

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE



T e a m W o r k

Annual Report 1999 / 00

Annual General Meeting

The twelfth Annual General Meeting will commence at 3pm on Friday 17 November 2000 at the Marconi Club, Bossley Park.

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Front & Back Cover:

"Teamwork" is the theme for the SWSAHS 99/00 Annual Report. Photo's feature the Macarthur Health Service Ambulatory Care Staff (M.A.C.S.) carrying out their duties. Staff featured in photo's are: Margaret Langman, Registered Nurse, M.A.C.S., and Dr. Nicholas Collins, General Practice Registrar , M.A.C.S.

Photography by: Ambulatory Care Staff, Macarthur Health Service
Design: Narel Wilson, Public Relations Department

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OUR COMMITMENT TO YOU

HEALTH SERVICES ACT 1997

South Western Sydney Area Health Service is constituted under the Health Services Act 1997. The principle 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

The NSW Health Department has determined that "Better Health, Good Health Care" will be the major purpose of the NSW Health system. We have adopted "Better Health, Good Health Care" as the purpose of the Area.

OUR CHALLENGES

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.

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 a Medicare 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.

OUR COMMUNITY

The population in South Western Sydney Area Health Service (SWSAHS) is projected to grow by nearly 110,000 people (or 15%) from 731,615 in 1996 to 840,680 in 2006. 12.5% of NSW's population will live in SWSAHS by 2006, making SWSAHS the most populous Health Service.

Nearly 1 in 4 people in South Western Sydney are aged 0-14 years. The proportion of elderly people is also projected to increase to 9.9% (or 83,630 people) of the total population by 2006.

South Western Sydney (SWS) has the highest number of births in NSW, accounting for over 14% of all births. While 61.7% of babies are born to English speaking mothers, nearly 20% of all babies are born to women from south east, north east or southern Asia.

The Area has a diverse and multicultural population. 28.4% of the population was born overseas compared to 17.8% for the rest of NSW. Some Local Government Areas have even higher rates, with 53% of people living in the Fairfield Local Government Area born overseas. 37.5% of the population speak a language other than English at home.

One quarter of Sydney's Aboriginal population lives in

South Western Sydney.

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 of people 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 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 people.

OUR ORGANISATION

Board of Directors

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 Chairperson 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. Until 30th June 2000, Board members received no remuneration in respect of their appointments as Directors.

There were 11 Board meetings during 1999/00 and the attendances are as shown.

Chairperson

Mr Grahame Bush OAM

- Director from 1988. Appointed to July 31, 2004.
- Past Director and Chairman, Macarthur Health Service.
- Past Mayor of Camden.
- Chairman, Australian Coal Finance Ltd.
- Director, South Pacific Granite Pty Ltd.
- Chairman, Delgrah Investments Pty Ltd.
- Director, Austral Trader Pty Ltd.
- Director, Chief Executive Officer, Pulia Mining, SDN BHD.
- Director, Austral Malaysian Mining Ltd.
- Number of Board Meetings attended: 9

Chief Executive Officer

Mr Ken Brown PSM, BHA, FCPA

- Director from 1990. Appointed

to March 31, 2000. Retired September 1999.

- Employed in the administration of public sector health services in NSW for more than 40 years, holding such senior positions as Secretary to the Health Commission of NSW (1978/1982), Regional Director, South West Region, NSW Health Department (1983/88) and Deputy Chief Executive Officer, Southern Sydney Area Health Service (1989/July 1990).
- Chief Executive Officer, South Western Sydney Area Health Service July 1990-1999.
- Number of Board Meetings attended: 3

Acting Chief Executive Officer

Mr Colin Froud CPA, DHA, AFCHSE, CHE

- Acting Chief Executive Officer, South Western Sydney Area Health Service October and November 1999
- Deputy CEO, SWSAHS
- Number of Board Meetings attended: 2

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: 6

Dr Betty Andersen AM DSc

(Newcastle), MA (Hons) Ed (Macq), BA (UNSW), Dip N Ed (NSW College Nursing)

- Director from 1988. Appointed to July 31, 2004.
- 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: 11

Dr Sohair Ayoub MB, BCh, AMC (Aust)

- Director from 1996. Appointed to July 31, 2000.
- General Practitioner.
- Chairperson from 1996, Multicultural Advisory Committee.
- Number of Board Meetings Attended: 3

Mr John Delaney Kamilaroi Elder

- Director from 1998. Appointed to June 30, 2002.
- Foundation Member of the Waterside Workers Federation's Aboriginal Development Committee.
- Current Zone Commissioner, ATSIC.
- Member of Tharawal Aboriginal Corporation.
- National Health Portfolio Commissioner of ATSIC.
- Member of the National Health & Medical Research Council (NH&MRC).
- Member of the National Ministerial Aboriginal & Torres Strait Islander Health Council.
- Member of the NSW Aboriginal Health Framework Agreement Partnership.
- Member of Central Australian Aboriginal Health Forum.
- Board Director, NSW Aboriginal Prisoner & Family Support Service.
- Number of Board Meetings Attended: 4

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

- Director from 1994. Appointed to July 31, 2002.
- Member, Greek and Cypriot Community, Sydney.
- TAFE Languages Teacher.
- Director, Breast Cancer Institute Board.

- Number of Board Meetings attended: 8

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 and Chairman of the Transport & Planning Committee.
- Member of the University of Western Sydney Macarthur Foundation Board.
- Member of the Salvation Army Advisory Board for Greater Western Sydney.
- 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: 7

Mrs Leanne Russell RN BHM

- Staff Elected Board Member.
- Director from July 1997. Appointed to July 31, 2000.
- Number of Board Meetings attended: 9

Councillor Alex Sanchez BEc, MEc

- Director from November 1996.
- Appointed to July 31, 2004.
- Councillor, Liverpool City Council, to September 1999.
- Director, NSW Waste Service.
- Member, University of Western Sydney, Macarthur Council.
- Director, NRMA Ltd from December 1999
- Number of Board Meetings Attended: 7

Ms Patricia Thomson

- Director from July 1998. Appointed to June 30, 2002.
- Consumer / Community Participation Implementation Group, NSW Health.
- Community Member, Ageing & Disability Department – Metro South Regional Disability Advisory Group.
- Past Tenant Member, NSW Department of Housing – South Western Sydney Regional Customer Service Council.
- Past Community Member, the Simpson Centre for Health Service Innovation – Advisory Committee.
- Number of Board Meetings Attended: 11

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, Main Street Program, Campbelltown.
- Secretary, South Western Sydney Bowel Cancer Foundation.
- Committee Member, Health Research Foundation Sydney South West
- Number of Board Meetings Attended: 8

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

- Director from 1995. Appointed to July 31, 2004.
- Clinical Associate Dean, Professor of Public Health, University of New South Wales.
- Number of Board Meetings Attended: 8

Senior Management

CHIEF EXECUTIVE OFFICER
Mr Ken Brown PSM, BHA, FCPA
(Retired 1 October 1999)

CHIEF EXECUTIVE OFFICER
Mr Ian Southwell BSc, MHA
(From 6 December 2000)

DEPUTY CHIEF EXECUTIVE OFFICER
AND DIRECTOR OF OPERATIONS
Mr Colin Froud CPA, DHA, AFCHSE, CHE

DIRECTOR, BUSINESS SERVICES
Mr Owen Thomas B Comm, MHA

DIRECTOR, DIVISION OF PLANNING
Mr Tim Wills BA, MA, AFCHSE

DIRECTOR, DIVISION OF
POPULATION HEALTH
Clinical Associate Dean and Professor of
Public Health
Professor Ian Webster AO, MD, BS,
FRACP, FRACGP, FAFPHM,
FRACMA, FAFRM

DIRECTOR, FINANCIAL SERVICES
Mr Damien Israel MAcc, BBus, ADipHA,
AASCPA

DIRECTOR, INFORMATION
TECHNOLOGY
Mr Denis Nosworthy BSc, AAIMLT,
MACS

DIRECTOR, INTERNAL AUDIT
Acting Director
Mr Albert Tarn Assoc Dip HA (from Jan
1999)

DIRECTOR, INTERNAL AUDIT
Mr Tom Breen BA (Accounting), CPA,
CISA (from August 1999)

DIRECTOR, NURSING & CLINICAL
SERVICES
Miss Helen Edwards RM, CM, COTM, B
Admin (Nursing), FCN, ACHSE

DIRECTOR, MEDICAL & CLINICAL
SERVICES
Dr Charles Pain LRCP (Lond), MRCS
(Eng), MSc, MFPHM, FAFPHM

DIRECTOR, PHYSICAL RESOURCES
Mr Keith Hornshaw B'Arch

CHAIRPERSON'S & CEO'S REPORT

This year has been marked by achievement, change and the laying of foundations for the future.

South Western Sydney Area Health Service (SWSAHS) has worked as a team to deliver more and better services to the communities of our area.

SWSAHS has built upon its reputation for innovative, efficient, and quality services.

This is demonstrated by the capacity of our health services to perform well by comparison with others in New South Wales with respect to a wide range of benchmarks for efficiency and effectiveness of care provision. We have done this through such innovations as fast turnover clinical assessment and patient care planning units and ambulatory care units that provide the opportunity for patients to avoid hospital admission, where this is not necessary. We have also strengthened our partnerships with general practitioners and other primary care clinicians to improve continuity of care between the hospital and the community. We have also strengthened our ability to efficiently manage the demand for our services and the flow of patients through our hospitals, as is demonstrated by our high level of compliance with the NSW Health Department's Better Practice Guidelines.

In March the Minister for Health released the report of the NSW Health Council, setting a clear agenda for change in the NSW Health System. In many respects SWSAHS has anticipated the new direction for the health system by involving clinicians in decision making through a series of advisory committees and laying the groundwork for greater accountability of clinicians within the system. SWSAHS has also responded rapidly to the reform agenda by creating a position to lead the change needed to develop better networking of health services across our area, to further improve the efficiency, effectiveness, equity and acceptability of service provision.

The Area Health Service has also fully implemented the Health Council's Episode Funding Model for acute services, which will ensure that each of our health services has even greater accountability for budget management and for achieving agreed activity targets. Further targets have also been set for improved efficiency for elective surgery.

A further significant Health Council reform was the announcement of three-year, rather than single year, budgets for health services by the Minister for Health, starting in the 2000/2001 financial year. SWSAHS will receive an additional \$42million in funding over the three year period. Across the Area, this will allow us to invest in much-needed enhancement of existing services and development of new services, to further improve what we provide to our communities.

Recruitment of increasing numbers of staff with new ideas and skills to our expanding and developing services provides an opportunity to better equip our services to respond to the demands of a changing health system. We have demonstrated our commitment to our existing staff with the adoption of a new Human Resources Plan to take us to 2003. In this we have committed ourselves to visible and transparent management and providing staff with the necessary skills to perform their roles within an environment and culture that promotes their wellbeing.

There has also been significant progress in relation to research with further progress toward the establishment of the Ingham Institute and the provision of grants totalling \$275,000 to support a wide variety of excellent research projects conducted by our staff.

The Area Health Service has also built upon its first-rate information systems infrastructure and capacity by pursuing the development and implementation of an information system that will allow clinicians to more efficiently manage their patients and access relevant clinical information. We are also actively working towards the implementation of an electronic health record that will enhance our capacity to obtain clinical information and improve continuity of care for patients who present to our services.

In our twelfth year of operation there have been many exciting achievements. One which deserves special mention, because it demonstrates the qualities that we strive for in SWSAHS, is Operation Safe Haven. This operation, funded by the Commonwealth Government, demonstrated our capacity for teamwork, dedication, compassion, skill and professionalism in providing care to thousands of Kosovar and East Timorese displaced persons. This was a small operation when compared to the scale of our services to the communities of SWSAHS but its successful execution is a testament to all that is best in our staff and our health services in SWSAHS.

Listed below are some of our significant achievements in the past year, under our seven key challenges:

Key Challenge 1

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

- Advisory committees were established with business plans and reporting obligations to the Board.
- Liverpool Hospital was selected by SOCOG as an Olympic Support Hospital. Staff training and information services have occurred and the Liverpool plan, which includes Clinical Management of Athletes and Olympic Family Members, Security, Disaster Management and Media Management, as well as spectator presentations and data recording, is now complete.
- Successful Y2K change over across all of SWSAHS with no adverse events.
- Development and implementation of culturally sensitive care programs and improved standards of care for people of Non English Speaking Backgrounds.
- Establishment of the Tobacco Technical Action Group to work with sectors to develop strategic directions and priorities for tobacco control. A program for a smokefree workplace together with provision of Nicotine Replacement Therapy for staff is the first stage of implementation.
- A range of service teams have continued working with the Kosovar and East Timorese populations as part of Operation Safe Haven. Teams provided screening, clinical support, and counselling to these refugees. Presentations at a number of conferences and seminars allowed dissemination of information and lessons learnt from the operation.

Key Challenge 2

Working in partnership with other agencies to improve health

- Guidelines on the appointment of General Practitioner Shared Care Affiliates have been adopted by SWSAHS and will provide the opportunity to consolidate the growing partnership between SWSAHS and our general practitioners. In addition, the GP Communications Working Party made important recommendations regarding how improved communication between hospitals and general practitioners can be achieved.
- Macarthur Health Service & University Western Sydney signed a collaboration agreement to promote community based research to improve the health of residents of Macarthur.
- Revised School Screening Program negotiated with the Department of Education. The new model is generally well accepted by schools and the community and will be evaluated in 2001-2002.
- Joint planning processes with Non Government Organisations have allowed for active involvement in the Planning process. NGOs are represented on the Community Development Reference Committee.
- Improvement and development of joint health-related projects with Councils, Department of Community Services and the Division of General Practice.
- Clinical affiliation agreements completed for a number of interstate Universities, including Central Queensland University, University of Technology, Queensland and the University of South Australia.

Key Challenge 3

Ensuring that people in SWS access health services according to need

- Mobile outreach programs commenced in isolated communities within Macarthur and Wollondilly.

- Planning and implementation of a range of services arising from the NSW Drug Summit including expansion of methadone services, new ambulatory detoxification programs, the NSW Minimum Data Set and Service Access & Information System and the Youth Drug Court.
- Opening of the After Hours General Practitioner Service at Macarthur Health Service.
- Establishment of Frail Aged Care at Rosemeadow Community Health Centre.
- Establishment of Frail Aged Aboriginal Elders Day Care Centre at Minto.
- \$1 million Commonwealth funding for In-Home respite for persons with dementia and challenging behaviours.
- Relocation of the Community Dental Facility into a new facility at the Fairfield Hospital site from a caravan at St John's Park Public School.
- Successful relocation of Fairfield Liverpool Youth Health Team.
- Expansion and development of Acute Care Outreach Service.
- Expansion of the Elective Orthopaedics Service with reduced length of stay.
- Improved and Expanded Neurosurgery Services at Liverpool Hospital.
- Development of Stroke Unit at Liverpool Hospital.
- Commencement of CT Scanning Service at Macarthur Health Service.
- Two additional intensive care beds were commissioned in May 2000 at Liverpool Health Service.

Key Challenge 4

Making the best use of and fairly allocating existing and incoming resources

- The Macarthur Strategy is on track, with the major contract 40% complete for Camden Hospital; Stage 1 concluding at Campbelltown Hospital; and Stage 2 major contract about to be let.
- Corella Lodge fully commissioned.
- The Health Promotion seeding grant program was introduced to fund initiatives across the priority issues of mental health promotion, injury prevention, physical activity, sun protection and health promoting schools.
- Commissioning of Rosemeadow Community Health Centre.
- Implementation of the Stocca Pharmacy System which aims to achieve more effective control of pharmacy stock and provision of accurate monitoring of drug usage and prescription.
- Key tax reforms for fringe benefits tax reporting and goods & services tax compliance were successfully managed and implemented.
- The Area's corporate data warehouse, the Health Information Exchange, was successfully built and ongoing update & maintenance processes were established.

Key Challenge 5

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

- Clinical key performance indicators developed and implemented in accordance with the Quality Framework.
- The Families First initiative is a whole of government approach to improving the health and social outcomes for children. SWSAHS is one of the first sites within NSW to role out Families First.
- The Area has completed a number of health plans including: Area Operations Plan; Ambulatory Care Plan; Disability Plan; Dementia Plan; Strategic Directions for Optimising Breast Services in SWSAHS; Health Improvement/Health Services Planning Kit; Planning Processes in SWSAHS; The SWSAHS Cancer Control Network; Women's Health Plan.
- Following the NSW Drug Summit a final draft Area Drug and Alcohol Strategic Plan has been produced.
- Development of an Intensive Care Unit strategic plan focusing on networking and opportunities to improve the efficiency of the existing services.
- A number of initiatives have commenced to care for clients in the community and promote a healthy lifestyle.
- Each facility continues to participate in external quality review processes.

- The Area has introduced annual quality awards as part of quality week activities.

Key Challenge 6

Attracting, retaining & developing the best staff

- The Area Human Resources Plan was included in all Sector Human Resources Plans. SWSAHS met its year one targets of the Area Human Resources Plan and made substantial progress in many areas.
- An Area wide policy addressing supervision and peer review within Allied Health has been implemented.
- Revision of the Aboriginal Employment Strategy has commenced and it is anticipated that this strategy will be finalised in the first quarter of the 2000/2001 financial year. At the same time ATSI employment initiatives such as the Elsa Dixon program continue to enhance the diversity of the SWSAHS workforce.
- On behalf of NSW Health, successfully achieved accreditation as a Registered Training Organisation.

Key Challenge 7

Becoming a learning and teaching organisation

- The Clinical Skills Training Centre was opened as a joint project of UNSW and Liverpool Health Service.
- Project to raise awareness and educate staff on the management of Victims of Crime.
- Complaints management education sessions for area senior staff.
- The Area Research Office became a Registered Administering Office of the National Health & Medical Research Council and thus disseminated information on grants available from external granting bodies to researchers within the Area, in some cases providing assistance with grant applications.
- A Strategic Resources planning consultant has been appointed to commence development of a Procurement Feasibility Plan for research. Additionally, a Project Planning Team has been established to assist with the development of a research building as part of the Liverpool Hospital (Stage 2) development.
- A strong sense of innovation was encouraged at the Wingecarribee Health Service through the establishment of the Research Committee.
- Ongoing participation in the National Demonstration Hospitals Program at Liverpool Health Service.

SWSAHS is proud to be closely aligned to the local community. We would like to recognise the support of the Auxiliaries, Volunteers and the general community.

We are very proud of what has been achieved this year and would also like to acknowledge the tremendous efforts of our staff in delivering more and better services. We know that the demands on our staff and expectations regarding their performance are ever increasing but, as always, they have risen to the challenge. The Board and the Executive of the Area Health Service will continue to support them in their work to deliver services to our communities, in whatever way we can.

We would like to extend our appreciation to the NSW Government and NSW Health Department for increased funding bringing the Area closer to its equity share of financial resources.

To all of you, our ability to provide high quality services relies on your commitment and motivation, which is unquestionable. Thank you for your tremendous support.

Mr Grahame Bush OAM
Chairperson, Board of Directors
South Western Sydney Area Health Service

Mr Ian Southwell
Chief Executive Officer
South Western Sydney Area Health Service

OUR SERVICES - A DIRECTORY

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 5944
Fx: (02) 9828 5955
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

Levels 4-6, Compass Centre
Fetherstone 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 (Mon-Sun)

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) 9728 7233
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) Acute Care 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) Acute Care 8.30am-10pm (Mon-Fri) 7.30am-9pm (Sat-Sun)

Miller Community 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) 4629 1000
Fx: (02) 4629 1016
Hours of Operation: 24 hours every day

Campbelltown Hospital

Therry Road
Campbelltown NSW 2560
Ph: (02) 4625 9222
Fx: (02) 4629 1338
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
Hours of Operation: 8.30am-5pm (Mon-Fri) Acute Care 8.30am-5pm (Mon-Sun)

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) Acute Care 8.30am-10pm (Mon-Sun) Mental Health Service 8.30am-10pm (Mon-Fri) 8.30am-5pm (Sat-Sun)

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

OUR STAFF

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.

EQUAL EMPLOYMENT OPPORTUNITY

REPRESENTATION OF EEO GROUPS BY SALARY LEVEL

LEVEL	TOTAL STAFF	Staff Responding to EEO Data Form	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
< \$26,276	132	88	7	125	4	15	15	0	0
\$26,276 - \$34,512	2,701	1920	574	2127	43	358	423	74	27
\$34,513 - \$38,582	721	565	154	567	3	113	107	22	6
\$38,583 - \$48,823	2,573	2018	327	2246	18	535	551	87	20
\$48,824 - \$63,137	956	755	264	692	5	209	169	31	8
\$63,138 - \$78,921	267	190	159	108	1	61	33	3	2
> \$78,921 (non-SES)	224	159	163	61	0	55	44	3	0
> \$78,921 (SES)	0	0	0	0	0	0	0	0	0
TOTAL	7,574	5,695	1,648	5,926	74	1,346	1,342	220	63

REPRESENTATION OF EEO GROUPS BY SALARY 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
< \$26,276	132	67%	5%	95%	4.5%	17%	17%	0%	0%
\$26,276 - \$34,512	2,701	71%	21%	79%	2.2%	19%	22%	4%	1.4%
\$34,513 - \$38,582	721	78%	21%	79%	0.5%	20%	19%	4%	1.1%
\$38,583 - \$48,823	2,573	78%	13%	87%	0.9%	27%	27%	4%	1.0%
\$48,824 - \$63,137	956	79%	28%	72%	0.7%	28%	22%	4%	1.1%
\$63,138 - \$78,921	267	71%	60%	40%	0.5%	32%	17%	2%	1.1%
> \$78,921 (non-SES)	224	71%	73%	27%	0%	35%	28%	2%	0%
> \$78,921 (SES)	0%	0%	0%	0%	0%	0%	0%	0%	0%
TOTAL	7,574	75%	22%	78%	1.3%	24%	23%	4%	1.1%

RECRUITMENT OF EEO GROUPS

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
TOTAL	1,291	739	330	961	30	134	114	21	4

Equal Employment Opportunity (continued)

TOTAL CURRENT STAFF

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
TOTAL	8,877	6,146	2,006	6,871	77	1,406	1,404	226	63

Occupational Health & Safety and Rehabilitation

An annual program of Occupational Health Safety & Rehabilitation Numerical Profile Auditing is conducted to ensure the existence of appropriate safety systems, policies and procedures for the purpose of promoting a safe workplace and injury prevention.

The Audit this year was conducted for the first time on a Sector by Sector basis rather than by individual facilities. The result was an average score of 56.85% across South Western Sydney Area Health Service, that is an increase of 7.6% compared to the previous year.

A program of Security and Minimisation/Management of Aggression (SAMMA) audits was piloted in the latter half of 1999. This audit tool has been developed to measure safe work practices in relation to the security and personal

safety of staff, client and visitors. SWSAHS staff trained in the use of this tool, surveyed a total of fifteen sites. The experience of the pilot program resulted in refinement of the audit tool to be used on an Area-wide basis for audits during 2000.

With the emerging risk associated with allergic reaction to latex products, a policy and education program was developed to address the related health problems. Consistent with the policy and in an effort to control the risk of injury to staff, the Area is implementing a 'powder free' glove regime.

In order to promote injury management activities an Area Injury Management database has been established. The database monitors Return To Work rates (RTW) of employees following work-related injury. Results have been

encouraging with RTW rates increasing over the last 12 months from 68% to 71%.

Additionally, education sessions for middle managers were conducted on an Area wide basis to promote an understanding regarding changes to workers compensation legislation.

Overseas Staff Travel - Period Ended 30 June 2000

Facility	Name	Countries	Purpose of Travel	Dates	Days	Cost	Source of Funds
Liverpool	Dr Diona Damien Dermatology Registrar	Washington DC	Attend 27th annual Meeting of the American Society for Photobiology	10–15 July 1999	5	\$0.00	Personal
Liverpool	Lois Jones Physics Research Fellow, Dept Radiation Oncology	America, Tennessee and Virginia	Attend 41st Annual Meeting of the American Association of Physicists in Medicine Nashville Tennessee- 21-23/7/99 and visit the University of Virginia in Richmond, Virginia 25- 29/7/99	21–29 July 1999	5	\$6,308.00	SP&T
Liverpool	Dr Monalisa Punivalu O & G RMO (Obstetrics & Gynaecology)	Suva, Fiji	Attend Ultrasound Workshop for Pacific Health Workers & Pacific Society for Reproductive Health Bi- ennial Conference	26–30 July 1999	5	\$750.00	SP&T and personal
Liverpool	Dr Kevin Basili O&G Registrar (Obstetrics & Gynaecology)	Suva, Fiji	Attend Ultrasound Workshop for Pacific Health Workers & Pacific Society for Reproductive Health Bi- ennial Conference	26–30 July 1999	5	\$750.00	SP&T and personal
Bankstown	Rosalie Babicheva Senior Scientific Officer Nuclear Medicine	Illinois, USA	Attend MPE Programming Course, Siemens Medical Systems	23–27 August 1999	5	\$0.00	Sponsored by Siemens as part of purchase contract
Liverpool	Winkle Yung Vascular Technology, Vascular Diagnostic Services	Nevada USA	Attend Society of Vascular Technology 22nd Annual conference	29 August – 2 September 1999	5	\$4,913.00	SP&T Funds
Area, SWAPS	Neil Smith Technical Officer	Kobe, Japan	Attend 12th International Symposium on Technological Innovations in Laboratory Haematology	9–11 September 1999	3	\$4,500.00	SP&T Fund and Abbott Donations
Bowral	Amanda Larkin General Manager	Berkeley, USA	Participate in Aust & NZ Health Management Network – US Study Tour - US Health Care in Transition	13-17 September 1999	5	\$11,203.00	SP&T Fund
Liverpool	Alison Pryor Senior Social Worker	New York	Attend and present paper Pan American Congress of Psychological and Behavioural Oncology – Recognition & Treatment of Distress in Cancer 20-23/10/99; Mt Sinai Leadership Enhancement Programme 1/11 – 22/11/99	20 October – 22 November 1999	4	\$857.00	General Fund

Overseas Staff Travel - Period Ended 30 June 2000, *continued*

Facility	Name	Countries	Purpose of Travel	Dates	Days	Cost	Source of Funds
Liverpool	Julie Swain Senior Radiation Therapist	San Antonio	(1) Attend – Siemens Worldwide Lantis User's Group (2) – ASRT Radiation Therapy Conference (3) - site visit to Uni of California Cancer Centre San Francisco	28 October – 12 November 1999	16	\$7,237.98	SP&T
Liverpool	Debra Vincent Assist Chief Radiation Therapist	San Antonio, USA	(1) – Siemens Worldwide Lantis User's Group (2) – ASRT Radiation Therapy Conference (3) - site visit to Uni of California Cancer Centre San Francisco	28 October – 12 November 1999	16	\$4,049.00	SP&T
Macarthur	Dr Ang Ha Ngo Obstetric Registrar	Vietnam	Attend Third Vietnam Australian Colloquium on Women and Newborn Babies Health 1999	7-11 November 1999	7	\$0.00	
Liverpool	Naveen Dwivedi Cardiology Registrar	Atlanta, USA	Attend American Heart Association 72nd Scientific Sessions Cardiology and Cardiovascular research	7-12 November 1999	5	\$4,425.00	SP&T Func
Liverpool	Arash Nabavi-Tabrizi Orthopaedic Registrar	Davos, Switzerland	Attend 71st AO ASIF Course in Advances in Fracture Management	12-17 December 1999	2	\$0.00	Personal
Liverpool	Mr Jun Bai Data Manager, Division of Womens & Child Health	China	Attend and present paper Joint Research Project and computing collaboration with computer science and engineering Chinese University of Hong Kong	15 February – 3 March 2000	9	\$1,326.00	SP&T
Liverpool	Elizabeth Limpjap Clinical Nurse Consultant Infection Control Unit	Atlanta, Georgia	Attend 4th Decennial International Conference on Nosocomial and Healthcare-Association Infections	3-9 March 2000	6	\$6,516.00	SP&T
Liverpool	Clair Matthews Service Manager, Multicultural Health	New York, USA	Attend Global Links, Linguistic Ties : Forging a Future for Translation and Interpreting	22-31 March 2000	5	\$1,000.00	SP&T & personal
Liverpool	Megan Still Occupational Therapist, Early Psychosis Intervention Mental Health	New York	Attend and present paper 2nd International Conference on Early Psychosis	29 March – 16 April 2000	4	\$3,980.00	SP&T
Area	Denis Nosworthy Director Information Services Division	Dallas, USA	Attend HIMSS 2000 – Dallas Convention Centre	8-26 April 2000	6	\$5,915.00	General Fund
Liverpool	Marcia Fleet Chief Radiation Therapist	Hawaii	Attend 1999 Users Group Conference	14 –17 April 2000	4	\$2,514.75	SP&T
Liverpool	Lynne Greig Chief Physicist, Cancer Therapy	Hawaii	Attend 1999 Users Group Conference	14 –17 April 2000	4	\$2,514.73	SP&T

Overseas Staff Travel - Period Ended 30 June 2000, *continued*

Facility	Name	Countries	Purpose of Travel	Dates	Days	Cost	Source of Funds
Area SWAPS	David Robinson Senior Hospital Scientist, Microbiology, SWAPS	Florida, USA	Attend PASCV Clinical Virology Symposium and Molecular Virology Workshop 27/4/00-6/5/00 and Attend the 1st Conference of the Creutzfeldt-Jakob Disease Foundation 7-11/5/00	27 April – 11 May 2000	9	\$7,631.00	SP&T Fund
Liverpool	Violeta Stojkova Social Worker Bigge Park Centre Sexual Health	USA, Canada, British Columbia	Participate Group Study Exchange – Rotary	1 May – 3 June 2000	5	\$0.00	Rotary
Macarthur	Ms Alison Hemsley CAFT Counsellor, Rosemeadow Community Health	Paris, France	Congress on Psychosocial Rehabilitation	3 May – 15 June 2000	3	\$250.00	SP&T
Liverpool	Timothy Spencer Clinical Nurse Consultant Central Venous Access, Intensive Care	Minneapolis, USA	Attend and present session 2000 Intravenous Nurses Society Annual Meeting and Industrial Exhibition	6-11 May 2000	5	\$500.00	ICU SP&T and Baxter
Bankstown	Ms Beryl Driscoll Registered Nurse Oncology	San Antonia, USA	Attend Oncology Nursing Society Conference	9-14 May 2000	5	\$0.00	Aventis Pharma Pty Ltd
Bankstown	Rosanne Shuet Oi Wong Registered Nurse Oncology	San Antonio, USA	Attend Oncology Nursing Society Conference	9-14 May 2000	5	\$0.00	Aventis Pharma Pty Ltd
Liverpool	Annie Morley Nursing Unit Manager, New Born Care	Guangdong, China	Australian/Chinese Academic Exchange Conference	29 May – 9 June 2000	10	\$1,345.00	SP&T and Personal
Liverpool	Richard Gilfillan Nurse Educator, New Born Care	Guangdong, China	Australian/Chinese Academic Exchange Conference	29 May – 9 June 2000	10	\$1,345.00	SP&T & Personal
Area SWAPS	Richard Freeman Chief Hospital Scientist, SWAPS	Vancouver, Canada	Attend 24th World Congress in Medical Technology	12-23 June 2000	2	\$5,121.00	SP&T Funds
Fairfield	Jorge Aroche Executive Director STARTTS	East Timor	Attend and present the Mental Health Convention for East Timor conducted by PRADET (Psychosocial Recovery & Development Program for East Timor)	18-28 June 2000	6	\$0.00	PRADET
Fairfield	Marc Chaussivert Team Leader / Counsellor STARTTS	East Timor	Attend and present the Mental Health Convention for East Timor conducted by PRADET (Psychosocial Recovery & Development Program for East Timor)	18-28 June 2000	6	\$0.00	PRADET
Fairfield	Mariano Coello Clinical Services Coordinator, STARTTS	East Timor	Attend and present the Mental Health Convention for East Timor conducted by PRADET (Psychosocial Recovery & Development Program for East Timor)	18-24 June 2000	6	\$0.00	PRADET
Fairfield	Maria Soares Timorese Bi- Cultural Counsellor, STARTTS	East Timor	Attend and present the Mental Health Convention for East Timor conducted by PRADET (Psychosocial Recovery & Development Program for East Timor)	18-24 June 2000	6	\$0.00	PRADET

Overseas Staff Travel - Period Ended 30 June 2000, *continued*

Facility	Name	Countries	Purpose of Travel	Dates	Days	Cost	Source of Funds
Liverpool	Maxine Thompson Clinical Nurse Consultant Infection Control	USA Minnesota	EPIC 2000 27th annual educational conference of the infection control association	19-23 June 2000	5	\$371.00	SP&T and personal
Liverpool	Linda Campbell Nursing Unit Manager Chest Dermatology Diabetes Clinic	San Antonio, Texas USA	Attend the 18th Annual Symposium of the Society for Vascular Nursing	19 June – 9 July 2000	4	\$2,500.00	Scholarship and personal

OUR RESEARCH

Health Research Foundation Sydney South West

- Calling, assessment and awarding of Rounds 4 and 5 grants. The Foundation was greatly assisted in this complex process by the generous involvement of numerous academics and senior health and medical professionals in the Scientific Committee who freely gave their time and expertise to the assessment process.
- Throughout the year the Health Research Foundation awarded 15 grants for research projects to the amount of \$275,771.
- New Committees structure recommended by Prof Glover and approved by the SWSAHS Board in July 1999 is now in operation.
- Commencement of the writing of the Area Research Plan with input from the various research groups within the Area.
- With the registration of the Area Research Office as a Registered Administering Office of the NHMRC, information on grants available from external granting bodies such as the NHMRC have been disseminated to researchers within the Area and in some cases assistance with grant applications has been given.
- The community assistance program introduced by the Foundation the previous year continued attracting volunteers from all age groups, skill areas, as well as social and cultural backgrounds, to assist the

Foundation with its activities

- The meaning of community spirit was nowhere more apparent than on Saturday, 6th May 2000 when in excess of 600 people attended the first annual fundraising dinner dance of the Health Research Foundation. The total raised for the evening exceeded \$250,000 which, when matched by the State Government dollar for dollar, will equate to over \$500,000. Other fundraising initiatives were also put in place.
- Further plans for the establishment of the Ingham Institute for Health and Medical Research are underway with the formation of the Ingham Institute Board. The initial meeting was held on 18th November 1999 and application for incorporation submitted to the NSW Department of Health.
- Appointment of an Area Strategic Resources Planning consultant who will be involved with the development of a Procurement Feasibility Plan for research. An Area Project Planning Team was established to develop proposals for the building of a research building as part of Stage 2 of the Liverpool Hospital Development.
- Fundraising database "in house" development and programming completed and implemented in order to keep track of all fundraising sponsorships, memberships, activities and build relationships with supporters and benefactors

- With the establishment of the Research Training Committee in February 2000, needs and resource analyses on research training have been progressed and research training modules developed. The Committee will move towards implementing these shortly.

The following groups have been actively involved in research utilising both internal and external grants:

- Simpson Centre
- Collaboration for Cancer Outcomes Research and Evaluation
- Centre for Health equity, Training, Research and Evaluation
- Centre for Applied Nursing Research (CANR)
- Epidemiology
- Population Health
- Mental Health including the Psychiatry Research and Teaching Unit and the Schizophrenia Research Unit
- South Western Sydney Area Pathology Service
- Area Research office
- Division of Medicine including the Transplantation Immunology Group, Endocrinology, Cytokine Group, Nephritis Group, Australian Pancreas Research, Neuroimmunology Group, Bowel Cancer Research Group
- Division of Surgery
- Division of Women's and Child Health
- Clinical Trials

OUR COMMUNICATION

Consumer Response

Feedback from consumers is always welcomed by the Health Service. Consumers have over the year, provided both positive and negative feedback regarding services provided within South Western Sydney Area Health Service. When negative comments are received they are seen as an opportunity for service improvement.

Complaints management is given a priority throughout the Area Health Service with emphasis on the best possible outcome through direct discussion with the consumer. The timely resolution of complaints is also of high importance. Some issues can be resolved with immediate action while others require investigation by the Health Service and /or referral to other agencies.

It is acknowledged that it is important to listen to our consumers and for the consumer to know that complaints are taken seriously and addressed.

In the year 1999/2000, 216 written and 54 telephone complaints were received by the Area Health Service.

South Western Sydney Area Health Service has representation on the Statewide Complaints Data Collection Management Committee which views health sector complaints from a state perspective and provides benchmarks for complaints handling procedures.

Participation in the Statewide Complaints Data Collection process has provided a mechanism whereby complaint

trends can be identified. Current data collection criteria include

- Complaint issues
- Staff roles
- Services
- Method of resolution
- Resultant quality improvement

Analysis of the data gathered for 1999/2000 has identified that the most frequent issues cited were:

- Clinical standards of care
- Communication
- Quality of Care
- Resources

It is acknowledged that there may be several issues, which may form part of a single complaint.

Through investigation, issues can be identified and appropriately addressed.

The services most often cited in complaints were:

- Surgery
- Medicine
- Emergency
- Maternal & Child Health

The majority of complaints were resolved by way of: Explanation and/or apology.

Quality Improvement opportunities have been addressed in the areas of staff training, process & procedure changes as well as policy changes.

During 1999/2000 complaints were received by the Area Health Service via the NSW Health Department, the Health Care

Complaints Commission and directly from consumers. All Sectors are striving to improve compliance with The NSW Better Practice Guidelines for Frontline Complaints Handling.

In order to assist staff in the complaints handling process, a series of workshops have been negotiated with the Health Care Complaints Commission. These workshops will further enhance the complaints handling process in the Area Health Service.

Disability Plan

A SWSAHS Disability Action Plan has been designed incorporating the six priority areas for action required by the NSW Government Disability Policy Framework. The Plan, endorsed by the Board in April 2000 has as its goal:

“To promote a fairer, more inclusive community by creating and promoting opportunities, services and facilities that will enable all people to have equal access to optimal quality of life, independence, and participation.”

Ethnic Affairs Priorities

South Western Sydney has developed an Ethnic Affairs Priority Statement (EAPS) according to the direction of the Ethnic Affairs Commission Act 1996. A detailed record of achievements and planned initiatives are contained in the Area's EAPS report 1999/00.

South Western Sydney has completed a review of the "Health Plan for non-English speaking background communities in South Western Sydney 1995-1998". This review has demonstrated the commitment of the Area Health service to meeting the needs of its culturally diverse population. It has also identified key issues that have formed the backbone of the current planning process. A one-day workshop has been conducted with migrant health staff from across the Area to facilitate staff participation in the planning process. The Area Director of Planning was integral to the success of the day and provided input on the directions and priorities for NSW Health.

Consultation with and participation of people of non-English speaking background in service delivery has been a major focus of this Area Health Service over the past year. Families First funded consultations with the Khmer, Somali, Filipino, Samoan, Tongan, Arabic

and Vietnamese communities. The SWSAHS Maternity Services Plan steering committee conducted open fora for all women who have utilised maternity services in the Fairfield, Liverpool, Bankstown and Macarthur sectors. The major representation was from women from NESB who provided valuable input. Both consultations focused on the barriers/issues relating to appropriate care and invited input to the preferences for care.

The Health Care Interpreter Service has developed a model of care that is effective in providing communication between health staff and inpatients with limited English language proficiency. The Interpreter Inpatient project was piloted in a number of sites across the AHS and resulted in increased interpreter use, facilitating better outcomes in relation to patient care.

South Western Sydney has been proactive in implementing 'productive diversity' initiatives with the Bilingual Health Staff Project Research Team generating a "Discussion Paper: Development of a Bilingual Health Staff Communication Strategy for NSW Health Services".

Publications

Division of Planning

(Phone 9828 5755 for copies of Planning Publications).

Area Operations Plan, October 1999

Health Improvement/Health Service Planning Kit, Sept 1999

Planning Processes in South Western Sydney Area Health Service, Sept 1999

Stroke; A Strategic Plan for Improving Health 1998 - 2002, April 1999

Evaluation of the Strategic Plan for Aboriginal Health in SWS, 1993, March 1999

Disability Action Plan, March 2000

Discussion Paper - Acute Services Re-Engineering in SWSAHS, June 2000

Ambulatory Care, May 2000

Area Public Relations

(Phone 9828 5702 for copies of Public Relations Publications).

Monthly Area Newsletters - "Health Talk", July 1999 to June 2000

Area Health Promotion Unit

(Phone 9828 5911 for copies of Health Promotion Publications).

Strategic Plans

Mental Health Promotion – Improving Mental Health in South Western Sydney. Strategic Plan, 1998-2001.

Physical Activity in South Western Sydney – Strategic Plan for Improving Health, 1998-2002.

Reports

1999 Sun Protection Survey of Primary and Secondary Schools located in the South Western Sydney Area (in print).

Newsletters

Health Promotion News

- Winter 1999 edition
- Summer 1999 edition
- Autumn 2000 edition

Health Hotline – SWS Health Promoting Schools newsletter

- Term 4, 1999 edition
- Term 2, 2000 edition

Freedom of Information

For Financial Year 1999/00 there were 290 applications received for information under the Freedom of Information Act 1989, compared with 315 in 1998/99. This represents an overall decrease of 7.9%.

Most of the applications received were for personal and next of kin medical records, with others accounting for test results undertaken by the Public Health Unit.

As the table overleaf indicates, of the 299 applications which were processed during the year:

- 289 granted in full directly to the applicant;
- 1 transferred;
- 3 granted in part; and
- 6 withdrawn

Of those applications not granted in full, there were no Internal Reviews sought of the decision for this financial year nor the previous year.

Five applications required consultation with parties outside of the Area Health Service, compared to one last year.

It took 562 hours to process the FOI requests costing an estimated \$16,860 with fees received totalling only \$6,465.

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 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 are available for inspection, purchase or free of charge, 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.

FREEDOM OF INFORMATION STATISTICS (Agency No. 2293)

These statistics are set out in accordance with the requirements of the FOI Act of NSW and in the format prescribed by the Premier's FOI Procedure Manual.

FOI Requests	Personal		Other		Total			
	1998/99	1999/00	1998/99	1999/00	1998/99	1999/00		
New (including transferred in)	312	288	3	2	315	290		
Brought Forward from previous year	7	17	0	1	7	18		
Total to be processed	319	305	3	3	322	308		
Completed	302	291	2	1	304	292		
Transferred out	0	0	0	1	0	1		
Withdrawn	0	5	0	1	0	6		
Total Processed	302	296	2	3	304	299		
Unfinished (carried forward)	17	9	1	0	18	9		
Results of FOI Requests	Personal		Other					
	1998/99	1999/00	1998/99	1999/00				
Granted in Full			292	289	2	1		
Granted in part			5	3	0	0		
Refused			5	0	0	0		
Deferred			0	0	0	0		
Completed			302	292	2	1		
Basis of Disallowing or Restricting Access	Personal		Other					
	1998/99	1999/00	1998/99	1999/00				
Section 19 (application incomplete, wrongly directed)	0	0	0	0				
Section 22 (deposit not paid)	0	0	0	0				
Section 25 (1)(a) (exempt)	6	3	0	0				
Section 25 (1)(b), (b1), (c), (d) (otherwise available)	0	0	0	0				
Section 28 (1)(b) (documents not held)	4	0	0	0				
Section 24 (2) (deemed refused, over 21 days)	0	0	0	0				
Section 31 (4) (released to medical practitioner)	1	0	0	0				
Totals	11	3	0	0				
Days to Process	Personal		Other					
	1998/99	1999/00	1998/99	1999/00				
0 - 21	238	255	2	3				
22 - 35 (consultation period/out of time determinations)	51	54	0	0				
Over 35 (extended consultation/out of time determinations)	13	7	0	0				
Totals	302	296	2	3				
Hours to Process	Personal		Other					
	1998/99	1999/00	1998/99	1999/00				
0 - 10	297	295	2	2				
11 - 20	5	1	0	0				
21 - 40	0	0	0	1				
Over 40	0	0	0	0				
Totals	302	296	2	3				
Type of Discount Allowed on Fees Charged	Personal		Other					
	1998/99	1999/00	1998/99	1999/00				
Public Interest	0	0	0	0				
Financial Hardship - Pensioner/Child	146	139	0	0				
Financial Hardship - Non Profit Organisation	0	0	0	0				
Totals	146	139	0	0				
Significant correction of personal records	0	0	0	0				
Grounds on which Internal Review Requested	Personal				Other			
	Upheld		Varied		Upheld		Varied	
	1998/99	1999/00	1998/99	1999/00	1998/99	1999/00	1998/99	1999/00
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

FUNDRAISING AND COMMUNITY SUPPORT

Community Input and Support

The people of South Western Sydney can quite rightly refer to their local hospital and community health centres as “*our health services*”.

The involvement by members of our community into health services remains a high priority and their efforts are highly regarded by the Board of Directors, management and staff of the SWSAHS.

Input from the community is obtained on a regular basis from community representatives. This input allows us to maintain close contact with the feelings and needs of our population.

The dedication and commitment by all members of the Hospital Auxiliaries, Volunteer Groups, Service Clubs and other community groups are highly valued. The giving of time in so many ways means our staff members are free to attend to other duties. Their fundraising activities allow the hospitals to obtain much-needed and necessary equipment. Thank you.

Donations & Contributions

Keeping pace with new discoveries in medical science, new techniques and new developments, is vital for all hospitals and healthcare units within the South Western Sydney Area Health Service.

The Government provides an operating budget for running expenses for all facilities. However, grants of capital items

such as new equipment and research are often severely limited. The cost for these items is great and the need is equally high.

To ensure the residents of Sydney’s south west have access to equipment and medical expertise which is of the highest standard, donations are earnestly sought and are greatly appreciated. The Board is able to maintain the quality of care provided only with the help of the community.

Should you require further information or advice on any matter concerning proposed donations or bequests, senior management in each Sector (i.e. hospital and community health centre) would be happy to assist you. Alternatively, you may wish to discuss the matter with the Area’s Public Relations Officer who can be contacted on (02) 9828-5702.

Taxation

All donations of \$2 or more, by private individuals, or organisations, are allowable deductions for income tax purposes in accordance with Division 30 of the Income Tax Assessment Act 1997.

Method of Bequest or Donation

It is suggested that any special request or application of a bequest or donation be expressed in terms as general as possible unless, of course, previous consultation has taken

place within the Area Health Service. Otherwise, we may be hampered in carrying out the real intention of the testator by detailed directions which are unsuitable either to existing or to future conditions.

Appreciation

The Board wishes to extend its appreciation to all of the Area’s benefactors and acknowledge the many donations and bequests which have been received during the year. These general contributions have greatly enhanced the services provided by our facilities.

RISK MANAGEMENT

General Description

Risk management has one basic goal to protect corporate assets and projects by reducing the potential for loss before it occurs.

The risk management methodology comprises 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, the latter being however an important factor. Good loss control is at the centre of an efficient risk management program.

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. Motor Vehicle Fleet policy
4. Property, Purchases and lease procedures
5. Waste Management Policy
6. Treasury Managed Fund
7. Occupational Injury Management and Rehabilitation Policy
8. Claims Handling Policy
9. Risk Management policy
10. Security and Aggression Management program.

Risk Management Indicators

Insurance premium per employee*			
Year	Total Premium	Total Staff (FTE)	Cost per Employee
1997/1998	\$9,317,624	6,503.3	\$1,433
1998/1999	\$11,363,656	6,834.8	\$1,663
1999/2000	\$11,437,937	6,747.5	\$1,695

* Includes workers' compensation & motor vehicle fleet premiums

Workers Compensation (as at 30th June 2000)			
Fund Year	Number of Claims	Frequency of claims per 100 employees	Fund average
1997/1998	684	9.9	9.3
1998/1999	747	10.9	8.9
1999/2000**	562	8.6	7.6

Source: TMF Quarterly Monitoring

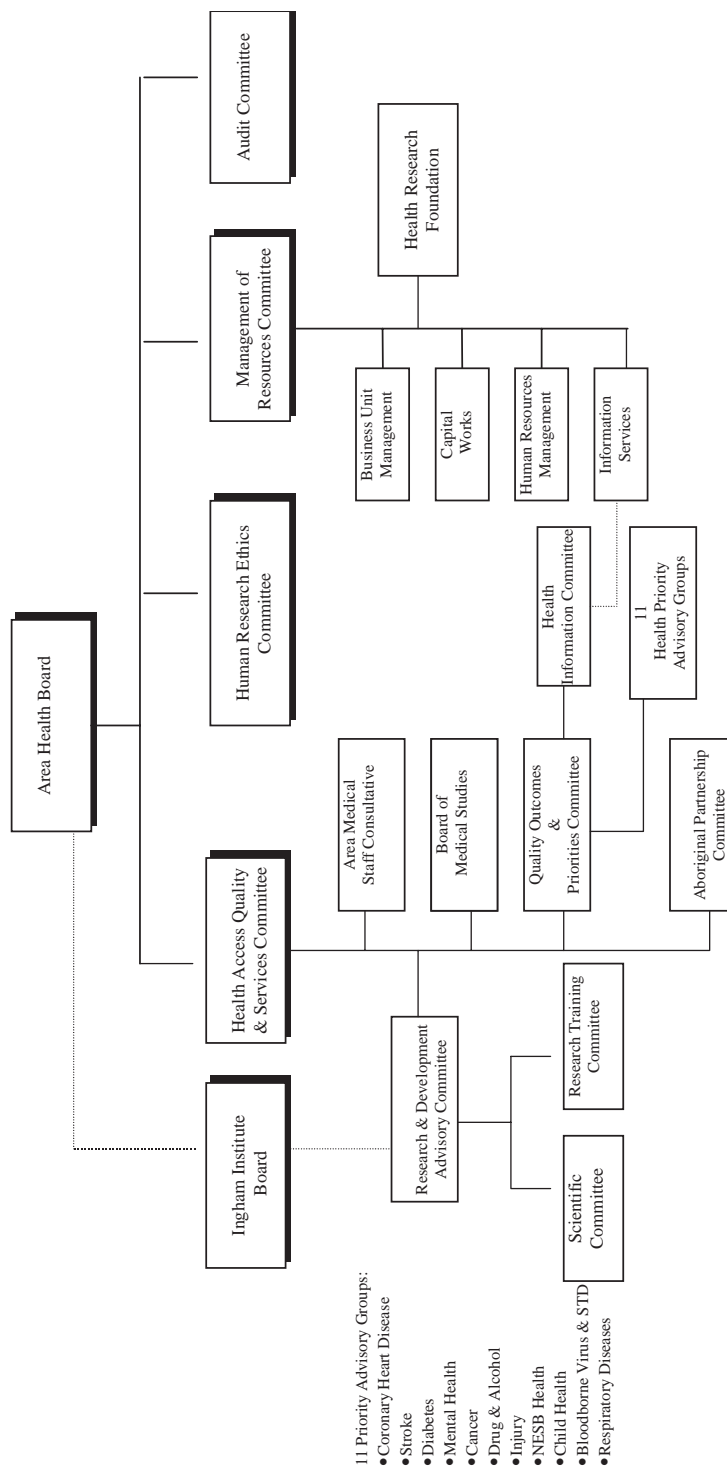
** Due to the long term nature of workers' compensation claims the figures quoted for 1999/2000 are considered to be relatively immature and therefore may not be an accurate indicator of final claims frequency or cost.

Motor Vehicle fleet (as at 30 June 2000)			
Year	Insurance premium	Number of accidents claims	Frequency of accident claims per 100 vehicles
1997/1998	\$550,733	177	26.0
1998/1999	\$717,749	170	23.5
1999/2000	\$628,203	153	19.2

Source: TMF Quarterly Monitoring

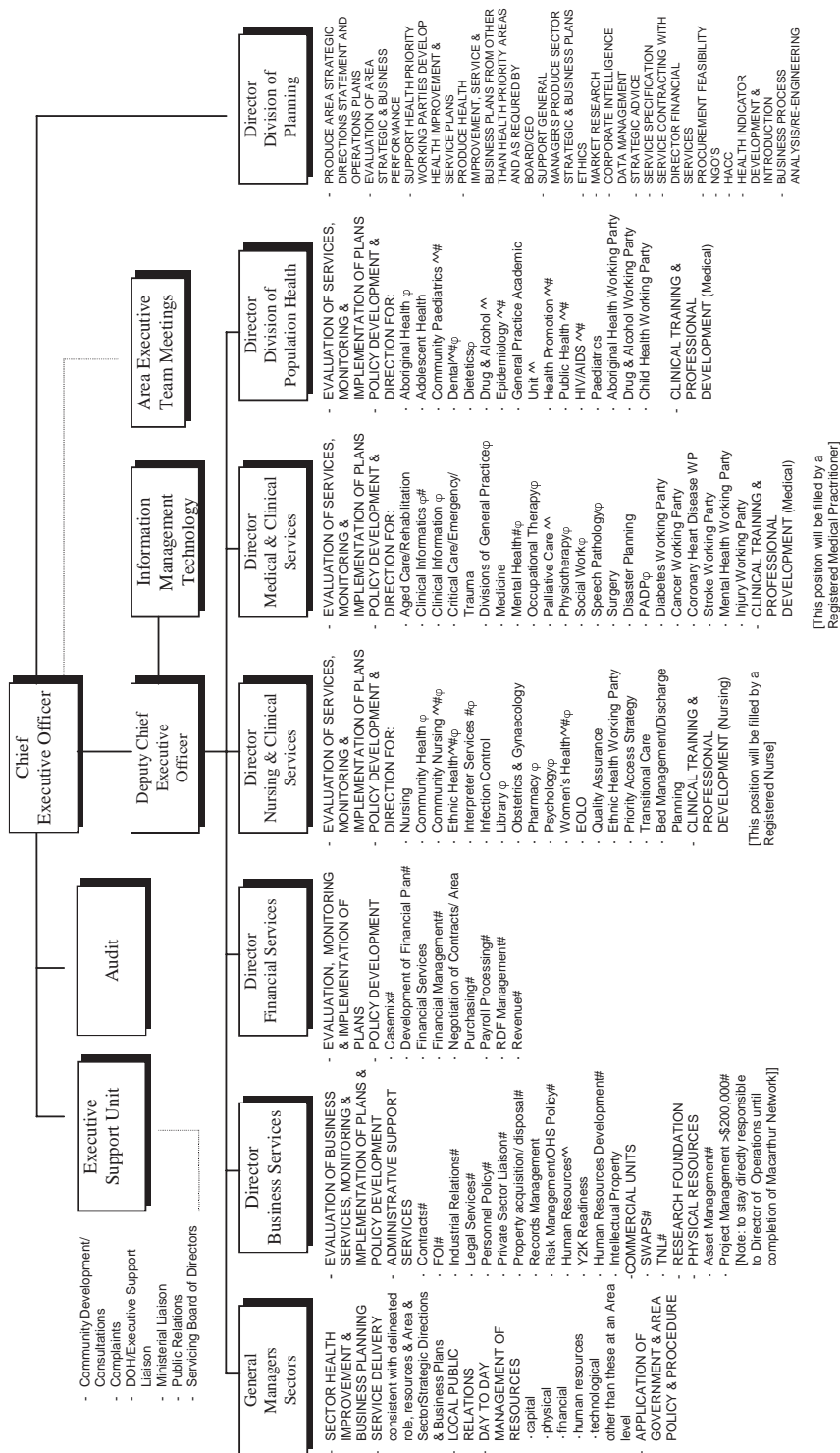
AREA HEALTH BOARD & SUB COMMITTEES

STRUCTURE AREA HEALTH BOARD



- 11 Priority Advisory Groups:
- Coronary Heart Disease
 - Stroke
 - Diabetes
 - Mental Health
 - Cancer
 - Drug & Alcohol
 - Injury
 - NESB Health
 - Child Health
 - Bloodborne Virus & STD
 - Respiratory Diseases

OUR ORGANISATION STRUCTURE



- Individual AET Members will organise and be responsible for whatever Committees or Working Parties that are required to satisfy their responsibilities.

- AET Members will participate in whatever Committees or Working Parties as are required to achieve corporate objectives.

[This position will be filled by a Registered Medical Practitioner]

^ indicates Area Advisers exist

indicates Adviser/Coordinator/Director position with the responsibility to the Clinical Director

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

All Committees are to annually review their terms of reference, membership and effectiveness with the Chairperson to advise the relevant Director of the outcome. This summary list will be added to as new services, specialities or initiatives develop.

SENIOR EXECUTIVE PERFORMANCE AUDIT

Performance Statement for the Chief Executive Officer for 1999/2000

Name: Mr Ken Brown
Position: Chief Executive Officer, South Western Sydney Area Health Service
SES Level: 7
Period: 1 July 1999 – 1 October 1999

Name: Mr Colin Froud
Position: Acting Chief Executive Officer, South Western Sydney Area Health Service
SES Level: 7
Period: 2 October 1999 – 5 December 1999

Name: Mr Ian Southwell
Position: Chief Executive Officer, South Western Sydney Area Health Service
SES Level: 7
Period: 6 December 1999 – 30 June 2000

Strategic Results

Oversighted the development of a comprehensive suite of strategic service and operating plans. Established 12 Health Advisory Groups to advise on clinical standards, health outcomes and resource priorities. Provided coordinated advice to the Board, Department of Health and Minister on a full range of health related activities and the Health Council reform agenda including clinical governance, service networking, community participation and improved management of patients. Forged closer linkages with other government agencies operating in Sydney's South West. Initiated strategic planning action for the development of major projects to provide enhanced research and mental health capacity within the Area.

Operational Results

Provided leadership and direction in planning and delivering comprehensive and coordinated health services in South West Sydney. Achieved a favourable budget result, whilst delivering record levels of activity, with every hospital below industry benchmark costs per case weighted admission. Y2K successfully negotiated. Area Operations Plan published, identifying service strategies to 2006. Partnership Agreement and Memorandum of Understanding signed with Tharawal Aboriginal Corporation and Partnership Committee established. Chest pain and acute asthma guidelines introduced into all emergency departments.

Performance Statement for the Deputy Chief Executive Officer for 1999/2000

Name: Mr Colin Froud
Position: Deputy Chief Executive Officer, South Western Sydney Area Health Service
SES Level: 5
Period: 1 July 1999 – 1 October 1999

Name: Mr Owen Thomas
Position: Acting Deputy Chief Executive Officer, South Western Sydney Area Health Service
SES Level: 5
Period: 2 October 1999 – 5 December 1999

Name: Mr Colin Froud
Position: Deputy Chief Executive Officer, South Western Sydney Area Health Service
SES Level: 5
Period: 6 December 1999 – 30 June 2000

Strategic Results

Major capital works in Macarthur advanced to budget and time line. Information management and electronic health record strategies updated and adopted. Mental health service needs updated and approval to adolescent facilities gained. Key performance indicators refined for operational assessment and quality measurement consistent with the NSW Health Quality Framework achieved.

Operational Results

Achieved performance targets agreed with the Department of Health in service development, quality assurance, financial management and activity indicators. Audit requirements achieved and unqualified accounts received. Successfully implemented enhancement programs and winter strategies. Rolled out office productivity tools to area-wide network of over 3000 users. Goals of 1999 Human Resources Plan achieved for year 1.

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
Land	27A Marion Street, Bankstown
Residential Care Unit	13A Townsend Street, Condell Park
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	80-82 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, Rosemeadows
Ingleburn Community Health Centre	57-59 Cumberland Road, Ingleburn

Description	Address
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 and Alcohol Unit	Cnr Campbell & Forbes Streets, Liverpool
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



BOX 12 GPO
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

To Members of the New South Wales Parliament and Members of the Board

Scope

I have audited the accounts of the South Western Sydney Area Health Service for the year ended 30 June 2000. The financial report includes the consolidated accounts of the economic entity comprising the Service and the entity it controlled at the year's end or from time to time during the financial year. The Board is responsible for the financial report consisting of the statement of financial position, operating statement, 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 and the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* and the *Charitable Fundraising Act 1991*. 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 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.

In addition, other legislative and policy requirements, which could have an impact on the South Western Sydney Area Health Service's financial report, have been reviewed on a cyclical basis. For this year, the requirements examined comprised compliance with:

- core business activities being in accordance with the *Health Services Act 1997*; and
- the *Health Services Act 1997* in respect of the Chief Executive Officer's contract.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the Act, Accounting Standards and other mandatory professional reporting requirements, in Australia, so as to present a view which is consistent with my understanding of the South Western Sydney Area Health Service's and the economic entity's financial position, the results of their operations and their cash flows.

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


Audit Opinion

In my opinion, the financial report of the South Western Sydney Area Health Service complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service and economic entity as at 30 June 2000 and the results of their operations and their cash flows for the year then ended.

Report in accordance with section 24 of the *Charitable Fundraising Act 1991*

I report that:

- i) the accounts of the South Western Sydney Area Health Service and economic entity show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2000;
- ii) the accounts and associated records of the South Western Sydney Area Health Service and economic entity have been properly kept during the year in accordance with the 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 Act; and
- iv) there are reasonable grounds to believe that the South Western Sydney Area Health Service and economic entity will be able to pay their debts as and when they fall due.



**M T SPRIGGINS, CA
DIRECTOR OF AUDIT**


**(duly authorised by the Auditor-General of New South Wales
under section 45F(1A) of the Act)**

**SYDNEY
20 September 2000**

CERTIFICATION OF ACCOUNTS

The attached financial statements of South Western Sydney Area Health Service for the year ended 30 June 2000:

- i) have been prepared in accordance with applicable Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board (or Public Sector Accounting Standards Board) and Urgent Issues Group Consensus Views, the requirements of the Public Finance and Audit Act, 1983 and its regulations, the Accounts and Audit Determination, and the Accounting Manual for Area Health Services, District Health Services and Public Hospitals; and
- ii) present fairly the financial position and transactions of the Area Health Service; and
- iii) have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.



Mr. Ian Southwell

Chief Executive Officer

Date: 11/9/00

Mr. Arnold Vitocco

Chairperson – Management of Resources Committee

Date: 11/9/00



OPERATING STATEMENT
for the year ended 30 June 2000

	Notes	PARENT		CONSOLIDATED			
		Actual	Budget	Actual	Actual	Budget	Actual
		2000	2000	1999	2000	2000	1999
		\$000	\$000	\$000	\$000	\$000	\$000
Expenses							
Operating Expenses							
Employee Related	3	374,763	381,150	358,425	374,916	381,150	358,542
Visiting Medical Officers		27,087	26,716	26,879	27,087	26,716	26,879
Goods and Services	4	180,890	176,905	161,941	180,956	176,905	161,978
Maintenance	5	19,236	18,710	21,947	19,238	18,710	21,961
Depreciation and Amortisation	2(j), 6	24,453	25,800	27,190	24,455	25,800	27,191
Grants and Subsidies	7	5,432	5,128	5,373	4,784	5,128	4,747
Payments to Affiliated Health Organisations	8	14,293	14,289	13,892	14,293	14,289	13,892
Total Expenses		646,154	648,698	615,647	645,729	648,698	615,190
Revenues							
Sale of Goods and Services	9	72,347	68,476	69,976	72,347	68,476	69,976
Investment Income	10	2,817	2,367	1,801	3,070	2,367	1,908
Grants and Contributions	11	17,908	9,461	9,360	17,233	9,461	9,622
Other Revenue	12	566	500	258	566	500	258
Total Revenues		93,638	80,804	81,395	93,216	80,804	81,764
Gain/(Loss) on Sale of Non Current Assets	13	(43)	1,183	35	(43)	1,183	35
NET COST OF SERVICES	32	552,559	566,711	534,217	552,556	566,711	533,391
Government Contributions							
NSW Health Department							
Recurrent Allocations	2(a)	500,914	500,914	476,466	500,914	500,914	476,466
NSW Health Department							
Capital Allocations	2(a)	14,246	14,504	16,570	14,246	14,504	16,570
Asset Sale Proceeds transferred to the Crown Entity	2(r)	-	-	(12,361)	-	-	(12,361)
Acceptance by the Crown Entity of Superannuation Liability	2(c)	24,018	23,971	23,974	24,018	23,971	23,980
Total Government Contributions		539,178	539,389	504,649	539,178	539,389	504,655
MOVEMENT IN ACCUMULATED FUNDS	26	(13,381)	(27,322)	(29,568)	(13,378)	(27,322)	(28,736)

The accompanying notes form part of these Financial Statements

STATEMENT OF FINANCIAL POSITION
for the year ended 30 June 2000

	Notes	PARENT			CONSOLIDATED		
		Actual	Budget	Actual	Actual	Budget	Actual
		2000	2000	1999	2000	2000	1999
		\$000	\$000	\$000	\$000	\$000	\$000
ASSETS							
Current Assets							
Cash	31	2,503	26	75	2,528	26	75
Investments	16	28,322	38,902	27,307	32,019	38,902	31,031
Receivables	17	10,007	7,461	20,296	10,007	7,461	20,296
Inventories	18	3,006	2,636	2,636	3,006	2,636	2,636
Total Current Assets		43,838	49,025	50,314	47,560	49,025	54,038
Non-Current Assets							
Land and Buildings	19	474,176	471,287	474,547	474,176	471,287	474,547
Plant and Equipment	19	39,143	40,464	41,219	39,157	40,464	41,234
Other	20	5,301	4,865	3,765	5,301	4,865	3,765
Receivables	17	1,980	1,980	2,025	1,980	1,980	2,025
Total Non-Current Assets		520,600	518,596	521,556	520,614	518,596	521,571
Total Assets		564,438	567,621	571,870	568,174	567,621	575,609
LIABILITIES							
Current Liabilities							
Accounts Payable	22	20,530	18,764	18,758	20,533	18,764	18,763
Borrowings	23	580	17,148	5,671	580	17,148	5,678
Employee Entitlements	24	53,097	55,108	46,650	53,110	55,108	46,664
Other	25	143	141	141	143	141	141
Total Current Liabilities		74,350	91,161	71,220	74,366	91,161	71,246
Non-Current Liabilities							
Borrowings	23	94	94	675	94	94	675
Employee Entitlements	24	40,914	37,529	37,514	40,933	37,529	37,529
Total Non-Current Liabilities		41,008	37,623	38,189	41,027	37,623	38,204
Total Liabilities		115,358	128,784	109,409	115,393	128,784	109,450
Net Assets		449,080	438,837	462,461	452,781	438,837	466,159
EQUITY							
Reserves	26	22,201	22,201	22,201	22,201	22,201	22,201
Accumulated Funds	26	426,879	416,636	440,260	430,580	416,636	443,958
Total Equity		449,080	438,837	462,461	452,781	438,837	466,159

The accompanying notes form part of these Financial Statements

STATEMENT OF CASH FLOWS
for the year ended 30 June 2000

Notes	PARENT			CONSOLIDATED		
	Actual	Budget	Actual	Actual	Budget	Actual
	2000	2000	1999	2000	2000	1999
	\$000	\$000	\$000	\$000	\$000	\$000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee Related	(340,895)	(347,697)	(328,981)	(341,043)	(347,697)	(329,084)
Grants and Subsidies	(5,432)	(5,128)	(5,373)	(4,784)	(5,128)	(4,747)
Other	(239,739)	(234,594)	(221,128)	(239,811)	(234,594)	(221,181)
Total Payments	(586,066)	(587,419)	(555,482)	(585,638)	(587,419)	(555,012)
Receipts						
Sale of Goods and Services	72,025	68,699	69,894	72,025	68,699	69,894
Interest Received	2,817	2,367	1,801	3,070	2,367	1,908
Other	16,937	9,961	8,740	16,262	9,961	9,002
Total Receipts	91,779	81,027	80,435	91,357	81,027	80,804
Cash Flows From Government						
NSW Health Department Recurrent Allocations	509,539	510,504	471,123	509,539	510,504	471,123
NSW Health Department Capital Allocations	16,274	16,532	15,627	16,274	16,532	15,627
Asset Sale Proceeds transferred to the Crown Entity	-	-	(12,361)	-	-	(12,361)
Net Cash Flows from Government	525,813	527,036	474,389	525,813	527,036	474,389
NET CASH FLOWS FROM OPERATING ACTIVITIES	31,526	20,644	(658)	31,532	20,644	181
CASH FLOWS FROM INVESTING ACTIVITIES						
Proceeds from Sale of Land and Buildings, Plant and Equipment	6,022	1,183	13,564	6,021	1,183	13,564
Purchases of Land and Buildings, Plant and Equipment	(28,434)	(24,894)	(19,456)	(28,434)	(24,894)	(19,472)
NET CASH FLOWS FROM INVESTING ACTIVITIES	(22,412)	(23,711)	(5,892)	(22,413)	(23,711)	(5,908)
CASH FLOWS FROM FINANCING ACTIVITIES						
Repayment of Borrowings	(682)	(682)	(1,375)	(682)	(682)	(1,375)
NET CASH FLOWS FROM FINANCING ACTIVITIES	(682)	(682)	(1,375)	(682)	(682)	(1,375)
NET INCREASE / (DECREASE) IN CASH						
Opening Cash and Cash Equivalents	22,393	26,110	30,318	26,110	26,110	33,212
CLOSING CASH AND CASH EQUIVALENTS	30,825	22,361	22,393	34,547	22,361	26,110

The accompanying notes form part of these Financial Statements

**PROGRAM STATEMENT - EXPENSES AND REVENUES
for the year ended 30 June 2000**

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 *		Grand Total			
	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999
	\$000	\$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																								
Employee Related	43,029	44,339	779	552	37,036	24,504	28,735	23,091	163,162	160,204	27,792	28,585	23,913	23,250	35,404	38,382	5,589	8,374	9,477	7,261	9,477	7,261	374,916	358,542
Other Operating Expenses	8,710	11,648	208	142	4,154	12,325	9,109	6,664	135,708	121,675	25,793	16,114	6,604	4,313	14,032	9,076	2,388	1,276	1,337	5,624	1,337	5,624	208,043	188,857
Maintenance	1,949	2,062	72	23	2,096	1,462	940	824	2,684	11,759	1,138	1,903	866	1,073	3,031	946	3,627	650	2,835	1,259	2,835	1,259	19,238	21,961
Depreciation and Amortisation	3,757	3,894	43	19	2,701	2,394	1,541	1,773	10,258	11,980	1,784	2,955	1,097	957	2,368	2,971	193	48	713	200	713	200	24,455	27,191
Grants and Subsidies	4,782	4,754	0	0	0	0	0	0	0	0	0	0	153	134	13,985	13,243	0	0	157	508	157	508	19,077	18,639
Total Expenses	62,227	66,697	1,102	736	45,987	40,685	40,325	32,352	311,812	305,618	56,507	49,557	32,633	29,727	68,820	64,618	11,797	10,348	14,519	14,852	14,519	14,852	645,729	615,190
Revenue																								
Sale of Goods and Services	1,331	3,865	0	0	1,673	0	864	632	54,418	53,504	3,684	1,765	2,032	1,020	8,262	9,190	36	0	47	0	47	0	72,347	69,976
Investment Income	89	122	2	0	91	96	58	117	2,352	1,115	79	146	47	63	101	148	12	0	239	101	239	101	3,070	1,908
Grants and Contributions	882	0	0	0	0	0	0	0	14,661	7,214	0	0	0	0	0	0	0	0	1,690	2,408	1,690	2,408	17,233	9,622
Other Revenue	0	0	0	0	0	0	0	0	566	258	0	0	0	0	0	0	0	0	0	0	0	0	566	258
Total Revenue	2,302	3,987	2	0	1,764	96	922	749	71,997	62,091	3,763	1,911	2,079	1,083	8,363	9,338	48	0	1,976	2,509	1,976	2,509	93,216	81,764
Gain/(Loss) on Sale of Non Current Assets	0	0	0	0	0	0	0	0	(43)	35	0	0	0	0	0	0	0	0	0	0	0	0	(43)	35
NET COST OF SERVICES	59,925	62,710	1,100	736	44,223	40,589	39,403	31,603	239,858	243,492	52,744	47,646	30,554	28,644	60,457	55,280	11,749	10,348	12,543	12,343	12,543	12,343	552,556	533,391

* The name and purpose of each program is summarised in Note 15.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2000

1 The Health Service Reporting Entity

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

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

2 Summary of Significant Accounting Policies

The Health Service's Financial Statements are a general purpose financial report which have been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards, other mandatory professional reporting requirements 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 and land and buildings, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

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

a) 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 Operating Statement before arriving at the operating result on the basis that the allocation is earned in return for the health services provided in 1999/2000 on behalf of the Department.

General operating expenses/revenues of Karitane, Carrington Centennial Hospital, Hope Healthcare (Braeside Hospital) and the Benevolent Society of NSW, have only been included in the Operating Statements prepared 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.

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 measurement 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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2000

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 arising from the sale of goods, the provision of services and the use of the Health Service's assets is recognised when:

- i) the Health Service has passed control of the goods or other assets to the buyer;
- ii) the Health Service controls a right to be compensated for services rendered;
- iii) the Health Service controls a right relating to the consideration payable for the provision of investment assets;
- iv) it is probable that the economic benefits comprising the consideration will flow to the entity;
and
- v) the amount of the revenue can be measured reliably.

Patient Fees

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2000

the fair value of the services given which is then duly recognised as both revenue and matching expense.

f) Inter Area Patient Flows

Area 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 1998/99 activity data using standard cost weighted separation values to reflect estimated costs in 1999/2000 for acute weighted inpatient separations. Where treatment is obtained outside the home Area Health Service the Area providing the service is reimbursed by the benefiting Area.

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 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.

In 1999/2000 calculation of the patient flows has been amended to include flows to specialist paediatric hospitals. If this change had been applied previously the 1998/99 net cost of services would have increased by \$14.478 million.

The composition of patient flow revenue/expense is disclosed in Notes 4 and 9.

g) Research and Development Costs

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

h) 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 between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

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.

i) Plant and Equipment

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

j) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to 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	

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000**

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

k) Revaluation of Physical Non-Current Assets

Buildings and improvements, 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.

Land and buildings are revalued every 5 years by independent valuation. The last such revaluation was completed on 30 June 1996.

Where assets are revalued upward or downward as a result of a revaluation of a class of non-current physical assets, the Health Service restates separately the gross amount and the related accumulated depreciation of that class of assets.

The recoverable amount test has not been applied as the Health Service is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

l) Leased Assets

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

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

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

m) Investments

Marketable securities and deposits are valued at cost unless specifically stated in Note 16. Non marketable securities are brought to account at cost.

For non-current investments, revaluation increments are credited directly to the asset revaluation reserve. Revaluation decrements are recognised in the Operating Statement except to the extent that the decrement reverses an increment previously credited to the asset revaluation reserve, in which case it should be debited to the asset revaluation reserve.

For current investments, revaluation increments and decrements are recognised in the Operating Statement.

n) Inventories

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for South Western Sydney Area Health Service for the year ended 30 June 2000

o) Administrative Restructuring

The transfer of net assets between agencies as a result of administrative restructuring is treated as a direct adjustment to the operating balance of "Accumulated Funds".

p) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either South Western Sydney Area Health Service or its counterparty and a financial liability (or equity instrument) of the other party. For South Western Sydney Area Health Service these include cash at bank, receivables, investments, accounts payable and borrowings.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 38 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded at cost and their terms and conditions at balance date are as follows:

Cash

Accounting Policies - Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 4.62 %.

Receivables

Accounting Policies - Receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable.

Terms and Conditions - Accounts are issued on 7 day terms.

Accounts Payable

Accounting Policies - Accounts Payable 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 in 30 days after receipt of the invoice.

Borrowings

Accounting Policies - Bank Overdrafts and Loans are carried at the principal amount. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with Australian Accounting Standard, AAS17.

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate. Non interest bearing loans of \$ 675,000 are repayable in annual instalments with the final instalment due on 30 June 2002.

Classes of instruments recorded at market value comprise:

Treasury Corporation Hour Glass Investments

Accounting Policies - Treasury Corporation Hour Glass investments are stated at the lower of cost and net realisable value. Interest is recognised when earned.

Terms and Conditions - Deposits have an average maturity of 50 days with effective interest rates of 5.34 % to 11.79%.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

There are no classes of instruments which are recorded at other than cost or market valuation.

All financial instruments including revenue and expenses arising from instruments are recognised on an accruals basis.

q) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 28. As the Health Service performs only a custodial role in respect of those 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.

r) Proceeds on Sale of Motor Vehicles

The 1998/99 proceeds of sale of motor vehicles associated with Treasury negotiated leases of motor vehicles have been lodged to the credit of State Treasury. Such remittances have been deducted from Government Contributions in the Operating Statement.

s) Goods and Services Tax

Commitments existing at 30 June 2000 are reported inclusive of the GST of 10% which has effect from 1 July 2000.

Additionally, contingent assets have been disclosed for amounts equivalent to any available input tax credits, which represents the GST that is expected to be recovered from the Australian Taxation Office.

t) Prior Year Comparatives

1999 comparatives have been amended to reflect the change in accounting treatment for the adjustment relating to Trust funds (refer Note 2q). Trust monies have been proportionately adjusted against Investments and Cash in 1999/2000, and prior year comparatives have been adjusted to be consistent with this.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000
3. Employee Related				
Employee related expenses comprise the following:				
Salaries and Wages	298,526	265,995	298,665	266,090
Enterprise Agreements/Awards	3,947	19,919	3,947	19,919
Long Service Leave [see note 2(b)]	7,406	7,531	7,410	7,535
Annual Leave [see note 2(b)]	29,138	29,112	29,148	29,123
Nursing Agency Payments	523	1,127	523	1,127
Other Agency Payments	923	732	923	732
Workers Compensation Insurance	10,225	9,984	10,225	9,984
Superannuation (See note 2(c))	24,018	23,973	24,018	23,980
Fringe Benefits Tax	57	52	57	52
	374,763	358,425	374,916	358,542

4. Goods and Services

Computer Related Expenses	235	332	236	332
Domestic Charges	7,420	7,120	7,420	7,121
Drug Supplies	20,548	19,311	20,548	19,313
Food Supplies	5,834	5,488	5,837	5,488
Fuel, Light and Power	3,536	3,356	3,536	3,356
General Expenses	6,316	5,256	6,338	5,277
Hospital Ambulance Transport Costs	1,008	1,049	1,008	1,049
Insurance	997	1,200	997	1,197
Inter Area Patient Outflows, NSW	79,931	65,977	79,931	65,977
Medical and Surgical Supplies	25,027	23,864	25,027	23,864
Postal and Telephone Costs	4,406	3,964	4,408	3,966
Printing and Stationery	3,001	2,947	3,006	2,961
Rental, Rates and Charges	1,420	1,366	1,420	1,366
Special Service Departments	13,199	12,283	13,199	12,283
Staff Related Costs	2,954	3,255	2,974	3,255
Sundry Operating Expenses	88	104	88	104
Travel Related Costs	4,970	5,069	4,983	5,069
	180,890	161,941	180,956	161,978

(a) Sundry Operating Expenses comprise:

Aircraft Expenses (Ambulance)	88	104	88	104
	88	104	88	104

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000	1999	2000	1999
	\$000	\$000	\$000	\$000
4. Goods and Services (continued)				
(b) General Expenses include:-				
Advertising	837	909	838	913
Books and Magazines	805	754	805	754
Consultancies				
- Operating Activities	433	231	444	231
- Capital Works	69	97	69	97
Courier and Freight	350	344	350	344
External Audit Fees				
- Audit Work	78	86	78	86
Legal Expenses	40	110	50	125
Membership/Professional Fees	81	68	81	68
Other Operating Lease Expense	104	141	104	141
Payroll Services	-	13	-	13
Provision for Bad and Doubtful Debts	1,531	1,672	1,531	1,672
Other	1,988	831	1,988	833
	6,316	5,256	6,338	5,277

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

Inter Area Patient Outflows	79,931	65,977	79,931	65,977
	79,931	65,977	79,931	65,977

5. Maintenance

Repairs and Routine Maintenance	11,254	9,836	11,254	9,836
Other				
Renovations and Additional Works	1,032	547	1,034	547
Replacements and Additional Equipment less than \$5,000	6,950	11,564	6,950	11,578
	19,236	21,947	19,238	21,961

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000
6. Depreciation and Amortisation				
Depreciation - Buildings	15,433	17,052	15,433	17,052
Depreciation - Plant and Equipment	9,020	10,138	9,022	10,139
	24,453	27,190	24,455	27,191
7. Grants and Subsidies				
Grants to Non Government Organisations	4,628	4,239	4,628	4,239
Other	804	1,134	156	508
	5,432	5,373	4,784	4,747
8. Payments to Affiliated Health Organisations				
Recurrent Sourced				
Carrington Centennial Hospital	926	1,003	926	1,003
Karitane	2,984	2,910	2,984	2,910
Benevolent Society of NSW	361	351	361	351
Braeside Hospital	10,022	9,628	10,022	9,628
	14,293	13,892	14,293	13,892

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000	1999	2000	1999
	\$000	\$000	\$000	\$000
9. Sale of Goods and Services				
(a) Sale of Goods and Services comprise the following:-				
Patient Fees [see note 2(e)]	27,952	27,919	27,952	27,919
Staff-Meals and Accommodation	1,585	1,454	1,585	1,454
Use of Hospital Facilities [see note 2(e)]	6,395	4,977	6,395	4,977
Car Parking	820	585	820	585
Child Care Fees	429	422	429	422
Commercial Activities	1,525	1,354	1,525	1,354
Fees for Medical Records	321	298	321	298
Lease and Rental Income	443	468	443	468
Non Staff Meals	1,317	1,170	1,317	1,170
Sale of Prosthesis	346	283	346	283
Inter Area Patient Inflows, NSW	28,526	29,167	28,526	29,167
Other	2,688	1,879	2,688	1,879
	72,347	69,976	72,347	69,976

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

Inter Area Patient Inflows	28,526	29,167	28,526	29,167
	28,526	29,167	28,526	29,167

10. Investment Income

Interest	2,817	1,801	3,070	1,908
	2,817	1,801	3,070	1,908

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000	1999	2000	1999
	\$000	\$000	\$000	\$000
11. Grants and Contributions				
University Commission grants	6	320	6	320
Commonwealth Government Grants	9,282	1,588	9,282	1,588
Other Bodies	8,620	7,452	7,945	7,714
	17,908	9,360	17,233	9,622
12. Other Revenue				
Other Revenue comprises the following:-				
Sale of Old Wares	72	31	72	31
Non User Charges	494	73	494	73
Other	-	154	-	154
	566	258	566	258
13. Gain/(Loss) on Sale of Non Current Assets				
Property Plant and Equipment	6,064	14,268	6,064	14,268
Less Accumulated Depreciation	5,622	739	5,622	739
Written Down Value	442	13,529	442	13,529
Less Proceeds from Sale	399	13,564	399	13,564
Gain/(Loss) on Sale of Non-Current Assets	(43)	35	(43)	35

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000
14. Conditions on Contributions				
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date.				
Property Plant & Equipment	4,747	3,944	4,747	3,944
Clinical services	404	741	404	741
Community Services	209	658	209	658
Nursing Services	95	89	95	89
Health Promotion, Education & Research	5,182	2,849	6,793	4,132
Staff Amenities & Education	204	444	204	444
Patient Property	8	308	8	308
Patient Needs	-	81	-	81
	10,849	9,114	12,460	10,397

Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period.

Property Plant & Equipment	1,056	3,368	1,056	3,368
Clinical services	258	80	258	80
Community Services	65	216	65	216
Nursing Services	91	12	91	12
Health Promotion, Education & Research	2,503	1,244	4,114	2,527
Staff Amenities & Education	65	262	65	262
Patient Property	1	74	1	74
	4,039	5,256	5,650	6,539

Revenues recognised in previous years which were obtained for expenditure in the current financial year.

Property Plant & Equipment	3,566	3,093	3,566	3,093
Clinical services	416	1,719	416	1,719
Community Services	407	639	407	639
Nursing Services	113	81	113	81
Health Promotion, Education & Research	3,509	1,430	5,169	1,858
Staff Amenities & Education	432	387	432	387
Patient Property	3	37	3	37
	8,446	7,386	10,106	7,814

Total Amount of Unexpended Contributions as at Balance Date.

Property Plant & Equipment	10,062	9,689	10,062	9,689
Clinical services	958	1,235	958	1,235
Community Services	453	1,105	453	1,105
Nursing Services	517	150	517	150
Health Promotion, Education & Research	11,605	6,289	15,254	9,987
Staff Amenities & Education	375	593	375	593
Patient Property	26	307	26	307
Patient Needs	-	171	-	171
	23,996	19,539	27,645	23,237

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000**

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 life style.

Program 1.3 - Outpatient Services

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

Program 2.1 - Emergency Services

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

Program 2.2 - Overnight Acute Inpatient Services

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

Program 2.3 - Same Day Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment 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
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000
16. Investments				
Current				
Treasury Corporation - Hour Glass Facility	28,322	27,307	32,019	31,031
	28,322	27,307	32,019	31,031
17. Receivables				
Current				
(a) Sale of Goods and Services	8,560	7,642	8,560	7,642
Other Debtors				
- Prepayments	385	494	385	494
- Department of Health Non Operating	965	11,618	965	11,618
- Transferred Leave	477	179	477	179
- Other	2,610	2,704	2,610	2,704
Sub Total	12,997	22,637	12,997	22,637
Less Provision for Doubtful Debts	(2,990)	(2,341)	(2,990)	(2,341)
	10,007	20,296	10,007	20,296
(b) Bad debts written off during the year				
- Sale of Goods and Services	882	1,183	882	1,183
	882	1,183	882	1,183
Sale of Goods and Services includes:				
Patient Fees - Compensable	5,979	5,257	5,979	5,257
Patient Fees - Other	2,581	2,385	2,581	2,385
	8,560	7,642	8,560	7,642
Non Current				
Other Debtors - Prepayments	1,980	2,025	1,980	2,025
	1,980	2,025	1,980	2,025
18. Inventories				
Current - at cost				
Drugs	1,350	1,137	1,350	1,137
Medical and Surgical Supplies	1,036	851	1,036	851
Food and Hotel Supplies	308	291	308	291
Engineering Supplies	83	84	83	84
Other including Goods in Transit	229	273	229	273
	3,006	2,636	3,006	2,636

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
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19. Property, Plant and Equipment

	Land	Buildings	Plant and Equipment	Work in Progress	Total
	\$000	\$000	\$000	\$000	\$000
Balance 1 July 1999					
At Valuation date 30 June 1996	58,550	441,761	-	-	500,311
At Cost	-	207,041	118,905	11,891	337,837
Capital Expenditure/Donations	157	-	4,934	17,358	22,449
Disposals	(80)	(2,222)	(3,762)	-	(6,064)
Reclassifications	-	2,270	2,373	(4,643)	-
Balance at 30 June 2000					
At Valuation date 30 June 1996	58,550	441,761	-	-	500,311
At Cost	77	207,089	122,450	24,606	354,222
TOTAL	58,627	648,850	122,450	24,606	854,533
Depreciation					
Balance 1 July 1999					
At Valuation date 30 June 1996	-	209,940	-	-	209,940
At Cost	-	34,756	77,671	-	112,427
Charge for the year [see note 2(j)]	-	15,433	9,022	-	24,455
Adjustment for disposals	-	(2,222)	(3,400)	-	(5,622)
Balance at 30 June 2000					
At Valuation date 30 June 1996	-	209,940	-	-	209,940
At Cost	-	47,967	83,293	-	131,260
TOTAL	-	257,907	83,293	-	341,200
Carrying Amount at 30 June 2000					
At Valuation date 30 June 1996	58,550	231,821	-	-	290,371
At Cost	77	159,122	39,157	24,606	222,962
TOTAL	58,627	390,943	39,157	24,606	513,333

- (i) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(h)].
- (ii) Land and Buildings were valued by Global Valuation Services Pty. Ltd. On 30th April 1996 (see note 2(k)). Mr. R. Horton FRICS, FVLE (Val & Econ) of Global Valuation Services is not an employee of the Health Service.
- (iii) The Health Service continues to derive service potential and economic benefits from the following fully depreciated assets:

	2000 \$ 000	1999 \$ 000
Property, Plant and Equipment	33,160	23,550

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000	1999	2000	1999
	\$000	\$000	\$000	\$000
20. Other Non Current Assets				
Emerging Right to Receive Private Sector Infrastructure	5,301	3,765	5,301	3,765
	5,301	3,765	5,301	3,765
21. Restricted Assets				
Property Plant & Equipment	10,062	9,689	10,062	9,689
Clinical services	958	1,235	958	1,235
Community Services	453	1,105	453	1,105
Nursing Services	517	150	517	150
Health Promotion, Education & Research	11,605	6,289	15,254	9,987
Staff Amenities & Education	375	593	375	593
Patient Property	26	307	26	307
Patient Needs	-	171	-	171
	23,996	19,539	27,645	23,237
22. Accounts Payable				
Current				
Trade Creditors	11,674	10,520	11,674	10,522
Other Creditors				
- Capital Works	2,675	3,048	2,675	3,048
- Other	6,181	5,190	6,184	5,193
	20,530	18,758	20,533	18,763
23. Borrowings				
Current				
Bank Overdraft	-	4,989	-	4,996
Other Loans and Deposits	580	682	580	682
	580	5,671	580	5,678
Non Current				
Other Loans and Deposits	94	675	94	675
	94	675	94	675
Other loans represent monies to be repaid to the NSW Health Department. Final Repayment is scheduled for 30 June 2002.				
Repayment of Borrowings				
Not later than one year	580	682	580	682
Between one and two years	94	675	94	675
Total Borrowings at face value	674	1,357	674	1,357

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	PARENT		CONSOLIDATED	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000
24. Current/Non Current Liabilities - Employee Entitlements				
Current				
Employee Annual Leave	36,227	33,194	36,238	33,207
Employee Long Service Leave	4,969	4,889	4,971	4,890
Accrued Salaries and Wages	5,296	3,285	5,296	3,285
Other				
Taxation and Other Payroll Deductions	6,605	5,282	6,605	5,282
	<u>53,097</u>	<u>46,650</u>	<u>53,110</u>	<u>46,664</u>
Aggregate employee entitlements	<u>53,097</u>	<u>46,650</u>	<u>53,110</u>	<u>46,664</u>
Non Current				
Employee Long Service Leave	40,914	37,514	40,933	37,529
	<u>40,914</u>	<u>37,514</u>	<u>40,933</u>	<u>37,529</u>
Aggregate employee entitlements	<u>40,914</u>	<u>37,514</u>	<u>40,933</u>	<u>37,529</u>
25. Other Liabilities				
Current				
Income in Advance	143	141	143	141
	<u>143</u>	<u>141</u>	<u>143</u>	<u>141</u>
	<u>143</u>	<u>141</u>	<u>143</u>	<u>141</u>

Income in Advance is comprised of \$132,000 in prepaid patient fees and \$11,000 in commission advances received from a commercial Photography Service operating in Liverpool Hospital.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

26. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
PARENT						
Balance at the beginning of the financial year	440,260	469,828	22,201	22,201	462,461	492,029
Movement in Accumulated Funds for the year	(13,381)	(29,568)	-	-	(13,381)	(29,568)
Balance at the end of the financial year	426,879	440,260	22,201	22,201	449,080	462,461
CONSOLIDATED						
Balance at the beginning of the financial year	443,958	472,694	22,201	22,201	466,159	494,895
Movement in Accumulated Funds for the year	(13,378)	(28,736)	-	-	(13,378)	(28,736)
Balance at the end of the financial year	430,580	443,958	22,201	22,201	452,781	466,159

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

	CONSOLIDATED	
	2000	1999
	\$000	\$000
27. Commitments for Expenditure		
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	37,469	15,480
Between one and two years	43,889	40,200
Between two and five years	32,305	30,400
	113,663	86,080
Total Capital Expenditure Commitment (including GST)	113,663	86,080
Of the commitments reported at 30 June 2000 it is expected that \$ 3,959,000 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	5,022	3,398
	5,022	3,398
Total Other Expenditure Commitments (including GST)	5,022	3,398
(c) Operating Lease Commitments		
Commitments in relation to non cancellable operating leases are payable as follows:		
Not later than one year	3,493	3,069
Between one and two years	3,439	3,049
Between two and five years	9,987	9,115
Later than five years	9,900	15,000
	26,819	30,233
Total Operating Lease Commitments (including GST)	26,819	30,233

d) Contingent Asset related to Commitments for Expenditure

The total "Expenditure Commitments" above includes input tax credits of \$13.228 million that are expected to be recovered from the Australian Taxation Office.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000**

28. Trust Funds

The Health Service holds Trust Fund monies of \$ 8.67 million which are used for the safe keeping of patients moneys, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives.

The following is a summary of the transactions in the trust account.

	Patients Trust		Refundable Deposits		Private Practice Trust Funds	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Cash Balance at the beginning of the financial year	22	14	239	229	7,600	6,332
Receipts	21	14	197	146	4,037	5,230
Expenditure	13	6	225	136	3,208	3,962
Cash Balance at the End of the financial year	30	22	211	239	8,429	7,600

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

The hindsight adjustment has now been effected for the 1996/97 year and resulted in an increase in expenses of \$236,624. A contingent liability/asset may therefore exist in respect of the 1997/98 and 1998/99 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 1998 estimate that a liability of \$1,800,326 is applicable.

This estimate is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2000.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
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(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 which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship which may exist or be formulated between the administering bodies of the organisation and the Department.

30. 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)	22	12	1	9
Raffles	9	5	1	3
Functions	331	46	23	262
	<u>362</u>	<u>63</u>	<u>25</u>	<u>274</u>
Percentage of Income	100%	17%	7%	76%

* 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	5
Research and Education	236
Held in Special Purpose and Trust Fund Pending Purchase	33
	<u>274</u>

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
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	PARENT		CONSOLIDATED	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000
31. Cash and Cash Equivalents				
For the purposes of the Statement of Cash Flows, cash includes cash, bank overdraft and current investments.				
Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:				
Cash	2,503	75	2,528	75
Bank Overdraft	-	(4,989)	-	(4,996)
Current Investments	28,322	27,307	32,019	31,031
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	30,825	22,393	34,547	26,110

32. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities

Net Cash Flows from Operating Activities	31,526	(658)	31,532	180
Depreciation	(24,453)	(27,190)	(24,455)	(27,191)
Provision for Doubtful Debts	(649)	(489)	(649)	(489)
Acceptance by the Crown Entity of Superannuation Liability	(24,018)	(23,974)	(24,018)	(23,980)
(Increase)/ Decrease in Provisions	(9,851)	(6,639)	(9,854)	(6,646)
Increase / (Decrease) in Prepayments and Other Assets	2,508	2,667	2,508	2,667
(Increase)/ Decrease in Creditors	(1,766)	(3,580)	(1,764)	(3,578)
Net Gain/ (Loss) on Sale of Property, Plant and Equipment	(43)	35	(43)	35
(NSW Health Department Recurrent Allocations)	(509,539)	(471,123)	(509,539)	(471,123)
(NSW Health Department Capital Allocations)	(16,274)	(15,627)	(16,274)	(15,627)
(Asset Sale Proceeds transferred to the Crown Entity)	-	12,361	-	12,361
Net Cost of Services	(552,559)	(534,217)	(552,556)	(533,391)

33. Non Cash Financing and Investing Activities

Assets Received by Donation	1,880	1,391	1,880	1,391
	1,880	1,391	1,880	1,391

34. 1999/2000 Voluntary Services

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

- Chaplaincies and Pastoral Care
- Pink Ladies/Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Patient & Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Health Education, Transport, Home Help & Patient Activities

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35. Unclaimed Moneys

Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.

All money and personal effects of patients which are left in the custody of 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.

36. Budget Review

Net Cost of Services

The Net Cost of Service result finished \$14.155 million favourable to budget. This was due to special purpose and trust fund revenues exceeding targets by some \$7.9 million. Strong growth was recorded in donations to the Health Service, along with increased Commonwealth government grants and other research grants. The balance of \$6.2 million was occasioned primarily by unavoidable delays in establishing enhanced mental health services, and late notification of budget growth to the Health Service, again mainly for mental health services.

Assets and Liabilities

Total assets increased by \$7.758 million in excess of budget, due to increased cash and investments derived from the strong Net Cost of Service result. In addition, receivables were higher than budgeted levels with the timing of a number of debt recoveries extending beyond their anticipated period.

Total liabilities were \$6.186 million below the budget level. This was due mainly to borrowings being well below the planned amount, again due to the favourable Net Cost of Service result for the year.

Cash Flows

Net cash flows from operating activities were favourable to budget by \$10.888 million. This is consistent with the Net Cost of Service performance to budget, and supports the strong revenue performance noted above.

Net cash flows from investing activities were less than planned due to unavoidable delays in proceeding with planned capital works.

37. Health Research Foundation Sydney South West

The Health Research Foundation Sydney South West (HRFSSW) is a company limited by guarantee, which was incorporated on 18 February 1997.

The objectives of the company are as follows:

- to raise and administer funding to promote, examine and evaluate research that will improve the health status and health outcomes for the population of South Western Sydney;
- to make grants to funds, authority or institution that will improve the health status and health outcomes for the population of South Western Sydney;
- to undertake and engage in health research;

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
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- . 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 2000. The amounts incorporated in the statement of financial position are as follows:

	2000	1999
	\$000	\$000
Cash	26	-
Investments	3,697	3,723
Non Current Assets	13	15
Current Liabilities	(17)	(23)
Non Current Liabilities	(19)	(17)
Net Assets	<u>3,700</u>	<u>3,698</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for South Western Sydney Area Health Service
for the year ended 30 June 2000

38. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. South Western Sydney Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Statement of Financial Position date are as follows:

Financial Instruments	Floating interest rate		Non-interest bearing		Total carrying amount as per the Statement of Financial Position		Weighted average effective interest rate *	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 %	1999 %
PARENT								
Financial Assets								
Cash	2,478	49	25	26	2,503	75	4.62%	4.24%
Receivables	-	-	11,987	22,321	11,987	22,321		
Treasury Corp. Investments	28,322	27,307	-	-	28,322	27,307	8.08%	5.30%
Total Financial Assets	30,800	27,356	12,012	22,347	42,812	49,703		
Financial Liabilities								
Borrowings-Bank Overdraft	-	4,989	-	-	-	4,989	4.62%	4.24%
Borrowings-Other	-	-	674	1,357	674	1,357		
Accounts Payable	-	-	20,530	18,758	20,530	18,758		
Total Financial Liabilities	-	4,989	21,204	20,115	21,204	25,104		

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

CONSOLIDATED

	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 %	1999 %
Financial Assets								
Cash	2,504	49	24	26	2,528	75	4.62%	4.24%
Receivables	-	-	11,987	22,321	11,987	22,321		
Treasury Corp. Investments	32,019	31,031	-	-	32,019	31,031	8.08%	5.30%
Total Financial Assets	34,523	31,080	12,011	22,347	46,534	53,427		
Financial Liabilities								
Borrowings-Bank Overdraft	-	4,996	-	-	-	4,996	4.62%	4.24%
Borrowings-Other	-	-	674	1,357	674	1,357		
Accounts Payable	-	-	20,533	18,763	20,533	18,763		
Total Financial Liabilities	-	4,996	21,207	20,120	21,207	25,116		

* 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 2000

38. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The South Western Sydney Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Financial Assets										
PARENT										
Cash	-	-	2,478	49	-	-	25	26	2,503	75
Receivables	6,417	17,020	-	-	5,570	5,301	-	-	11,987	22,321
Treasury Corp. Investments	28,322	27,307	-	-	-	-	-	-	28,322	27,307
Total Financial Assets	34,739	44,327	2,478	49	5,570	5,301	25	26	42,812	49,703
CONSOLIDATED										
Cash	-	-	2,504	49	-	-	24	26	2,528	75
Receivables	6,417	17,020	-	-	5,570	5,301	-	-	11,987	22,321
Treasury Corp. Investments	32,019	31,031	-	-	-	-	-	-	32,019	31,031
Total Financial Assets	38,436	48,051	2,504	49	5,570	5,301	24	26	46,534	53,427

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 \$1,426,540 at balance date.

c) Net Fair Value

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

d) Derivative Financial Instruments

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

End of Audited Financial Statements.

APPENDIX TO THE FINANCIAL STATEMENTS for the year ended 30 June 2000

1. FUNDS GRANTED TO NON GOVERNMENT COMMUNITY ORGANISATIONS :

Organisation	Amount \$ 000	Program Area	Purpose
Cabramatta Community Centre PYDA	113	1.1 - Primary & Community Care	Drug and alcohol prevention for NESB adolescents and parents/caregivers
GROW Community Program	190	1.1 - Primary & Community Care	Residential drug and alcohol treatment service
Macarthur Drug & Alcohol Services	233	1.1 - Primary & Community Care	Drug and alcohol counselling, education and support services for youth
Odyssey House	657	1.1 - Primary & Community Care	Residential drug and alcohol treatment service
South West Alternative Program	140	1.1 - Primary & Community Care	Drug and alcohol assessment, counselling and referral for NESB community
Maryfields Recovery Centre	210	1.1 - Primary & Community Care	Alcohol and drug rehabilitation centre
Sydney City Missions - Youth Program	88	1.1 - Primary & Community Care	Drug and alcohol prevention and education for young people
Cabramatta Community Centre	61	1.1 - Primary & Community Care	AIDS awareness project for NESB adolescents and parents/caregivers
Bankstown Women's Health Centre	180	1.1 - Primary & Community Care	Clinical, counselling and health education services for women
Immigrant Women's Health Centre	77	1.1 - Primary & Community Care	Clinical, counselling and health education services for migrant women
Lifeline Macarthur	57	1.1 - Primary & Community Care	Telephone and face to face counselling services for the general community
Liverpool Women's Health Centre	436	1.1 - Primary & Community Care	Clinical, counselling and health education services for women
Southern Highlands Bereavement Care	40	1.1 - Primary & Community Care	Bereavement and support service
WILMA Womens Health	283	1.1 - Primary & Community Care	Clinical, counselling and health education services for women
Bankstown City Aged Care Limited	200	4.1 - Rehabilitation and Extended Care	Day care center for dementia clients
Myrtle Cottage Group	40	4.1 - Rehabilitation and Extended Care	Program designed to stimulate & challenge frail aged & physically disabled adults
The Hammond Village	157	4.1 - Rehabilitation and Extended Care	Provide personal care assistants for the Hammondville Day Care Center
Wollondilly Senior Friendship Group Inc	157	4.1 - Rehabilitation and Extended Care	Day care service for the frail aged & younger disabled residents of Wollondilly LGA
Triple Care Farm	39	1.1 - Primary & Community Care	Residential drug and alcohol treatment service
Families in Partnership	68	1.1 - Primary & Community Care	Improve and develop services to people with disabilities through partnership with their families.
Benevolent Society of NSW	1,051	1.1 - Primary & Community Care	Clinical, Counselling & Health Education Services for Women
Aftercare Association	55	3.1 Mental Health Services	Residential support and rehabilitative services to persons living in group homes
Grow Community Mental Health	45	3.1 Mental Health Services	Rehabilitation service to those suffering from psychiatric and/or drug and alcohol disorders
Amaroo Industries	53	3.1 Mental Health Services	Accommodation support services for people with mental illness

APPENDIX TO THE FINANCIAL STATEMENTS for the year ended 30 June 2000

2. CONSULTANTS ENGAGED THROUGHOUT 1999/2000:

There were fifty-one consultants engaged over the 1999/00 financial year for work costing less than \$30,000 each, at a total cost of \$ 384,810. There was one engagement of a contractor costing greater than \$30,000 during 1999/00 for software development:

Contractor	:	Unique Web
Cost	:	\$48,167
Project	:	Web based data entry module for Oracle Financials

3. LATE PAYMENT OF ACCOUNTS :

- a) Over the full financial year 99.4% of accounts were paid to vendors within agreed payment terms. The small percentage of late payments arose generally as a result of invoices being misplaced between the vendors' premises and units of the Area Health Service.
- b) No interest was paid as a result of late payments of accounts.

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:

	1997/98 \$000	1998/99 \$000	1999/00 \$000
Current	5,282	9,604	9,045
Overdue:			
30 Days	425	753	2,563
30 to 60 Days	115	99	60
60 to 90 Days	55	66	6

5. ACCOUNTS RECEIVABLE – AGE ANALYSIS

PATIENT FEES

	< 30 DAYS \$ 000	30<60DAYS \$ 000	60<90 DAYS \$ 000	90<120 DAYS \$ 000	>120 DAYS \$ 000	TOTAL \$ 000
Chargeable	315	110	27	39	10	501
Compensable	500	380	145	264	4,414	5,703
Ineligible	92	50	64	65	1,008	1,279
Other	-	20	-	-	-	20
Total	907	560	236	368	5,432	7,503

81% of accounts outstanding greater than 120 days are for compensable patients. These amounts are typically of long duration to collect, due to insurers' wishing to confirm their liability.

APPENDIX TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2000

6. BUDGET DETAILS

- a) Budget details for the year ended 30 June 2000 are included in the financial statements.
- b) Material adjustments to the Area's budget throughout the 1999/00 financial year were as follows:

	\$ 000
Additional VMO Payments	176
Enterprise Agreements – HREA/HOA	1,790
Enterprise Agreements – Nurses and Nurse Managers	1,470
Enterprise Agreements – Skilled Trades	119
Enterprise Agreements – ASMOF	211
Enterprise Agreements – Clinical Academics	322
Winter Strategy	613
Liverpool Health Service Enhancement	1,600
Nurse Recruitment and Retention Strategy	633
Sydney Dialysis	563
High Cost Drugs Supplementation	4,940
Families First	580
Medicare Incentive	2,074
Critical Care Enhancement – Emergency Departments	500
Critical Care Enhancement – Intensive Care	153
National Women's Health	134
Magnetic Resonance Imaging Services	214
Additional Costs of Linen Services	460
Mental Health Services	1,220
Health Research Foundation, Sydney South West	500
Drug and Alcohol Service Development	601
Motor Vehicle Lease Payments	2,954
Additional Public Holiday	766
Tax Reform	445
Private Patient Fees Revenue Decline Relief	812
Total	23,850

- c) The financial plan for the 2000/2001 financial year provides for the following:

	\$ 000
Expenses	576,377
Revenue	74,449
Capital Outlays	37,469

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 1999/2000 financial year.

	SWAPS \$ 000	TNL \$ 000
a) Surplus/(Deficit) for the period	(247)	(216)
b) Long Service Leave Liability at 30 June 2000	1,217	70
c) Leave liability cash reserve balance	1,562	60
d) Equipment replacement reserve balance	1,364	1,020

SWAPS performed 860,187 requests in 1999/2000. This is 31,483 occasions of service higher than 1998/99 and represents 3.8% growth to last year's activity levels. Growth can be attributed to increasing complexity of patients treated, particularly in the Liverpool Health Service associated. This is consistent with service enhancements in neurosurgery as Liverpool continues its development to Principal Referral status.

The TNL provided 2,828,152 meal serves during 1999/2000. This is 109,592 meals greater than 1998/99, representing a 4% growth in activity levels.

APPENDIX TO THE FINANCIAL STATEMENTS for the year ended 30 June 2000

8. MAJOR ASSETS

The following major asset acquisitions were made during the 1999/00 financial year:

Asset Description	\$ 000
Fairfield Dental Service	660
Macarthur Community Health Centre	414
Y2K Replacements and Rectifications	1,423
Information Technology Infrastructure	213
Fairfield Radiology Equipment	1,400
Bankstown Pharmacy Information System	222
Macarthur Catering and Dietary Information System	283

9. TOTAL STAFF EMPLOYED AT 30 JUNE:

CATEGORY	1997/98	1998/99	1999/2000
Nursing	2,991.1	3,056.6	3,090.5
Medical & Support	1,835.3	1,993.0	1,992.1
Other	1,664.8	1,785.2	1,801.3
TOTAL	6,491.2	6,834.8	6,883.9

10. INVESTMENT PERFORMANCE

As at 30 June 2000, the Area had \$40.303 million invested in a range of short and long term securities through the NSW Treasury Corporation Hour Glass Facilities.

Return on investments throughout the 1999/00 financial year averaged 8.1%, compared to 5.3% returns achieved in the previous year.

11. BORROWINGS

A total loan of \$2,030,000 was provided by the Department to the Area towards funding the implementation of the Workforce Human Resource Information System in 1997/98. This loan is repayable to the Department from savings to be realised from the system's implementation primarily from avoidance of bureau processing fees. A repayment of \$682,000 was made in 1999/00 and the balance of this loan as at 30th June 2000 is \$675,000.

PATIENT & STAFFING STATISTICS
for the financial year ended 30 June 2000

	Community Health	Area Services	Bankstown Lidcombe	Camden	Campbelltown	Fairfield	Liverpool	Wingecarribee	Queen Victoria	Braeside	Carrington	Karritane	Scarba SWS	Consolidated Total	1998/1999
BED CAPACITY															
Total Beds As At 30 June	87	0	398	23	263	203	591	73	100	72	94	24	0	1,928	1,857
General Hospital Bed Number	0.0	0.0	373.5	22.2	241.2	187.8	542.3	69.6	0.0	70.3	0.0	24.0	0.0	1,530.9	1,564.6
INPATIENT DETAILS															
No. in Hospital As At 1 July	46	0	330	27	227	149	495	63	113	72	92	23	0	1,637	1,645
Admissions during year	62	0	26,407	2,109	24,918	16,529	50,118	7,445	78	1,990	92	1,463	0	131,211	132,331
Total patients treated	108	0	26,737	2,136	25,145	16,678	50,613	7,508	191	2,062	184	1,486	0	132,848	133,976
Separations during year	71	0	26,432	2,107	24,916	16,532	50,148	7,455	100	2,002	93	1,458	0	131,314	132,339
No. in Hospital as at 30 June	37	0	305	29	229	146	465	53	91	60	91	28	0	1,534	1,637
No. Same Day Admissions	0	0	8,278	1,053	8,138	3,613	23,448	2,991	0	962	0	0	0	48,483	48,352
% of Same Day Admissions to Total	0.0	0.0	31.3	49.9	32.7	21.9	46.8	40.2	0.0	48.3	0.0	0.0	0.0	37.0	36.5
Bed Days of Inpatients treated	24,211	0	120,184	7,882	80,396	53,910	193,489	21,679	35,991	23,312	34,322	7,929	0	603,305	597,053
Available Bed Days	31,301	0	134,935	8,113	88,388	67,355	195,604	24,873	36,600	25,947	34,404	9,670	0	657,190	650,129
OPERATIONS															
Inpatient Operations	0	0	12,930	0	9,799	5,117	14,722	2,830	0	0	0	0	0	45,398	45,489
% of operations to admissions	0.00	0.00	48.96	0.00	39.32	30.96	29.37	38.01	0.00	0.00	0.00	0.00	0.00	34.60	34.38
Outpatient Operations	0	0	0	344	8,832	8,952	8,026	316	0	0	0	0	0	26,470	21,276
BABIES															
Number of live births	0	0	1,790	0	2,858	2,126	3,160	665	0	0	0	0	0	10,599	10,657
Bed Days of newly born babies	0	0	4,624	0	6,822	4,637	7,359	1,673	0	0	0	0	0	25,115	25,664
Adjustment for A.D.A.	0.0	0.0	6.3	0.0	9.3	6.3	10.1	2.3	0.0	0.0	0.0	0.0	0.0	34.3	35.2
OUTPATIENTS															
Occurrences of Service	0	158,479	395,331	86,483	345,461	330,007	737,237	79,347	836	11,585	0	35,814	3,669	2,184,249	2,046,308
Adjustment for A.D.A.	0.0	43.3	108.0	23.6	94.4	90.2	201.4	21.7	0.2	3.2	0.0	9.8	1.0	596.8	560.6
AVERAGES															
Daily Average of inpatients	66.2	0.0	315.7	21.5	201.0	134.6	508.6	54.7	98.3	63.7	93.8	21.7	0.0	1,579.8	1,565.4
Adjustment for babies and outpatients	0.0	43.3	114.3	23.6	103.7	96.5	211.5	24.0	0.2	3.2	0.0	9.8	1.0	631.1	595.8
Adjusted daily average (A.D.A.)	66.2	43.3	430.1	45.2	304.7	231.1	720.0	78.6	98.6	66.9	93.8	31.4	1.0	2,210.9	2,161.2
Average stay of inpatients (days)	341.0	0.0	4.5	3.7	3.2	3.3	3.9	2.9	359.9	11.6	369.1	5.4	0.0	4.6	4.5
Bed Occupancy rate (%)	77.3	0.0	85.6	97.2	83.2	73.2	95.2	80.4	98.3	89.8	99.8	82.0	0.0	88.0	87.9
Average cost per bed day	\$0.00	\$0.00	\$790.37	\$1,303.41	\$791.60	\$832.99	\$1,059.17	\$813.42	\$144.94	\$457.06	\$136.22	\$477.53	\$0.00	\$763.66	\$747.98
STAFFING DETAILS															
Nursing	0	32.6	666.9	71.6	471.1	373.1	1,122.8	129.4	53.1	84.5	40.8	44.7	0.0	3,080.5	3,056.6
Medical and Support Services	0	388.1	295.6	46.9	266.7	150.8	703.1	35.3	2.1	56.3	28.3	3.9	5.2	1,992.1	1,993.0
Other	0	324.8	331.3	40.8	182.9	151.3	609.0	75.1	29.2	29.6	9.9	17.3	0.0	1,801.3	1,785.2
Total Staff Employed as at 30 June	0	755.5	1,293.8	159.3	920.7	675.1	2,434.8	239.8	84.4	170.4	79.0	65.9	5.2	6,883.8	6,834.8
Average staff numbers for 12 months	0	743.4	1,295.4	168.8	883.4	662.3	2,409.0	232.3	85.2	170.4	79.0	63.9	5.2	6,798.3	6,747.5
Admissions per hospital staff	n/a	0.0	20.4	13.2	27.1	24.5	20.6	31.1	0.9	11.7	1.2	22.2	n/a	19.1	19.4
Occurrences of service per staff	n/a	209.8	305.6	543.0	375.2	488.8	302.8	331.0	9.9	68.0	0.0	543.6	n/a	317.3	299.4
REVENUE ANALYSIS															
% Chargeable Patients	n/a	n/a	15.4	14.8	10.7	7.0	13.4	16.9	100.0	16.3	100.0	15.5	n/a	23.7	23.3
Collection Rate (Inpatients)	n/a	n/a	96.1	100.1	94.3	104.8	90.0	97.5	102.2	100.0	100.0	100.0	n/a	94.9	95.8
Debtors days outstanding (Inpatients)	n/a	n/a	137	130	101	108	153	86	2	0	0	0	n/a	192	165



**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



-  Hospitals
-  Area Health Administration