</u>	<u>573,433</u>	<u>566,635</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

27. Commitments for Expenditure	2002	2001
	\$000	\$000
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	28,967	46,622
<i>Later than one year and not later than five years</i>	30,576	62,351
	<hr/>	<hr/>
Total Capital Expenditure Commitments (including GST)	<u>59,543</u>	<u>108,973</u>
Of the commitments reported at 30 June 2002 it is expected that \$4.2 will be met from locally generated moneys.		
(b) Other Expenditure Commitments		
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	7,887	6,891
	<hr/>	<hr/>
Total Other Expenditure Commitments (including GST)	<u>7,887</u>	<u>6,891</u>
(c) Operating Lease Commitments		
<i>Future non-cancellable operating lease rentals not provided for and payable.</i>		
Not later than one year	3,696	3,486
<i>Later than one year and not later than five years</i>	13,618	13,346
Later than five years	3,300	6,600
	<hr/>	<hr/>
Total Operating Lease Commitments (including GST)	<u>20,614</u>	<u>23,432</u>

Description of Lease	Expiry Date
11 ELIZABETH STREET, LIVERPOOL	13.11.2003
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
SHOP 74A MINTO MALL, MINTO	14.12.2002
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 \$1,932,361 that are expected to be recoverable from the Australian Taxation Office.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
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28. Trust Funds

The Health Service holds Trust Fund monies of \$9.6 million which are used for the safe keeping of patients' moneys, deposits on hired items of equipment and Private Practice Trusts. These moneys 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.

	Patients Trust		Refundable Deposits		Private Practice Funds	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000
Cash Balance at the Beginning of the financial year	39	30	268	211	8974	8429
Receipts	49	41	164	186	10307	8697
Expenditure	50	32	120	129	10018	8152
Cash Balance at the end of the financial year	38	39	312	268	9262	8974

29. 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 Vehicles (eighteen months from commencement of Fund Year) became operative.

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

The hindsight adjustment has now been effected for the 1998/99 year and resulted in an increase in expenses of \$3.978m. A contingent liability/asset may therefore exist in respect of the 1999/00 and 2000/01 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz. those advised as at 30 June 2001 estimate that a receivable of \$0.824m is applicable.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

This estimate is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2002.

(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, 1977 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 that 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 that may exist or be formulated between the administering bodies of the organisation and the Department.

30. Charitable Fundraising Activities

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

Income received and the cost of raising income for specific fundraising has been audited and all revenue and expenses have been recognised in the financial statements of the South Western Sydney Area Health Service.

	INCOME RAISED \$000's	DIRECT EXPENDITURE \$000's	INDIRECT EXPENDITURE \$000's	NET PROCEEDS \$000's
Appeals (In House)	37	2	1	35
Raffles	12	3		9
Functions	41	12		28
Fete	22	5		17
	112	22	1	89
Percentage of Income	100%	20%	1%	79%

* 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's

Purchase of Equipment	89
	89

The provisions 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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

31. 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 the 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.

	Parent		Consolidated	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000
32. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities				
Net Cash Flows from Operating Activities	64,104	44,894	64,444	45,625
Depreciation	(35,165)	(23,226)	(35,165)	(23,227)
Inter Area/Interstate Patient Outflows	(85,871)	(84,380)	(85,871)	(84,380)
Inter Area/Interstate Patient Inflows	32,573	29,009	32,573	29,009
Provision for Doubtful Debts	211	(195)	211	(195)
Acceptance by the Crown Entity of Superannuation Liability	(25,302)	(24,852)	(25,318)	(24,865)
(Increase)/ Decrease in Provisions	(10,806)	(8,000)	(10,812)	(8,011)
Increase / (Decrease) in Prepayments and Other Assets	1,394	(220)	1,398	(226)
(Increase)/ Decrease in Creditors	(8,830)	(1,294)	(8,830)	(1,296)
Net Gain/ (Loss) on Disposal of Property, Plant and Equipment	(532)	344	(532)	344
(NSW Health Department Recurrent Allocations)	(516,688)	(482,945)	(516,688)	(482,947)
(NSW Health Department Capital Allocations)	(51,990)	(31,896)	(51,990)	(31,896)
(Asset Sale Proceeds transferred to the NSW Health Department)				
(Cash Reimbursements from the Government)				
Net Cost of Services	<u>(636,902)</u>	<u>(582,761)</u>	<u>(636,580)</u>	<u>(582,065)</u>

33. Non Cash Financing and Investing Activities

Assets Received by Donation	952	542	952	542
Property, Plant and Equipment acquired by Finance Lease				
Other (Please Specify)				
	<u>952</u>	<u>542</u>	<u>952</u>	<u>542</u>

34. 2001/2002 Voluntary Services

It is considered impractical to quantify the monetary value of voluntary services provided to the health service. Services provided include:

- | | |
|---|---|
| <ul style="list-style-type: none"> . Chaplaincies and Pastoral Care - . Pink Ladies/Hospital Auxiliaries - . Patient Support Groups - . Community Organisations - | <ul style="list-style-type: none"> Patient & Family Support Patient Services, Fund Raising Practical Support to Patients and Relative Counselling, Health Education, Transport, Home Help & Patient Activities |
|---|---|

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

35. Budget Review

Net Cost of Services

The Net Cost of Service result finished \$ 4.5m million favourable to budget. This is mainly due to growth in revenue and generated from patients eligible under agreement with the Department of Veteran's Affairs, Commonwealth grants and other organisations. In addition, there was underexpenditure on Mental Health and Drug and Alcohol related services which encountered difficulties in recruiting staff and establishing appropriate infrastructures to support such services.

Assets and Liabilities

Total assets increased by \$5.9 million in excess of budget, due to increased investments derived from the favourable Net Cost of Services result and the Health Research Foundation.

Total liabilities were \$1.7 million above the budget level. This was due mainly to an increase in creditors and growth in Employee Entitlements offset by a decrease in interest bearing liabilities.

Cash Flows

Net cash flows from operating activities were favourable to budget by \$ 13.3 million. This is consistent with the Net Cost of Service performance to budget, with the strong revenue performance noted above, and supported by significant reductions in Receivables.

Net cash flows from investing activities were above planned levels owing to higher than anticipated activity associated with the capital developments across the Area Health Service throughout the year.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for
South Western Sydney Area Health Service
for the year ended 30 June 2002**

36. 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 2002. The amounts incorporated in the statement of financial position are as follows:

	2002	2001
	\$000	\$000
Cash	446	388
Investments	4,347	4,065
Non Current Assets	10	15
Current Liabilities	(36)	(36)
Non Current Liabilities	(25)	(22)
Net Assets	4,742	4,410

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

37. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates

South Western Area Health 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		Weighted average effective interest rate *	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 %	2001 %
PARENT								
Financial Assets								
Cash	5,969	6,121	28	26	5,997	6,147	4.01	5.30
Receivables	0	0	11,895	15,714	11,895	15,714		
Treasury Corp. Investments	24,266	26,192		0	24,266	26,192	1.99	8.00
Other Loans and Deposits						0		
Total Financial Assets	30,235	32,313	11,923	15,740	42,158	48,053		
Financial Liabilities								
Borrowings-Bank Overdraft	2,809	1,863		0	2,809	1,863	4.01	5.30
Borrowings-Other					0	0		
Payables		0	31,052	29,152	31,052	29,152		
Total Financial Liabilities	2,809	1,863	31,052	29,152	33,861	31,015		

* 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		Weighted average effective interest rate *	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 %	2001 %
CONSOLIDATED								
Financial Assets								
Cash	6,518	6,733	28	26	6,546	6,759	4.01	5.30
Receivables		0	11,895	15,714	11,895	15,714		
Treasury Corp. Investments	28,509	30,033		0	28,509	30,033	1.99	8.00
Total Financial Assets	35,027	36,766	11,923	15,740	46,950	52,506		
Financial Liabilities								
Borrowings-Bank Overdraft	2,809	1,863		0	2,809	1,863	4.01	5.30
Borrowings-Other					0	0		
Payables		0	31,059	29,164	31,059	29,164		
Total Financial Liabilities	2,809	1,863	31,059	29,164	33,868	31,027		

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2002

37. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder.

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.

PARENT	Governments		Banks		Patients		Other		Total	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000
Financial Assets										
Cash	5,969	5,890		231		0	28	26	5,997	6,147
Receivables	6,801	9,756		0	3,792	4,883	1,302	1,075	11,895	15,714
Treasury Corp. Investments	24,266	26,192		0		0		0	24,266	26,192
Total Financial Assets	37,036	41,838	0	231	3,792	4,883	1,330	1,101	42,158	48,053

CONSOLIDATED	Governments		Banks		Patients		Other		Total	
	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000	2002 \$000	2001 \$000
Financial Assets										
Cash	6,518	6,114		619		0	28	26	6,546	6,759
Receivables	6,801	9,756		0	3,792	4,883	1,302	1,075	11,895	15,714
Treasury Corp. Investments	28,509	30,033		0		0		0	28,509	30,033
Total Financial Assets	41,828	45,903	0	619	3,792	4,883	1,330	1,101	46,950	52,506

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 \$ 1.262m at balance date.

c) Net Fair Value

As stated in Note 2(q) 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 2002

1. FUNDS GRANTED TO NON GOVERNMENT COMMUNITY ORGANISATIONS

Organisation	Amount \$000	Program Area	Purpose
Cabramatta Community Centre	117	1.1 Primary & Community Care	Drug and alcohol prevention for NESB adolescents and parents/care-givers
GROW Community Program	195	1.1 Primary & Community Care	Residential drug and alcohol treatment service
Macarthur Drug & Alcohol Services	276	1.1 Primary & Community Care	Drug and alcohol counselling, education and support services for youth
Odyssey House	975	1.1 Primary & Community Care	Residential drug and alcohol treatment service
South West Alternative Program	146	1.1 Primary & Community Care	Drug and alcohol assessment, counselling and referral for NESB community
Maryfields Recovery Centre	221	1.1 Primary & Community Care	Alcohol and drug rehabilitation centre
Sydney City Mission	91	1.1 Primary & Community Care	Drug and alcohol use prevention and education for young people
Cabramatta Community Centre	66	1.1 Primary & Community Care	AIDS awareness project for NESB adolescents and parents/ care-givers
Bankstown Women's Health Centre	275	1.1 Primary & Community Care	Clinical, counselling and health education services for women
Immigrant Women's Health Service	303	1.1 Primary & Community Care	Clinical, counselling and health education services for immigrant women
Lifeline Macarthur	61	1.1 Primary & Community Care	Telephone and face to face counselling services for the general community
Liverpool Women's Health Centre	473	1.1 Primary & Community Care	Clinical, counselling and health education services for women
Southern Highlands Bereavement Care	43	1.1 Primary & Community Care	Bereavement and support service
WILMA Women's Health	308	1.1 Primary & Community Care	Clinical, counselling and health education services for women
Bankstown City Aged Care Ltd	197	4.1 Rehabilitation and extended care	Day care centre for dementia clients
Benevolent Society of NSW	1190	1.1 Primary & Community Care	Clinical, counselling & health education services for women.
Triple Care Farm	32	1.1 Primary & Community Care	Residential drug and alcohol treatment service
Families in Partnership	70	1.1 Primary & Community Care	Improve and develop services to people with disabilities through partnership with their families
Open Family Cabramatta	55	1.1 Primary & Community Care	Youth Drug Court pilot and other youth justice diversionary programs

Appendix to the Financial Statements for the year ended 30 June 2002

2. CONSULTANTS ENGAGED THROUGHOUT 2001/02

There were 11 consultants engaged over the 2001/02 financial year for work costing less than \$30,000 each, at a total cost of \$152,902. There were three consultants engaged costing more than \$30,000 during 2001/02, the details of which are as follows:

Consultant	Adacel Technologies
Cost	\$296,913
Project	Develop a Health Services (state wide) Provider Directory
Consultant	Planning and Review Consultants
Cost	\$36,663
Project	Development of Options for the Queen Victoria Memorial Home
Consultant	MA International P/L
Cost	\$81,881
Project	Review of structure of SWSAHS

3. LATE PAYMENT OF ACCOUNTS

- a) No interest was paid as a result of late payment of accounts.
- b) During the financial year, 92% 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:

	1999/00 \$000	2000/01 \$000	2001/02 \$000
Current	9045	12210	9915
Overdue			
30 days	2563	1550	3866
30 to 60 days	60	201	444
Over 60	6	223	376

5. ACCOUNTS RECEIVABLE- AGE ANALYSIS

	Current \$000	30 days \$000	60 days \$000	90 days \$000	>120 days \$000	Total
Chargeable	719	136	18	8	-2	879
Compensable	162	63	121	22	896	1264
Ineligible	759	136	98	59	3099	4151
Other	28	29	15	17	287	376
Total	1,668	364	252	106	4280	6670

Accounts not paid within normal terms generally reflected the late receipt of GST compliant invoices, or disputes over quantities delivered or the quality of the goods and services.

Appendix to the Financial Statements for the year ended 30 June 2002

6. BUDGET DETAILS

- a) Budget details for the year ended 30 June 2002 are included in the financial statements.
- b) The financial plan for the 2002/03 financial year is outlined in the "Financial Overview".

7. GROUP SERVICE ACTIVITIES

The Area operates two Group Services, namely the South Western Area Pathology Service (SWAPS) and the Total Nutrition Link (TNL) Food Production Service. The following information outlines the financial and operational performance of the two services for the 2001/02 financial year.

	SWAPS \$000	TNL \$000
a) Surplus/ (Deficit) for the period	(448)	91
b) Long Service Leave Liability at 30 June 2002	3,444	221
c) Leave Liability cash reserve balance	2,236	83
d) Equipment Replacement reserve balance	1,531	1,425

TNL's output during the year was 650 tonnes, which was 1.5% less than the previous year.

SWAPS performed 905,600 requests, representing an increase of 2.5% over the previous year. Growth was principally in services to Privately Referred Non -Patients.

The trading result is attributable to a decline in revenue from a fall in registrations of private inpatients within the Area Health Service and increasing expenses per occasion of service (request).

Appendix to the Financial Statements for the year ended 30 June 2002

8. MAJOR ASSETS

The following major asset acquisitions were made during the 2001/02 financial year:-

Asset Description	\$000
Green Valley Medical Centre	351
Cooling Tower	191
Siemens Axiom Digital Subtraction Angiography	1,200
MLC Upgrade Siemens Accelerator	954
PET Scanner	2,000

9. TOTAL STAFF EMPLOYED AT 30 JUNE

Category	1999/00	2000/01	2001/02
Nursing	3,090.5	3,107.8	3,155.1
Medical & Support	1,992.1	2,086.1	2,254.9
Other	1,801.3	1,792.9	1,972.0
Total	6,883.9	6,986.8	7,382.0

10. INVESTMENT PERFORMANCE

As at 30 June 2002, the Area had \$43.891m invested in a range of short and long term securities through the NSW Treasury Corporation Hour Glass Facilities. Return on investments throughout the 2001/02 financial year averaged 1.99% compared to 8% returns achieved in the previous year.

Appendix to the Financial Statements for the year ended 30 June 2002

11. FINANCIAL PERFORMANCE INDICATORS

	Units of Measure	PERFORMANCE INDICATORS	
		2002	2001
Inventory	days	5.5	10.0
Trade Creditors	days	31.5	34.0
Debtors - Patient Fees	days	76.3	100.0
Debtors - Other	days	18.9	41.0
Annual Leave	days	32.1	32.0
Long Service Leave	days	9.1	9.0
Superannuation	%	6.3	7.0
Annual Leave Owing	days	42.0	41.0
Long Service Leave Owing	days	52.2	51.0
Patient Fees Write-offs	%	2.8	3.0
Workers Compensation	%	3.8	3.0
Employee Related	%	58.4	59.0
VMO	%	4.1	4.0
Goods and Services	%	28.9	29.0
Maintenance	%	2.7	3.0
Current Asset Ratio	ratio	0.6	1.0
Quick Asset Ratio	rato	0.5	1.0
RMR as a percentage of Buildings and P & E	%	3.3	3.0

Appendix to the Financial Statements for the year ended 30 June 2002

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
Liverpool Health Service						
Oncology Clinical Trials	Various	8235	Y	N/a	1 year	Education and training
Renal Value 405 study	Novatis Baxter	52,678	Y	3/50	3-4 years	Antihypertension
Renal NESP Study	Amgen Aust P/L	26,400	Y	12	6 months	Anaemia management
Renal research / Anaemia	Jansen Cilag	77,232	Y	17	20 weeks	Anaemia management
Cardiology clinical trials	Bristol/ Myers/ Squibb	4,620	Y	85	3 years	PACT trail statin post ACS
Cardiology clinical trials	Smith Kline Beecham/ Glaxo		Y	1	2 years	Atrial fibrillation
Cardiology clinical trials	Merck Sharpe & Dohme	12,305	Y	17	4 years	A-Z tirofiban & statin postr ACS
Dermatology clinical trials	Photocure		Y	1	2 years	Skin cancer management
Dermatology clinical trials	3M pharmaceuticals	3,762	Y	1	2 years	Treatment of BCCs
ATAC (ANZ 9801)	Astra Zeneca	1,936	Y	31	1998-current	Breast cancer
Adjuvant Exemestane (IBCSG 16, BIG 2-97)	ANZ Breast cancer trials Grp	1,650	Y	2	1999-current	Breast cancer
Taxorene (IBCSG20-98, BIG2.98)	ANZ Breast cancer trials Grp	57,750	Y	22	1999-current	Breast cancer
Aromasin (EORTC study 10951)	Pharmacia	5,610	Y	6	2001-current	Breast cancer
Herceptin (M770010)	Roche	9,460	Y	3	2000-current	Breast cancer
LIFE (L8125)	Sanofi-Synthelabo	4,333	Y	8	2001-current	Colon cancer
MOSAIC (EFC 3313)	Sanofi-Synthelabo	35,200	Y	17	1999-current	Colon cancer
HD3 (TROG 99.01)	Trans Tasman radiation Oncology Group	660	Y	9	1999-current	Hodgkin's disease
IRESSA (1839IL/0017)	AstraZeneca	66,091	Y	4	2000-current	Lung cancer
JMAT	Eli Lilly	4,730	Y	6	2001-current	Lung cancer
NESP (980291)	Amgen	41,140	Y	4	2001-current	Anaemia
Antithrombin III (CSLCT - THR 99-55)	CSL	1,870	Y	1	1999-current	Antithrombin III deficiency
Mabthera/ CVP (M39021)	Roche	13,508	Y	5	2000-current	Non Hodgkin's Lymphoma
Advanced Ovarian	Eli Lilly	3,300	Y	1	2001-current	Ovarian cancer
Pancreatic cancer CPT-11 (98-64750183)	Pharmacia	14,300	Y	4	2001-current	Pancreatic cancer
Intermittent Androgen Blockade	Trans Tasman Radiation Oncology Group	2,640	Y	12	1999-current	Prostate cancer
Macarthur Health Service						
Opus Timi 16	Serle/ Quintile	11,511	Y	8	6	Trial of orbofiban
Bankstown Health Service						
Lumigan 710 comparative study	Allergan	820	Y	2	12 months	Comparison with other products
Pact Trial	Bristol Myers Squibb	8	N	64	9 months completed	Lipid lowering agent
Cardiology Hero 2 Trial	The Medicine Company	9,952	Y	49	3 years completed	Thrombolysis for myocardial infraction
Ophthalmology Xalatan Trial	Pharmacia	2,793	Y	6	5 years	Gaucoma control
Oncology Clinical Services	EORTYC/ Novartis	3,000	Y	3	3 years	Test of drugs and side effects
	Eli Lilly	6,198	Y	2		
	Institute of sport	2,149	Y			
Oncology clinical trial	Sanofi/ Novotech	13,059	Y	6	2 years	Trial of Sanofi product and side effects
	Novotech	13,059	Y			
Oncology Aromasin Trial	Pharmacia	3,400	Y	2	3 years	Trial of Aromasin drug and side effects

Code of Conduct

The Area Health Service values the contribution of its employees and visiting practitioners in providing service to the people of South Western Sydney and seeks to promote an organisational culture which deals with colleagues, patients, clients and customers in a manner that reflects the underlying values of fairness, respect and integrity.

This Code of Conduct aims to ensure that employees and visiting practitioners are aware of their rights and responsibilities and should support a work environment which not only enables employees and visiting practitioners to perform their best, but to make work experience as fulfilling and enjoyable as possible.

The people of New South Wales have a right to expect that all Government services are fairly and economically conducted with integrity, efficiency, effectiveness and impartiality. This requires that all health employees and visiting practitioners perform their duties at a professional and high standard that demonstrates respect of the individual and promotes public confidence and trust in the public health care system. This underpins the Area's duty of care to its patients and clients.

Employees and visiting practitioners are accountable for their decisions and their conduct but have rights under common law and statute law.

The Code of Conduct is a set of standards for all employees and visiting practitioners which prescribes the manner in which they should conduct themselves, whilst engaged by the Health Service. The Code does not replace any provision of an Act or Regulation. Following is an outline of the policy and the responsibilities of staff and visiting practitioners for each of the situations under various headings.

1 Conflict of Interest

Employees and visiting practitioners in performing their duties are to act in the general public interest and not in a manner to obtain an unfair advantage for themselves or other individuals. Employees and visiting practitioners are required to disclose in writing to their respective General Manager/Director, any interest which could lead to a conflict between personal interest and public interest. If an employee or visiting practitioner is uncertain if a conflict exists then this must be discussed with the General Manager/Director to attempt to resolve the matter. A common situation in which a conflict of interest may arise is where a company which has a commercial dealing with the Area Health Service offers sponsorship to attend conferences and or courses.

2 Criminal Record Checks

The Area Health Service will conduct Criminal Record

Checks for all employees, visiting practitioners and volunteers both prior to engagement and on an annual basis. The checks will be conducted in respect of sexual offences, serious offences involving threat or injury to another person and other serious offences relevant to the duties of the position. Any employee, visiting practitioner or volunteer who is charged with having committed, or is convicted of, any sexual offence, serious offence involving threat or injury to another person or other serious offence relevant to the duties of their position, must report this within seven (7) days to the Chief Executive Officer.

3 Conduct of Former Employees and visiting practitioners

Former employees and visiting practitioners are to maintain confidentiality of official information known to them by virtue of their involvement with the Health Service even after their engagement with the Area Health Service has ceased. They are not to use that information nor take any advantage as a consequence of having that information.

4 Discrimination and Harassment

Employees and visiting practitioners must not harass, discriminate or support others who harass and discriminate against colleagues or members of the public on the grounds of sex, pregnancy, age, race, marital status, disability or sexual orientation.

5 Fairness and Equity

Employees and visiting practitioners are to deal with issues consistently, promptly and fairly. Therefore all action must be seen to be dealt with on its own merits and in an impartial and non discriminatory manner as well as applying procedural fairness. When an individual wishes to challenge a decision, then that person is to be advised of the process to obtain that review.

6 Influence to Secure Advantage

An employee or visiting practitioner is not to seek the influence of any person to assist themselves in gaining an advantage or promotion.

7 Intellectual Property/Copyright

The Health Service is the owner of intellectual property created by employees and visiting practitioners in the course of their engagement with the Area Health Service unless a specific PRIOR agreement has been made to vary this principle.

8 Lawful Orders

Employees and visiting practitioners will not wilfully disobey or disregard a lawful order or request given by

their Supervisor, Department/Divisional Manager or a person with the authority to make or give the order or request. Employees and visiting practitioners who disagree with the order/request can discuss the matter with the Department Manager or General Manager/Director but shall comply with the order/request until the outcome of the appeal has been decided, unless compliance is considered to be detrimental to the well being of a client or an Occupational Health and Safety risk, in which case the issue needs to be resolved immediately.

9 Occupational Health and Safety

Managers are responsible for ensuring that premises are safe for employees, visiting practitioners and members of the public who use those premises. Employees and visiting practitioners are responsible for safety in their work area and co-operating with and reporting on matters of safety.

10 Outside Employment

Employees who wish to engage in paid employment outside the Area Health Service are to obtain prior approval of their General Manager or Area Director. Employees who are given approval to engage in outside employment must ensure that it does not conflict with the performance of their duties with the Area Health Service. If there is any conflict between the duties to be performed for the Health Service and other employment, then the duties of the Health Service must come first.

11 Party Political Participation

Employees and visiting practitioners are to perform their duties in a party political neutral manner and if they do participate in political activities then they must ensure that their own views and actions are not presented as, nor interpreted as, an official view of the Area Health Service or the Department of Health. For those wishing to contest State or Federal Elections special arrangements apply.

12 Performance of Duties

Employees and visiting practitioners should give their whole time and attention to carrying out their work efficiently and the standard of their work should reflect a good image of themselves and the Health Service. The work of an employee or a visiting practitioner is to be done within the policies and guidelines of the Area Health Service and personal views should not be exercised in a manner which is contrary to those policies and guidelines. Should an employee or a visiting practitioner conscientiously disagree with a particular policy then the employee or the visiting practitioner should discuss the matter with the General Manager/Director.

13 Personal and Professional Behaviour

Employees and visiting practitioners must refrain from any form of conduct that may cause offence or embarrassment to the Area Health Service, members of the public or other staff members. Therefore employees and visiting practitioners must obey lawful directions, behave honestly and with integrity and perform duties efficiently, economically and effectively, including at those places other than the normal place of work, such as when attending conferences and courses.

14 Personal Relationships with Patients or Clients

Employees and visiting practitioners need to be aware of the particular vulnerability of many patients or clients of the Health Service.

Employees and visiting practitioners must not develop/establish a sexual relationship with patients or clients of the Health Service, and any physical contact which has some form of sexual gratification must be avoided.

Other personal relationships between employees/visiting practitioners and patients or clients are to be avoided where such a relationship could result in some form of exploitation of, or some perceived obligation by, a client or patient.

15 Public Comment and Disclosure of Official Information

Employees and visiting practitioners are not to give information or make comment on matters concerning official business or government policy unless it is required in the course of their duty or by a court of law or when an employee or visiting practitioner is authorised by the Chief Executive Officer to do so. However, an employee can give out information that is the subject of public knowledge, such as information contained in an annual report.

16 Corrupt Conduct and Reporting Corrupt Conduct

Corrupt conduct occurs when:

- An employee or a visiting practitioner performs duties dishonestly or unfairly.
- Anyone (including an employee or a visiting practitioner) does something that could result in an employee or a visiting practitioner performing duties dishonestly or unfairly;
- Anyone (including an employee or a visiting practitioner) does something that has a detrimental effect on official duties, and which involves any of a wide range of matters,

including (for example) fraud, bribery, official misconduct, violence;

- An employee or former employee or a visiting practitioner or a former visiting practitioner breaches public trust; or
- An employee or former employee or a visiting practitioner or a former visiting practitioner misuses information or material obtained in the course of duty.

Section 11 of the ICAC Act, 1988 requires the Chief Executive Officer of the Area Health Service to report instances of suspected corrupt conduct to the Independent Commission Against Corruption.

The Chief Executive Officer can only fulfil this requirement if employees and visiting practitioners convey this information to him. Should an employee or visiting practitioner wish to make a report on possible corrupt conduct then that report should be made to the supervisor or directly to the Chief Executive Officer, the Director of Internal Audit, ICAC, the Ombudsman or the Auditor General.

Reports made within the Area Health Service will be treated in confidence and measures will be taken to avoid victimisation of those within the Area Health Service who make such a report.

The Protected Disclosures Act provides certain protection against reprisal for reporting possible corruption, maladministration or serious and substantial waste, either internally or externally, to the ICAC, Auditor General or the Ombudsman.

17 Rewards, Bribes, Gifts and Gratuities

Employees and visiting practitioners are not to directly or indirectly demand or receive any rewards, bribes, gifts, gratuities or benefit in respect of work performed or services delivered by them in connection with their position in the Health Service. Any advances of this nature are to be reported to the General Manager/Director. It is acknowledged there may be occasions where the refusal of a gift would upset the person giving the gift. In these circumstances gifts of a minor nature may be accepted by the Unit or the Health Service and the gift should be reported to the supervisor who will determine how the gift is to be used.

18 Security of Official Information

All Employees and visiting practitioners have a responsibility to ensure that confidential documents cannot be accessed or read by people not authorised to do so. Any information of a confidential or sensitive nature should be kept in secure storage and when

transported be in a secure form. Health Services will validate bona fide requests for information before providing same. The security of information also applies to confidential and sensitive information on computer and other electronic systems.

19 Standards of Honesty and Integrity

Employees and visiting practitioners are to observe the strictest practice of honesty and integrity at all times and this may include a duty to report dishonesty on the part of another member of staff.

20 Use of Official Information

Employees and visiting practitioners should always act in the interest of the general public and not in self interest regarding official information and issues of confidentiality. Official information must never be used to gain benefit or advantage for any person.

Employees and visiting practitioners should notify the General Manager/Director, in writing, of any financial or other interest they have as soon as they become aware that a conflict between official duty and personal interest is a possibility.

Employees and visiting practitioners who are involved in matters such as decisions on the success of applicants for Tenders, or dealing with relatives or close friends, should disclose this fact immediately and if possible, disqualify themselves from dealing with the matter.

21 Use of Facilities and Equipment

Employees and visiting practitioners should ensure that resources, funds or equipment that are their responsibility, are used effectively and economically. They are not to be used for any other reason than in the course of the employee's or visiting practitioner's duties in the Health Service. Where official facilities and/or equipment have been approved for use for private purposes then the specific directions and conditions of the use must be strictly followed. The approval of requests for private use of official resources is NOT to be anticipated.

22 Further Information

For further information or detail regarding the Code of Conduct please refer to the Employee Services Manual or contact your supervisor or the Human Resources Division.

E E O

Table 1: Percent of Total Staff by Level									
Subgroup as Percent of Total Staff at each Level					Subgroup as Estimated Percent of Total Staff at each Level				
LEVEL	TOTAL STAFF (Number)	Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
< \$27,606	145	87%	14%	86%	11.9%	15%	16%	3%	
\$27,606 – \$40,535	3,657	76%	21%	79%	2%	18%	22%	3%	1%
\$40,536 – \$51,293	2,692	77%	13%	87%	0.7%	27%	27%	4%	0.8%
\$51,294 - \$66,332	1,044	78%	28%	72%	0.4%	28%	22%	4%	1.1%
> \$66,332 (non SES)	620	69%	64%	36%	0.5%	37%	22%	2%	0.5%
SES									
TOTAL	8,158	76%	22%	78%	1.3%	24%	23%	3%	0.8%
<i>Estimated Subgroup Totals</i>		6,234	1,824	6,334	107	1,920	1,915	251	63

Table 2: Percent of Total Staff by Employment Basis									
Subgroup as % of Total Staff in each Category					Subgroup as Estimated Percent of Total Staff in each Employment Category				
EMPLOYMENT BASIS	TOTAL STAFF (Number)	Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
Permanent Full-time	5,009	77%	25%	75%	1.3%	25%	27%	4%	1.0%
Permanent Part-time	2,374	75%	11%	89%	1.1%	19%	19%	3%	0.5%
Temporary Full-time	782	77%	42%	58%	2.0%	30%	15%	1%	0.3%
Temporary Part-time									
Contract – SES									
Contract – Non SES									
Training Positions									
Retained Staff									
Casual	1,101	51%	27%	73%	2.1%	20%	20%	2%	0.2%
TOTAL	9,266	73%	23%	77%	1.4%	23%	23%	3%	0.7%
<i>Estimated Subgroup Totals</i>		6,796	2,129	7,137	132	2,129	2,129	278	65

Notes:

1. Table 1 does not include casual staff
2. Figures for EEO groups other than women have been adjusted to compensate for the effects of non-response to the EEO data collection. EEO statistics reported in years prior to 1998 may not be comparable due to a change in the method of estimating EEO group representation.

* Also refer to page 10 for further information.

FREEDOM OF INFORMATION and PRIVACY AND PERSONAL INFORMATION STATISTICS

The Area Health Service 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			
	2000/01	2001/02	2000/01	2001/02	2000/01	2001/02		
New (including transferred in)	107	6	0	2	107	8		
Brought Forward from previous year	9	2	0	0	9	2		
Total to be processed	116	8	0	2	116	10		
Completed	113	8	0	2	113	10		
Transferred out	0	0	0	0	0	0		
Withdrawn	1	0	0	0	1	0		
Total Processed	114	8	0	2	114	10		
Unfinished (carried forward)	2	0	0	0	2	0		
Results of FOI Requests			Personal		Other			
			2000/01	2001/02	2000/01	2001/02		
Granted in Full			113	6	0	2		
Granted in part			0	2	0	0		
Refused			0	0	0	0		
Deferred			0	0	0	0		
Completed			113	8	0	2		
Basis of Disallowing or Restricting Access			Personal		Other			
			2000/01	2001/02	2000/01	2001/02		
Section 19 (application incomplete, wrongly directed)			0	0	0	0		
Section 22 (deposit not paid)			0	0	0	0		
Section 25 (1)(a) (exempt)			0	2	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)			3	0	0	0		
Totals			3	2	0	0		
Days to Process			Personal		Other			
			2000/01	2001/02	2000/01	2001/02		
0 - 21			78	7	0	2		
22 - 35 (consultation period/out of time determinations)			27	0	0	0		
Over 35 (extended consultation/out of time determinations)			9	1	0	0		
Totals			114	8	0	2		
Hours to Process			Personal		Other			
			2000/01	2001/02	2000/01	2001/02		
0 - 10			113	6	0	2		
11 - 20			0	2	0	0		
21 - 40			0	0	0	0		
Over 40			1	0	0	0		
Totals			114	8	0	2		
Type of Discount Allowed on Fees Charged			Personal		Other			
			2000/01	2001/02	2000/01	2001/02		
Public Interest			0	0	0	0		
Financial Hardship - Pensioner/Child			51	1	0	0		
Financial Hardship - Non Profit Organisation			0	0	0	0		
Totals			51	1	0	0		
Significant correction of personal records			0	0	0	0		
Grounds on which Internal Review Requested	Personal				Other			
	Upheld		Varied		Upheld		Varied	
	2000/01	2001/02	2000/01	2001/02	2000/01	2001/02	2000/01	2001/02
Access refused	0	0	0	0	0	0	0	0
Deferred release	0	0	0	0	0	0	0	0
Exempt matter	0	0	0	0	0	0	0	0
Unreasonable estimate of charges	0	0	0	0	0	0	0	0
Charges unreasonably incurred	0	0	0	0	0	0	0	0
Amendment	0	0	0	0	0	0	0	0
Totals	0	0	0	0	0	0	0	0

**FREEDOM OF INFORMATION and
PRIVACY AND PERSONAL INFORMATION STATISTICS**

For Financial Year 2001/02 there were 8 applications received for information under the Freedom of Information Act 1989, compared with 107 in 2000/01, representing an overall decrease of 93%.

Six of the applications received were requests for personal or next-of-kin medical records, with 2 requests being of a non-personal nature.

There were no Internal Reviews sought for this financial year, or the previous year.

One application required consultation with parties outside of the Area Health Service, compared to three last year.

It took 53 hours to process the FOI requests, costing an estimated \$1,590, with fees received totalling only \$270.

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.

The Area Health Service supports the right of a patient to see what personal information is held by the Health Service 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 the Area Health Service's structure and functions are outlined in the Annual Report.

The Area Health Service 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 its jurisdiction.

The Area Health Service has 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 Area Health Service's 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 the Area Health Service on a six monthly basis, every June and December. The Summary lists all policy documents held by the Area Health Service and how to access 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 BC 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

The Area Health Service has been greatly assisted by both the NSW Health and Privacy New South Wales. During the year, the Area did not conduct any internal reviews under the Privacy and Personal Information Act 1998.

OH&S and Rehabilitation and Risk Management

The primary goal of risk management is to protect corporate assets and projects by reducing the potential for loss before it occurs.

Risk management methodology as identified within AS/NZ 4360 has four clearly defined elements.

1. Identification of risk.
2. Assessment of the nature of the risk.
3. Reduction or elimination of the risk.
4. Protection against risk.

Risk management is not synonymous with loss control, nevertheless remaining an important factor. Good loss control is at the core of an efficient risk management system.

The acceptance of and commitment to further implementation of risk management initiatives and programs will minimise the risk of injuries to all employees. This emphasis will impact on the number, severity and cost of injuries and will also have a positive bearing on the culture and morale of the organisation.

Current Risk Management Programs.

1. Occupational Health Safety and Rehabilitation policy.
2. Manual Handling policy
3. Noise Management policy.
4. Hazardous Substances policy.
5. Safety and Security policy.
6. Property purchase and leasing procedures.
7. Motor Vehicle Fleet policy.
8. Waste Management policy.
9. Treasury Managed Fund.
10. Risk Management policy.
11. Claims Handling policy.

Risk Management Indicators

Insurance premium per employee			
Year	Total Premium	Total Staff (FTE)	Cost per employee
1999/2000	\$11,437,937	6,747	\$1,695
2000/2001	\$13,149,848	7,007	\$1,876
2001/2002	\$ 13,030,134	6,789	\$1,919

Worker Compensation (as at 30 th June 2002)			
Fund Year	Number of Claims	Frequency of claims	Fund average
1999/2000	617	9.4	8.2
2000/2001	629	9.0	8.0
2001/2002	677	10.0	8.1

Motor Vehicle fleet (as at 30 th June 20002)			
Fund Year	Insurance Premium	Number of claims	Frequency of accidents claims per 100 vehicles
1999/2000	\$ 628,203	153	19.2
2000/2001	\$ 600,247	227	28.0
2001/2002	\$810,256	192	23.6

Properties OWNED BY SWSAHS

DESCRIPTION**ADDRESS****BANKSTOWN LOCAL GOVERNMENT AREA**

Bankstown-Lidcombe Hospital	Eldridge Road, Bankstown
Living Skills Centre	122 Chapel Road South, Bankstown
Youth Centre	101 Restwell Street, Bankstown
Childcare Centre	76-78 Eldridge Road, Bankstown
Hospital Support Services	66 Eldridge Road, Bankstown
Residential Care Unit	13A Townsend Street, Condell Park
Bankstown Community Health Centre	36-38 Raymond Street, Bankstown

CAMDEN/WOLLONDILLY LOCAL GOVERNMENT AREAS

Camden Hospital	Menangle Road, Camden
Staff Accommodation & Office Building	70 Menangle Road, Camden
Respite Cottage	82 Menangle Road, Camden
Doctor's Residence	84 Menangle Road, Camden
Doctor's Residence	86 Menangle Road, Camden
Dementia Day Care Centre	80 Broughton Street, Camden
Narellan Community Health Centre	14 Queen Street, Narellan
Staff Accommodation & Land	Picton Lakes Village, East Parade, Buxton
Queen Victoria Memorial Home	Thirlmere Way, Picton
Wollondilly Health Centre	5-9 Harper Close, Tahmoor

CAMPBELLTOWN LOCAL GOVERNMENT AREA

Campbelltown Hospital	Therry Road, Campbelltown
Living Skills Centre	103 Hoddle Avenue, Campbelltown
Family Support Centre	33 Hoddle Avenue, Campbelltown
Campbelltown Community Health Centre	Cnr Moore And Cordeaux Streets, Campbelltown
Youth Centre	4 Langdon Avenue, Campbelltown
Mental Health Centre	6 Browne Street, Campbelltown
Rosemeadow Community Health Centre	5 Thomas Rose Drive, Rosemeadow
Ingleburn Community Health Centre	57-59 Cumberland Road, Ingleburn

FAIRFIELD LOCAL GOVERNMENT AREA

Fairfield Hospital	Prairievale Road, Prairiewood
Dementia Day Care	56 Campbell Street, Fairfield
Food Production Centre/Central Purchasing	13 Hargraves Place, Wetherill Park
STARTTS	168 The Horsley Drive, Carramar
Prairiewood Community Health Centre	Prairievale Road & Polding Street, Prairiewood
Post Natal Depression Services-Karitane	130 Nelson Street, Fairfield
Fairfield Community Health Centre	53-65 Mitchell Street, Carramar

LIVERPOOL LOCAL GOVERNMENT AREA

Liverpool Hospital	Elizabeth Street, Liverpool
Living Skills Home	19 Flowerdale Road, Liverpool
Bigge Park Centre	Cnr Elizabeth and Bigge Streets, Liverpool
Karitane	10 Murphy Avenue, Liverpool
Brain Injury Rehabilitation	17 Bigge Street, Liverpool
Land	37-39 Goulburn Street, Liverpool
Land	33-35 Goulburn Street, Liverpool
Outpatient Clinic	Strata Units 1-10,13-19 and 21-24,45-47 Goulburn Street, Liverpool
Work Assessment Unit	Strata Units 19 and 20, 29-31 Scrivener Street, Warwick Farm.
Mental Health Group Home	16 Carboni Street, Liverpool
Health Services Building	Cnr Campbell and Goulburn Streets, Liverpool
Paediatric Therapy	1 Campbell Street, Liverpool
Hoxton Park Community Health Centre	596 Hoxton Park Road, Hoxton Park
Drug & Alcohol Unit	Cnr Campbell & Forbes Streets, Liverpool
Mental Health Services	Cnr Shropshire St & Lady Woodward Place, Miller

WINGECARRIBEE AREA

Bowral & District Hospital	Mona Road, Bowral
Bundanoon Community Health Centre	1 Church Street, Bundanoon
Mental Health Group Home	14 Koyong Close, Moss Vale

DIRECTORY of Services

Area Administration

South Western Sydney Area Health Service

Eastern Campus
Liverpool Hospital
Elizabeth Street
Liverpool NSW 2170
Ph: (02) 9828 5700
Fx: (02) 9828 5769
Hours of Operation: 8.30am-5pm (Mon-Fri)

Area Services

Division of Population Health

Eastern Campus
Liverpool Hospital
Elizabeth Street
Liverpool NSW 2170
Ph: (02) 9828 6920
Fx: (02) 9828 6950
Hours of Operation: 8.30am-5pm (Mon-Fri). After hours contact through Liverpool Hospital switchboard.

South Western Area Pathology Service

South Western Area Pathology Centre
Cnr Forbes and Campbell Streets
Liverpool NSW 2170
Ph: (02) 9828 5001
Fx: (02) 9828 5015
Hours of Operation: 24 hours every day

Bankstown Health Service

Bankstown-Lidcombe Hospital

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

Bankstown Community Health Centre

36-38 Raymond Street
Bankstown NSW 2200
Ph: (02) 9780 2777
Fx: (02) 9780 2899
Hours of Operation: 8.30am-5pm (Mon-Fri), (Acute Care: 8.30am-10pm)

The Corner Youth Health Service

101 Restwell Street
Bankstown NSW 2200
Ph: (02) 9796 8633
Fx: (02) 9707 2344
Hours of Operation: 8.30am-5pm (Mon-Fri)

Yagoona Adult Dental Clinic

425 Hume Highway
Yagoona NSW 2199
Ph: (02) 9708 6900
Fx: (02) 9708 6270
Hours of Operation: 8.30-5pm (Mon-Fri)

Fairfield Health Service

Fairfield Hospital

Cnr Prairievale Road & Polding Street
Prairiewood NSW 2176
Ph: (02) 9616 8111
Fx: (02) 9616 8240
Hours of Operation: 24 hours every day

Cabramatta Community Health Centre

7 Levuka Street
Cabramatta NSW 2166
Ph: (02) 8717 4000
Fx: (02) 9724 6270
Hours of Operation: 8.30am-5pm (Mon-Fri)

Drug Intervention Service

16 Fisher Street
Cabramatta NSW 2166
Ph: (02) 9754 6200
Fx: (02) 9754 6222
Hours of Operation: 8.30am-5pm (Mon-Fri)

Fairfield Community Health Centre

53-65 Mitchell Street
Carramar NSW 2163
Ph: (02) 9794 1700
Fx: (02) 9794 1777
Hours of Operation: 8.30am-5pm (Mon-Fri)

FLYHT Youth Centre

53-65 Mitchell Street
Carramar NSW 2163
Ph: (02) 9794 1750
Fx: (02) 9794 1966
Hours of Operation: 8.30am-5pm (Mon-Fri)

Prairiewood Community Health Centre

Cnr Prairievale Road & Polding Street
Prairiewood NSW 2176
Ph: (02) 9616 8169
Fx: (02) 9616 8171
Hours of Operation: 8.30am-5pm (Mon-Fri)
For Sector Nursing Service: 8.30am-9pm (Mon-Fri), 8.30am-7pm (Sat, Sun, Pub.Hol)

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

152-168 The Horsley Drive
Carramar NSW 2163
Ph: (02) 9794 1900
Fx: (02) 9794 1910
Hours of Operation: 8.30am-5pm (Mon-Fri)

Liverpool Health Service

Liverpool Hospital

Elizabeth Street
Liverpool NSW 2170
Ph: (02) 9828 3000
Fx: (02) 9828 6318 or 9828 3307
Hours of Operation: 24 hours every day

Liverpool Community Health Centre

Health Services Building
Cnr Campbell & Goulburn Streets
Liverpool NSW 2170
Ph: (02) 9828 4844
Fx: (02) 9828 4800
Hours of Operation: 8.30am-5pm (Mon-Fri)

Cartwright Dental Clinic

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

Hoxton Park Community Health Centre

596 Hoxton Park Road
Hoxton Park NSW 2171
Ph: (02) 9827 2222
Fx: (02) 9827 2200
Hours of Operation: 8.30am-5pm (Mon-Fri)

Miller Community Health Centre

Woodward Crescent
Miller NSW 2168
Ph: (02) 9607 8112
Fx: (02) 9607 5250
Hours of Operation: 8.30am-5pm (Mon-Fri)

Moorebank Community Health Centre

29 Stockton Avenue
Moorebank NSW 2170
Ph: (02) 9602 6419
Fx: (02) 9601 1147
Hours of Operation: 8.30am-5pm (Mon-Fri)

Macarthur Health Service

Camden Hospital

Menangle Road
Camden NSW 2570
Ph: (02) 4634 3000
Fx: (02) 4654 6240
Hours of Operation: 24 hours every day

Campbelltown Hospital

Therry Road
Campbelltown NSW 2560
Ph: (02) 4634 3000
Fx: (02) 4634 3880
Hours of Operation: 24 Hours every day

Campbelltown Community Health Centre

Cnr Moore & Cordeaux Streets
Campbelltown NSW 2560
Ph: (02) 4629 2111
Fx: (02) 4629 2150
Hours of Operation: 8.30am-5pm (Mon-Fri)

Campbelltown Mental Health Service

6 Browne Street
Campbelltown NSW 2560
Ph: (02) 4628 6099
Fx: (02) 4628 6101
Hours of Operation: 8.30am-5pm (Mon-Fri)

Ingleburn Community Health Centre

57-59 Cumberland Road
Ingleburn NSW 2565
Ph: (02) 9605 8900
Fx: (02) 9618 2219
Hours of Operation: 8.30am-5pm (Mon-Fri)

Narellan Community Health Centre

14 Queen Street
Narellan NSW 2567
Ph: (02) 4640 3500
Fx: (02) 4640 3513
Hours of Operation: 8.30am-5pm (Mon-Fri)

Rosemeadow Community Health Centre

5 Thomas Rose Drive
Rosemeadow NSW 2560
Ph: (02) 4633 4100
Fx: (02) 4633 4111

Queen Victoria Memorial Home

Thirlmere Way
Picton NSW 2571
Ph: (02) 4683 6900
Fx: (02) 4683 6910
Hours of Operation: 24 hours every day

Wollondilly Health Centre

5-9 Harper Close
Tahmoor NSW 2573
Ph: (02) 4683 6000
Fx: (02) 4683 6032
Hours of Operation: 8.30am-5pm (Mon-Fri)

Wingecarribee Health Service

Bowral & District Hospital

Mona Road
Bowral NSW 2576
Ph: (02) 4861 0200
Fx: (02) 4861 4511
Hours of Operation: 24 hours every day

Bowral Community Health Centre

Bendooley Street
Bowral NSW 2576
Ph: (02) 4861 8000
Fx: (02) 4861 4956
Hours of Operation: 8.30am-5pm (Mon-Fri)

Third Schedule Institutions

Carrington Centennial Hospital

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

Karitane

Cnr The Horsley Drive & Mitchell Street
Carramar NSW 2163
Ph: (02) 9794 1800
Fx: (02) 9794 1858
Hours of Operation: 24 hours every day

Braeside

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

South Western Sydney Area Health Service
Area Administration Centre
Eastern Campus
Liverpool Hospital
Elizabeth Street
Liverpool NSW 2170

Postal Address:
Locked Bag No 7017
Liverpool BC, NSW 1871

Telephone: (02) 9828 5700
Facsimile: (02) 9828 5769

Hours of Operation: 8.30am - 5.00pm

