



South Western Sydney Area Health Service 2000/2001 Annual Report

ANNUAL GENERAL MEETING

South Western Sydney Area Health Service's 13th Annual General Meeting will commence at 3pm on Friday, 16 November 2001 at the Campbelltown Catholic Club, 20-22 Camden Road, Campbelltown.

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.

PRODUCTION

This Annual Report has been designed and printed in accordance with the New South Wales Government's guidelines, which emphasise cost effectiveness. Cost \$4.08 each (2000 units)

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

South Western Sydney Area Health Service Annual Report for the Year Ended 30 June 2001

South Western Sydney Area Health Service's purpose is to provide Better Health, Good Health Care for the people of the Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly local government areas.

Letter of Submission to Minister

31 October 2001
Hon. Craig Knowles MP
Minister for Health
Parliament of NSW
Macquarie Street
Sydney 2000

Dear Mr Knowles

We have pleasure in submitting the South Western Sydney Area Health Service 2000/2001 Annual Report, including statements for the financial year ended 30 June 2001 as certified by the Auditor-General of New South Wales.

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

Grahame Bush OAM
Chairperson

Ian Southwell
Chief Executive Officer

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- *Following the audited financial information between pages 21 and 56 SWSAHS has provided further un-audited information to assist in the understanding of our operations*

HIGHLIGHTS

- New Children's Ward Opened at Campbelltown Hospital
- Redevelopment of Camden Hospital commenced
- Stage Two of Campbelltown Hospital commenced
- Clinical Council established in order to increase clinician involvement in decision making
- First year of three-year funding cycle which will see \$42 million, in real terms, added to the previous annual funding levels
- SWSAHS Aboriginal Health Strategic Plan 2001 –2006 adopted by Board
- Day surgery rate increased to 60% of all surgery
- Reached agreements with Central Sydney and South Eastern Sydney area health services to start reversing patient flows out of South Western Sydney, thereby providing greater equity of access to the people of our community
- Adopted a community engagement policy to include community participants in decision making processes
- Progressed Shared Care and Information Exchange programs with General Practitioners
- Introduced a target program of case management and self care for chronic disease sufferers

BRIEF ACTIVITY STATISTICS

Total Admissions	133,258
Daily average In-patients	1,610
Average Bed Occupancy Rate	88%
Outpatients (Occasions of Service)	1,832,210
Babies Born	10,416
Total Staff (At 30 June 2001)	6,986
Total Government Funding (\$)	597,633 million

(Comprehensive Activity Statistics on Page 55)

REPORT OF THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER

The South West of Sydney is a vibrant community, which is expanding faster than any other in New South Wales.

It is our pleasure to present this Annual Report to the Minister for Health and to the people of South Western Sydney and to be able to state that health services are continuing to develop rapidly to meet the challenges our community faces.

South Western Sydney Area Health Service (SWSAHS) has completed the first year of operation under the new three- year budget cycle introduced by the New South Wales Government as a result of the 2000 Health Council Report.

The three-year cycle gives our organisation significantly greater ability to plan on a medium-term basis. The NSW Government has provided enhancement money to increase SWSAHS's base funding by \$42 million in real terms over the three years to 2002/2003.

This commitment has allowed us to plan much-needed improvements to existing services and development of new services, in order to further improve the health outcomes for our communities.

The Area continues to implement the recommendations of the 2000 Health Council Report and Government Action Plan for health. The recently released report of the Greater Metropolitan Services Implementation Group is a positive move in ensuring that the Health Council's priorities are advanced.

PURPOSE

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

In order to achieve that purpose SWSAHS has established seven key challenges, designed to build the effectiveness of our services. Those challenges are:-

- ◆ Working with our community and staff to develop a shared sense of responsibility and direction
- ◆ Working in partnership with other agencies to improve health
- ◆ Ensuring that people in South Western Sydney access health services according to need
- ◆ Making the best use of, and fairly allocating, existing and new resources
- ◆ Developing effective and efficient health services which focus on improved health outcomes

- ◆ Attracting, developing and retaining the best staff
- ◆ Becoming a learning and teaching organisation

Each of our performance agreement targets with the Department of Health is aimed at meeting one or more of those challenges.

PROGRAM FUNDING

Funding provided to individual health programs has been expended in accordance with program objectives. Comparison between the two financial years indicates a change in service delivery patterns and improved information systems. The Population Health Program included in 1999/2000, one-off capital expenditure not repeated in 2000/2001.

PERFORMANCE AGREEMENT

During the 2000/2001 year SWSAHS achieved 90% of its Health Department performance agreement targets in full. Six percent of targets were substantially achieved and a further three percent were affected by factors outside SWSAHS's control. Only one percent of our targets were not achieved.

The highlights of the organisation's achievements in the 2000/2001 financial year against our performance agreement targets are set out below.

They are set out under our seven key challenges to illustrate the relationship between SWSAHS's organisational goals and our performance agreement with the Department of Health.-

CHALLENGE ONE: WORKING WITH OUR COMMUNITY AND STAFF TO DEVELOP A SHARED SENSE OF RESPONSIBILITY AND DIRECTION

CLINICAL INPUT

As the recommendations of the 2000 Health Council report are implemented, a key to ensuring strong decision making is involvement of clinicians in that process.

During the year SWSAHS established the Clinical Council which includes the Board of Directors, Clinical Directors and Senior Executive. This council has become a key decision-making body within SWSAHS and reports directly to the full Board of Directors.

It was this group which prioritised expenditure of enhancement money for the coming 2001/2002 financial year in order to achieve the greatest overall benefit for the people of South Western Sydney.

The role of the Clinical Council will continue to grow

as we develop an inclusive approach to planning and decision-making in our health services and establish further quality improvement practices.

ADVISORY COMMITTEES

SWSAHS has a series of clinical advisory committees to develop best practice in specialist areas.

Examples of their work are increasingly evident in SWSAHS's progress. One of the most visible results has been the implementation of Chest Pain Management Guidelines in emergency departments.

Chest pain is one of the most common causes for emergency presentation in South Western Sydney and the introduction of the guidelines has already been shown to improve the appropriateness of decision-making in the treatment process.

The inclusive way in which the guidelines have been developed and implemented has been a major factor in their success. They have been chosen as a finalist in the 2001 NSW Baxter Health Awards.

The SWSAHS Diabetes Advisory Committee has produced a strategic plan for management of the disease in the area and commenced implementation of the plan.

The SWSAHS Respiratory Diseases and Asthma Advisory committees have developed a structured asthma care program in Fairfield and Liverpool to support the dissemination of clinical management guidelines for asthma. The program involves 26 General Practitioners and 104 patients and will expand over time. All emergency departments have protocols for managing acute asthma.

COMMUNITY INVOLVEMENT

Equally as important for the future of health services in South Western Sydney, is the involvement of its community in the decision-making processes.

This is one of the major priorities of the organisation's corporate activities. A Community Participation Manager has been appointed for the Area and has undertaken an audit of the mechanisms currently in place within SWSAHS for community participation.

In many cases, individual service groups have developed community and consumer participation to a very high level but they have not been developed on an area-wide basis.

SWSAHS is working to ensure that best practice is identified and extended across the Area.

AREA HEALTH PLAN

The Area has in place the SWSAHS Strategic Directions Statement and Implementation Plan 1998-2003.

Good progress is being made towards reaching the goals set out in that plan. It is to be updated to take into account the directions set out since 1998 by the Health Council Report, the Government's Action Plan for Health and the Report of the Greater Metropolitan Services Implementation Group. These are all key documents to be considered in strategies developed by the Area.

CHALLENGE TWO: WORKING IN PARTNERSHIP WITH OTHER AGENCIES TO IMPROVE HEALTH

CHRONIC CARE

SWSAHS's chronic and complex care framework for cancer, cardiovascular disease and respiratory illness has been established.

Recruitment for all programs was well under way by the end of the financial year.

WORKING TOGETHER WITH GPs

SWSAHS has strong and growing relationships with the Divisions of General Practice. The Area has joint agreements with every Division in South Western Sydney and reviews are undertaken annually.

GP representatives are on a number of the Area's advisory committees to ensure a co-ordinated approach to improving services.

All SWSAHS sectors have established Shared Care programs to improve secondary prevention for patients following admission with cardiac disease.

Successful work is being undertaken to increase the number of GPs involved with the Divisional Diabetes Registers. By June 2001, 309 GPs and 4,234 patients were involved with the registers, compared to just 217 GPs and 2,986 patients in June 1999.

The Stay Safe, Stay Active project was conducted during the year in conjunction with 22 GPs and 80 clients.

FAMILIES FIRST

There has been strong progress in developing this program. Families First is a NSW Government program aimed at ensuring all mothers and babies have access to appropriate health care and social support services.

It requires a high level of co-ordination between government departments. SWSAHS has been concentrating on developing services and service structures. Education sessions have been held for General Practitioners involved in the program.

Inter-departmental Families First committees are meeting in each of our sectors and are developing local business plans for their local areas.

CHALLENGE THREE: ENSURING THAT PEOPLE IN SOUTH WESTERN SYDNEY ACCESS HEALTH SERVICES ACCORDING TO NEED

CROSS AREA PATIENT FLOWS

The flow of patients to other area health services has been a major focus for SWSAHS as it builds services in the South West of Sydney in order to cope with its rapidly growing population.

SWSAHS supports the Greater Metropolitan Services Implementation Group's emphasis on networking and budget-holding in order to provide key services close to people's homes.

We have taken a proactive role in the management of cross-area flows and have initiated budget-holding agreements with Central Sydney Area Health Service and South Eastern Sydney Area Health Service. Others will follow.

The initial results of this work will be seen in the 2001/2002 financial year

INTENSIVE CARE NETWORKING

There was a significant decrease in the number of patient transfers during the 2000/2001 - 113 in total, which was 35.45 percent less than the previous year.

There was also a 16.67 percent drop in the number of intensive care patients transferred out of the area because of a lack beds- 34 patients.

The introduction of an extra intensive care bed at Liverpool Hospital shortly after the end of the financial year, brought the increase in intensive care beds at Liverpool Hospital to four in 24 months.

An extra intensive care bed was also commissioned at Bankstown-Lidcombe Hospital.

These developments combined with the Inter-hospital transfer guidelines in cases of trauma developed and introduced by the SWSAHS Injury Advisory Committee ensure a greater level of access to intensive care facilities for the people from the South West of Sydney.

EMERGENCY DEPARTMENT TARGETS

SWSAHS continues to put in place strategies to meet the Triage and Access Block targets set by the NSW Department of Health.

Enhancement funding of \$1.2 million was allocated to improving Emergency Department services.

SWSAHS hospitals continued to meet targets for the treatment of Triage One and Two patients (the most critically ill patients) and was close to targets for other Triage groups.

This was in spite of a growth in the number of people attending Emergency Departments of 5.5 percent across the Area. Liverpool Hospital's Emergency Department, in fact, saw 7.1 percent more people than in the previous year.

SAME DAY BOOKED SURGERY

For the year ending 30 June 2001, NSW Health Services undertook to achieve a statewide target of 60% for same day booked surgery. All Health Services implemented programs aimed at achieving this target, with South Western Sydney Area Health Service's performance varying from 56.5% for 1999/2000 to 61% in 2000/2001.

Over the past five years hospitals have increasingly been replacing same day admissions with outpatient care. The most common procedures for which this is occurring include chemotherapy, sleep studies, endoscopies, cardiac catheterization, biopsies and colposcopies. Adjustment for this factor (estimated at around 783 admissions per year) increases the same day booked surgery percentages to 62% in the 2000/2001 year.

DISABILITY PLAN

A SWSAHS Disability Action Plan has been designed, incorporating the six priority areas for action required by the NSW Disability Policy Framework. The plan 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."

CHALLENGE FOUR: MAKING THE BEST USE OF, AND FAIRLY ALLOCATING, EXISTING AND NEW RESOURCES

CAMPBELLTOWN REDEVELOPMENT

SWSAHS continued to develop its critical asset base during the year, particularly in the Macarthur sector where a major redevelopment is under way under the Macarthur Plan.

Stage One of the Campbelltown Hospital redevelopment was completed when the Premier of New South Wales, The Hon. Bob Carr, opened the new paediatric ward.

Building work on Stage Two, the major part of the redevelopment, commenced during the year. Stage Two is expected to be completed by the end of 2002, six months ahead of plan.

The third stage of the redevelopment, the refurbishing of the existing main hospital block, will commence once Stage Two is up and running.

The redeveloped Campbelltown Hospital will provide

a far more comprehensive range of services and in much greater volume than at present.

New services will include renal services, cancer therapy and nuclear medicine.

It will have seven operating theatres, co-located with a new day surgery unit.

The cancer therapy was announced during the year as an addition to the original stage two plan and will cost \$13.8 million.

ADOLESCENT MENTAL HEALTH UNIT

A fast track addition to the Campbelltown Hospital was the adolescent mental health in-patient unit.

The Governor of New South Wales, Professor Marie Bashir, opened this purpose-built unit on October 31, 2001.

It offers 10 in-patient beds as well as day beds and out-patient services and is a major addition to the State's mental health facilities.

CAMDEN HOSPITAL

Construction work to redevelop Camden Hospital is complete. Services moved into the new hospital in October 2001. An official opening will be held at a later date.

The new hospital provides the people of Camden with an 84 bed facility comprising 12 maternity beds (including two nursery cots), 12 ambulatory care beds, 24 medical/surgical beds, six high dependency beds, 20 medical rehabilitation beds and 10 palliative care beds.

CHALLENGE FIVE: DEVELOPING EFFECTIVE AND EFFICIENT HEALTH SERVICES WHICH FOCUS ON IMPROVED HEALTH OUTCOMES

ABORIGINAL HEALTH

With approximately a quarter of Sydney's total indigenous population living in the South West, Aboriginal health is a priority for SWSAHS.

The Area has established an on-going partnership agreement with Tharawal. The Tharawal Partnership meets regularly.

The SWSAHS Aboriginal Health Strategic Plan for 2001 to 2006 was developed in co-operation with the Tharawal Aboriginal Medical Service. It was adopted by the Board of Directors in June 2001.

The plan emphasises the need to work in partnerships, address identified health priority issues, improve access and to show an organisational commitment to improving Aboriginal health.

The health priority areas it identifies are child and

youth health; mental health; drug and alcohol; diabetes; cardio-vascular health; infectious diseases and oral health.

SWSAHS has finalised an Aboriginal Employment Directions Statement and is monitoring the strategies laid out therein.

MENTAL HEALTH

Mental health services are a key focus. SWSAHS has achieved significant advances in mental health services during 2000/2001.

Shared care programs between SWSAHS's mental health services and Divisions of General Practice have been established in Bankstown, Liverpool and Fairfield. This is very much in line with the Government's plans to increase networking across health services to provide better co-ordinated care to patients and clients.

The working group for Mental Health Care in Emergency Departments recommended a more co-ordinated approach between emergency departments and mental health services. Formal points of contact have been established across the Area.

Much of SWSAHS's focus is on prevention, promotion and early intervention. With this in mind, perinatal psychosocial screening has been implemented in Macarthur and Liverpool and arrangements are under way to implement screening in the three other sectors.

Other initiatives include behavioural family interventions at day care and pre-school level. Depression prevention programs have been implemented in three schools. Early psychosis intervention programs for early adolescence have also been implemented.

A steering committee featuring wide representation from the mental health service and the Department of School Education has been established to ensure effective implementation of programs.

SWSAHS has also established an early intervention program in psychosis for people aged 15 to 25 years in the Liverpool, Bankstown, Macarthur and Fairfield health services.

The development of mental health facilities is continuing at a rapid rate. As well as the new adolescent facility at Campbelltown, SWSAHS has gained approval to plan and build a new mental health patient unit at Liverpool. It will include a much-needed 50-bed in-patient unit to replace the current 30-bed unit, out-patient, community and research facilities. Additionally, SWSAHS has received approval to proceed with planning and building a child and adolescent facility at Carramar.

CHALLENGE SIX: ATTRACTING, DEVELOPING AND RETAINING THE BEST STAFF

QUALITY FRAMEWORK

All SWSAHS's hospitals are quality accredited or are working towards accreditation and the Area administration is currently undertaking preparation for accreditation.

SWSAHS has developed a set of clinical and non-clinical key performance indicators in accordance with NSW Health Quality Branch guidelines.

The establishment of the SWSAHS Clinical Council is an important milestone in establishing a strong quality framework. The Council has determined resource priority and quality key performance indicators. The issue of Clinical Governance is being progressed.

SKILLED WORKFORCE

An implementation steering committee has been established to oversee SWSAHS's progress towards the targets set out in its Human Resources Strategic Plan 1999 - 2003.

A review of our human resources policies is well advanced and the plan has been substantially implemented.

Training and development programs for performance management, management development and change management have been developed or revised to reflect the application of management competencies. All programs are currently being either trialled or rolled out.

Occupational Health and Safety programs have received priority treatment during the year. SWSAHS achieved an average OHS numerical profile score of 61.74 percent, which represented a 5.15 percent increase on the previous year.

CHALLENGE SEVEN: BECOMING A LEARNING AND TEACHING ORGANISATION

TEACHING AND RESEARCH

A new clinical skills training centre has been funded and established.

During 2000/2001 an integrated community teaching program has been undertaken involving General Practice and specialty disciplines. Student performance is benchmarked against other clinical

schools and students are performing at a high level.

With the support of the Health Research Foundation, Sydney South West and the Ingham family through Ingham Enterprises, active biomedical and health service research is being done within the Area.

SWSAHS continues to strive for a major research facility, located in Liverpool, to be developed as soon as possible. This is vital to the development of high level clinical services through its attractiveness to suitably credentialed staff.

COMMUNITY SUPPORT

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

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

In addition our facilities have received substantial donations over the year, for which we are highly appreciative.

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

SUMMARY

Many initiatives to reform and improve the way services are provided have commenced during the 2000/2001 year. Many of them flow from the Health Council report and subsequent Ministerial and Departmental action.

We would like to place on record our appreciation to the Minister for his continued support and to the Director General of Health, Mick Reid, and his staff for their assistance during the year.

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

Mr Grahame Bush OAM
Chairperson

Mr Ian Southwell
Chief Executive

OUR AREA



South Western Sydney is a huge area that ranges from high-density urban areas to quite isolated rural areas in the more southerly parts of the area.

South Western Sydney Area Health Service has five operating sectors, which provide publicly funded hospital and community based health services. Those sectors are:- Bankstown Health Service, Fairfield Health Service, Liverpool Health Service, Macarthur Health Service and Wingecarribee Health Service.

Major hospitals are located at Bankstown (Bankstown-Lidcombe Hospital), Fairfield, Liverpool, Campbelltown, Camden and Bowral. Both Campbelltown and Camden hospitals are operated by Macarthur Health Service and Bowral Hospital is operated by Wingecarribee Health Service.

Liverpool Hospital is the major tertiary referral centre for South Western Sydney. The Area administration is also centred on the Liverpool Hospital campus.

As well there are facilities for the aged at Picton, (Queen Victoria Memorial) and Camden (Carrington Centennial). Karitane's services for mothers and babies are centred at Fairfield. Braeside Hospital provides services in rehabilitation, geriatrics and palliative care and is sited at Fairfield.

As well, SWSAHS delivers community based services throughout the region, many of them from community health centres, which are listed in the Directory at the rear of this document.

CORPORATE GOVERNANCE

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

THE AREA HEALTH SERVICE BOARD

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

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

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

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

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

BOARD MEMBERS

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

The Chair of the Board of Directors is appointed by the Minister. The Chief Executive Officer is appointed by the Governor of NSW for a period not exceeding five years. The Board, including the Chairperson and the Chief Executive Officer, shall consist of not less than nine and no more than 12 Directors.

There were 11 Board meetings during 2000/2001 and the attendances are as shown.

The members of the SWSAHS Board are:-

Chairperson

Mr Grahame Bush OAM

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

- Past Director and Chairman, Macarthur Health Service.
- Past 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: Eight

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: 11

Dr Betty Andersen AO, DSc, 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. Completed term July 31, 2000.
- General Practitioner.
- Chairperson from 1996, Multicultural Advisory Committee.
- Number of Board Meetings Attended: 0

Mr Brenton Banfield

- ◆ Director from 31 July 2000. Appointed to July 31, 2004.
- ◆ Former member of the Campbelltown Hospital Board (1983 - 1987)
- ◆ Campbelltown City Councillor since 1991
- ◆ Deputy Mayor of Campbelltown
- ◆ Number of Board Meetings attended: 9

Mr John Delaney

- Kamillaroi Elder
- Director from 1998. Appointed to June 30, 2002.
- Foundation Member of the Waterside

Workers Federation's Aboriginal Development Committee.

- Member of Tharawal Aboriginal Corporation.
- Member of the Aboriginal Employment and Training Branch of DEET.
- 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.
 - Number of Board Meetings Attended: 1

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: 10

Mr Roy Medich OAM, CLO, JP

- Director from July 1998. Appointed to June 30, 2002.
- Managing Director of the Medich Group of Companies.
- Chairman of the Health Research Foundation Sydney South West.
- Member of The Greater Western Sydney Economic Development Board.
- Chairman of the 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.
- Chairman, Health Research Foundation, Sydney South West.
- Number of Board Meetings attended: 9

Mrs Leanne Russell RN BHM

- Staff Elected Board Member.
- Director from July 1997. Completed term July 2000.

- Number of Board Meetings attended: 0

Ms Irene Hing RN

- ◆ Staff Elected Board Member
- ◆ Director from 31 July 2000. Appointed to July 31, 2001.
- ◆ Number of Board meetings attended: 9

Councillor Alex Sanchez

- 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: 10

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

RESOURCES AVAILABLE TO THE BOARD

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

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

STRATEGIC DIRECTION

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

CODE OF ETHICAL BEHAVIOUR

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

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

RISK MANAGEMENT

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

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

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

COMMITTEE STRUCTURE

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

CLINICAL COUNCIL

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

AUDIT COMMITTEE

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

The Audit Committee meets four times per year. Its terms of reference are to:

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

MANAGEMENT OF RESOURCES COMMITTEE

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

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

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

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

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

PERFORMANCE APPRAISAL

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

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

Senior Executive Team

CHIEF EXECUTIVE OFFICER
Mr Ian Southwell BSC, MHA

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

DIRECTOR, HEALTH SYSTEM REFORM
Dr Colin MacArthur

DIRECTOR, BUSINESS SERVICES
Mr Craig Turner

DIRECTOR, DIVISION OF PLANNING
Mr Tim Wills BA MA

**DIRECTOR, DIVISION OF POPULATION
HEALTH**
Associate Professor Jeanette Ward

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

DIRECTOR, FINANCIAL SERVICES
Mr Damien Israel B.Bus, ADip HA, AFCHSE CHE

DIRECTOR, INTERNAL AUDIT
Mr Tom Breen

DIRECTOR, NURSING & CLINICAL SERVICES
Miss Helen Edwards RM, CM, COTM, B Admin
(Nursing), FCN, ACHSE (Retired December 2000)

Ms Rosemary Chester (commenced January
2001)

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

DIRECTOR, PHYSICAL RESOURCES
Mr Keith Hornshaw B'Arch

PROJECT UPDATE

SWSAHS's major capital projects include those outlined below.-

	Total Project Budget \$'000	Cost To 30 June 2001 \$'000	Completion Date
Campbelltown Hospital Redevelopment	79,167	38,654	Feb, 2004
Camden Hospital Redevelopment	23,500	23,478	Nov, 2001
Campbelltown Adolescent Mental Health	3,200	2,247	Oct, 2001
Macarthur Strategy – Linear Accelerator	13,800	2,317	Nov, 2003
Patient Management (Information Technology System)	13,649	10,604	Nov, 2001

Campbelltown Hospital Redevelopment – Three stage redevelopment of current hospital from 180 bed Level 3 service to a 300 bed Level 5-6 service.

Camden Hospital Redevelopment – Replacement of existing hospital facilities with new hospital, incorporating increased palliative care facilities, ambulatory care and aged care facilities. Operational as of October 2001.

Campbelltown Adolescent Mental Health Unit – Construction of a 10 bed in-patient unit for 12 to 18-year-olds with 10 day beds and out-patient facilities. Now operational.

Macarthur Strategy – Linear Accelerator – Additional work to Campbelltown Hospital Redevelopment required to provide a cancer therapy service.

Patient Management System – Integrated area-wide patient information system designed to replace aging existing system and provide quicker, more extensive information for clinicians. This is an Information Technology project which has been rolled out progressively through all South Western Sydney hospitals. Process now complete.

SENIOR EXECUTIVE PERFORMANCE

MR IAN SOUTHWELL
CHIEF EXECUTIVE OFFICER

Strategic Initiatives

SWSAHS established a Clinical Council and representatives have determined resource priorities and quality Key Performance Indicators.

The SWSAHS Miller Innovative Health Partnership Program won a NSW Health Care Award for quality and innovation, the Baxter Better Health, Good Health Care Award for its ability to provide improved health services to the Miller community.

Government Action Plan initiatives are well advanced.

The SWSAHS Drug & Alcohol Plan 2000-2003 was endorsed by the Board in February 2001 and has been distributed.

SWSAHS has taken a proactive role in the management of cross-Area patient flows and has initiated agreements with Central Sydney Area Health Service and South Eastern Sydney Area Health Service.

The SWSAHS Board endorsed the Area Community Engagement Policy developed in collaboration with appropriate stakeholders.

The SWSAHS Aboriginal Health Strategic Plan 2001-2006, was developed in consultation with Tharawal and endorsed by the SWSAHS Board in June 2001.

Management Accountabilities

The SWSAHS Chronic & Complex Care framework has been established, including agreed management and clinical governance models.

Intra-Area networking opportunities have been implemented consistent with the Area Operations Plan.

Implementation of the SWSAHS Research & Development Plan has commenced.

MR COLIN FROUD
DEPUTY CHIEF EXECUTIVE OFFICER

Strategic Initiatives

The Project Definition Plan for the Carramar redevelopment was approved - total project cost of \$3.366 million

A Procurement Feasibility Plan for Research Services was completed and submitted to the NSW Department of Health in October 2000 - estimated project cost of \$21 million.

A Procurement Feasibility Plan for Mental Health Services at Liverpool was completed in January 2001 (now endorsed by Minister) - Project proceeding at cost of \$23.757 million.

A tender to the Commonwealth for a MRI scanner to be installed at Liverpool was completed - estimated project cost in the order of \$5 million.

A Development Control Plan for Liverpool Hospital campus was completed.

Management Accountabilities

SWSAHS achieved a strong operational performance with: -

- ◆ Budget and benchmark costs met.
- ◆ A 0.40% favourability to target for admissions, with a 1.56% increase to 1999/00 activity
- ◆ Triage and access block targets achieved
- ◆ Elective surgery performed on a same day basis targets met, consistent with the rates and procedures identified in the 'Same Day Surgery' Policy

RESEARCH

HEALTH RESEARCH FOUNDATION SYDNEY SOUTH WEST

The Health Research Foundation – Sydney South West is increasingly becoming known for its leadership in developing and supporting medical research in South Western Sydney.

During the year the Foundation called, assessed and awarded Round Six Grants and called and assessed Round Seven Grants. The Foundation was greatly assisted by members of the Scientific Committee who gave their time and expertise to the assessment process.

Nine grants were awarded for research projects and PhD scholarships to a total of \$137,583.

The Health Research Foundation Sydney South West held its third Annual General Meeting on 9th October 2001. In compliance with Corporations Law the third Annual Report and full audited accounts were presented at this meeting. The third Annual Return was lodged with the Australian Securities and Investments Commission and is available on the South Western Sydney Area Health Service web site.

The Health Research Foundation Sydney South West Fundraising Committee, in partnership with community and business leaders within South Western Sydney continues to sustain improvement to health and medical research within the South Western Sydney Area Health Service.

The Foundation has actively sought the support of the South Western Sydney community through its 'community leaders program' in order to develop a strong network and support base for the Foundation. This year as a major component of the program, community leaders were invited to undertake visits and tours of the research facilities within SWSAHS.

The Health Research Foundation's signature fundraising event is the annual dinner dance attended by some 650 guests and supporters. In the last two years the Foundation has raised \$1.117 million in funding. This includes the New South Wales Government's commitment to match all funds raised by the Foundation, dollar for dollar.

The Ingham family also pledged \$500,000 over five years, which will also be matched dollar for dollar by the New South Wales Government.

Further plans for the establishment of the Ingham Institute for Health and Medical Research and for a proposed SWSAHS Research Centre to be based at Liverpool Hospital are under way. In September

2000, Rice Daubney Consultants were engaged to develop a Procurement Feasibility Plan and Economic Appraisal. These have subsequently been submitted to the Department of Health.

The Grant Allocation Policies, Procedures and Assessment Guidelines underpin the principles, process and standards of the allocation process. The current policies and guidelines have been extensively reviewed to ensure that procedures are aligned with other external granting bodies as well as maintaining appropriate scientific and research methodology standards expected of world class health and medical research.

With the establishment of the Research Training Committee, needs and resource analyses on research training have been progressed and teaching modules developed. In partnership with other research organisations, the Committee has moved towards implementing these research training modules.

INVOLVEMENT IN RESEARCH

The following groups have been 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
- ◆ 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 undertaken during the year are set out on Pages 68 and 69.

■ OUR COMMUNITY

The community served by 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. Approximately 12.5% of New South Wales' population will live in the SWSAHS district by 2006, making SWSAHS the most populous Health Service in the state.

Nearly one in every four people in South Western Sydney is aged between 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 New South Wales, 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 the state. Some local government areas have even higher rates, with 53% of people living in the Fairfield Local Government Area born overseas. About 37.5% of the population speaks 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 receiving welfare are high in South Western Sydney.

Circulatory disease and cancer are the major causes of death for people living in South Western Sydney. However, for children aged 0-14 years, accidents are the main cause of death. Acute myocardial infarction (heart attack) was the principal individual cause of death for both men and women. Injury and poisoning were the most important contributors to premature death.

The main causes of hospitalisation for males in South Western Sydney are diseases of the digestive system, injury/poisoning and circulatory disorders. For females, the main causes are pregnancy complications, diseases of the digestive and genitourinary systems.

Health priority areas for South Western Sydney include coronary heart disease, cancer, diabetes, stroke, injury, mental health, blood borne viruses, asthma and drug and alcohol. Population priorities are towards children, Aboriginal and Torres Strait Islander people, and people from a non English speaking background people.

■ 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.

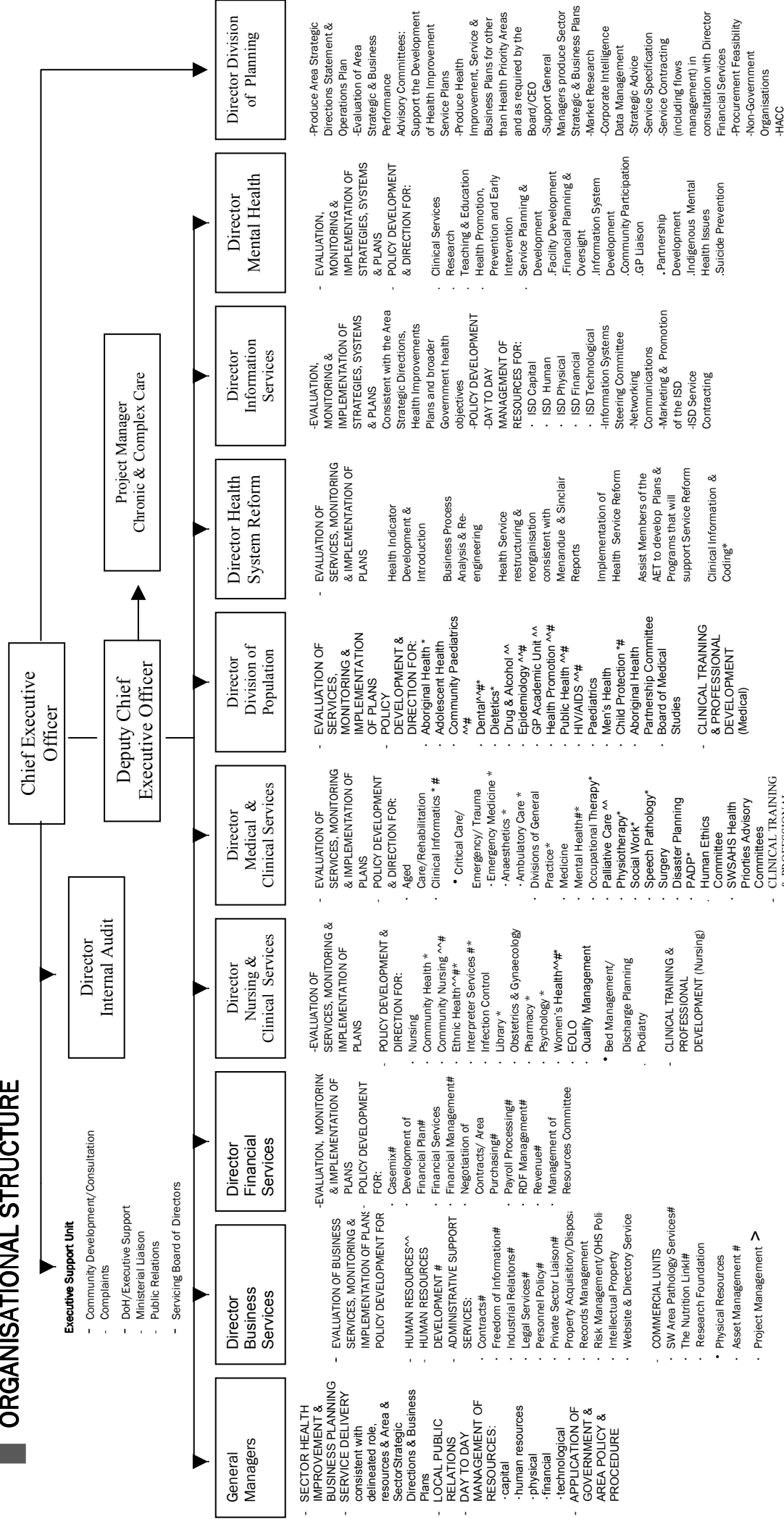
As a private patient you may choose your doctor from those on the staff of the hospital, except in emergencies.

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.

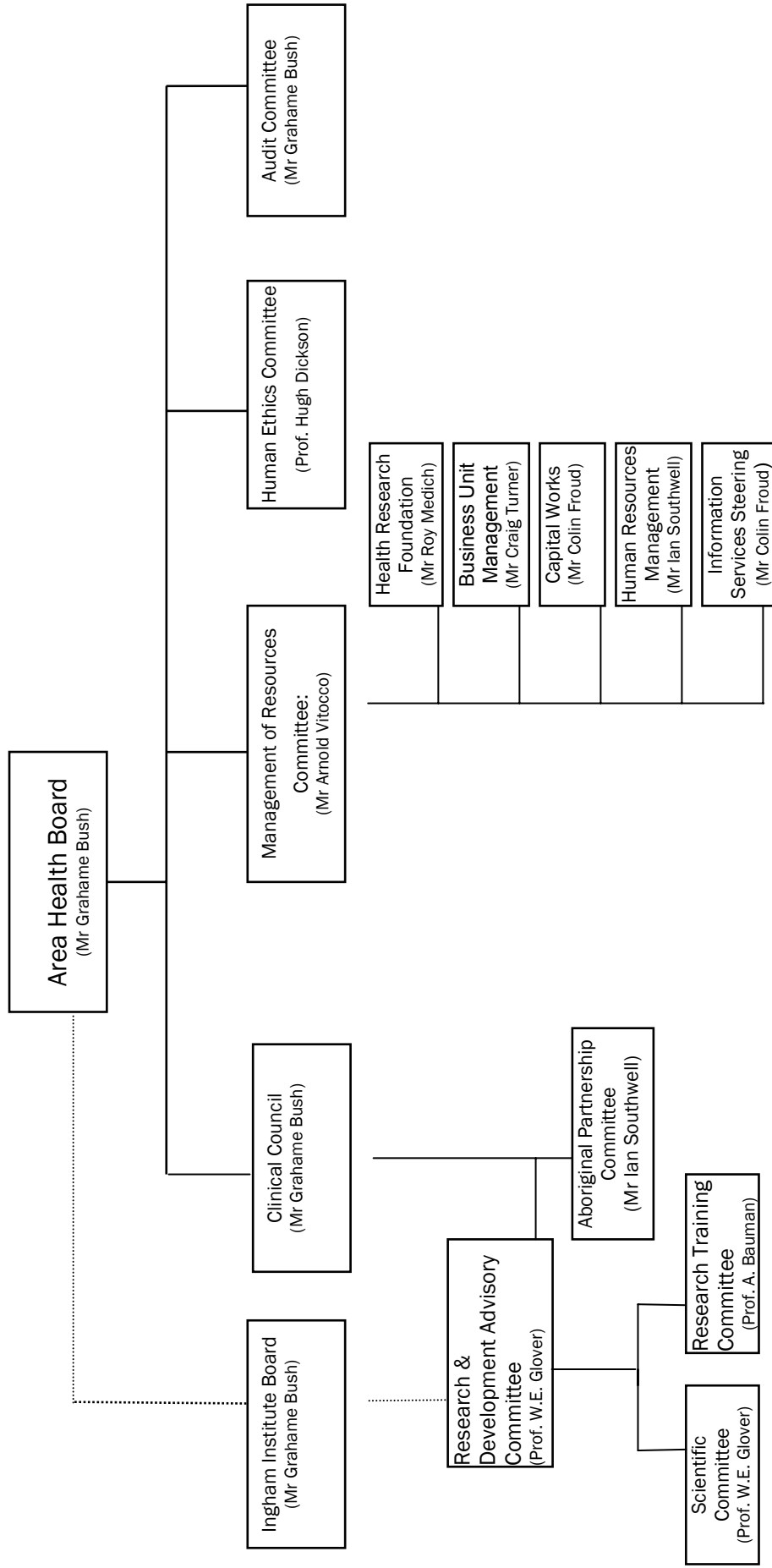
Access to qualified interpreters is available if required.

ORGANISATIONAL STRUCTURE



* indicates Area Advisers exist
 ^^ indicates Adviser/Coordinator/Director position with line responsibility to the Clinical Director
 # Indicates the services provided by these Units are across the whole of the Organisation

AREA HEALTH BOARD AND SUB-COMMITTEES





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 2001. The financial report includes the consolidated financial statements 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 Members of the Board are responsible for the financial report consisting of the statements of financial position, statements of financial performance, statements 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 Members of the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* (the PFSA Act) and the *Charitable Fundraising Act 1991* (the CF Act). My responsibility does not extend 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 PFSA Act and Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. I have also performed procedures, including obtaining an understanding of the internal control structure for fundraising appeal activities, and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the CF Act.

These procedures have been undertaken to form an opinion:

- (a) whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the PFSA 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; and
- (b) on the matters required by section 24(2) of the CF Act.

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

Audit Opinion

In my opinion, the financial report of the South Western Sydney Area Health Service complies with section 45E of the PFSA 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 2001 and the results of their operations and their cash flows for the year then ended.

Audit Report Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

- 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 2001;
- 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 CF Act;
- iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act; and
- iv) there are reasonable grounds to believe that the South Western Sydney Area Health Service 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)

SYDNEY
13 September 2001

**The South Western Sydney Area Health Service
Financial Statements for the Year Ended 30th June 2001**

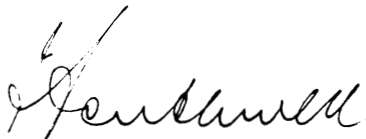
Certification of Financial Statements

The attached financial statements of the South Western Sydney Area Health Service for the year ended 30 June 2001

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

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

- ii) present fairly the financial position and transactions of the health organisation; 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



Mr. Arnold Vitocco
Chairperson
Management of Resources Committee

Date: 10/9/01

Date: 10/9/01

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE
Statement of Financial Performance for the year ended 30 June 2001

	Notes	PARENT			CONSOLIDATED		
		Actual	Budget	Actual	Actual	Budget	Actual
		2001 \$000	2001 \$000	2000 \$000	2001 \$000	2001 \$000	2000 \$000
Expenses							
Operating Expenses							
Employee Related	3	391,859	400,285	374,763	392,058	400,285	374,916
Visiting Medical Officers		27,362	26,648	27,087	27,361	26,648	27,087
Goods and Services	4	192,780	189,585	180,890	192,838	189,585	180,956
Maintenance	5	18,506	16,865	19,236	18,504	16,865	19,238
Depreciation and Amortisation	2(k), 6	23,226	25,000	24,453	23,227	25,000	24,455
Grants and Subsidies	7	6,049	4,874	5,432	5,453	4,874	4,784
Payments to Affiliated Health Organisations	8	14,403	14,403	14,293	14,403	14,403	14,293
Total Expenses		674,185	677,660	646,154	673,844	677,660	645,729
Revenues							
Sale of Goods and Services	9	75,421	74,854	72,347	75,421	74,854	72,347
Investment Income	10	2,584	1,300	2,817	2,858	1,300	3,070
Grants and Contributions	11	10,914	2,438	17,908	10,900	2,438	17,233
Other Revenue	12	2,161	3,400	566	2,256	3,400	566
Total Revenues		91,080	81,992	93,638	91,435	81,992	93,216
Gain/(Loss) on Disposal of Non Current Assets	13	344	705	(43)	344	705	(43)
NET COST OF SERVICES	27,32	582,761	594,963	552,559	582,065	594,963	552,556
Government Contributions							
NSW Health Department							
Recurrent Allocations	2(a)	540,523	540,523	500,914	540,523	540,523	500,914
NSW Health Department							
Capital Allocations	2(a)	32,258	32,978	14,246	32,258	32,978	14,246
Acceptance by the Crown Entity							
of Superannuation Liability	2(c)	24,852	24,678	24,018	24,865	24,678	24,018
Total Government Contributions		597,633	598,179	539,178	597,646	598,179	539,178
RESULT FOR THE YEAR							
FROM ORDINARY ACTIVITIES	27	14,872	3,216	(13,381)	15,581	3,216	(13,378)
Non-Owner Transaction Changes in Equity							
Net increase in Asset Revaluation Reserve		98,273	0	0	98,273	0	0
Total Revenues, Expenses and Valuation Adjustments							
Recognised Directly in Equity		98,273	0	0	98,273	0	0
TOTAL CHANGES IN EQUITY OTHER THAN THOSE							
RESULTING FROM TRANSACTIONS WITH							
OWNERS AS OWNERS		113,145	3,216	(13,381)	113,854	3,216	(13,378)

The accompanying notes form part of these Financial Statements

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE
Statement of Financial Position as at 30 June 2001

	Note	PARENT			CONSOLIDATED		
		Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000	Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000
ASSETS							
Current Assets							
Cash	16	6,147	1,148	7,006	6,759	1,148	7,215
Receivables	18	13,779	11,349	10,007	13,779	11,349	10,007
Inventories	19	2,829	3,006	3,006	2,829	3,006	3,006
Other Financial Assets	17	26,192	31,019	23,819	30,033	31,019	27,332
Total Current Assets		48,947	46,522	43,838	53,400	46,522	47,560
Non-Current Assets							
Property, Plant and Equipment							
- Land and Buildings	20	604,805	494,278	474,176	604,805	494,278	474,176
- Plant and Equipment	20	33,757	38,247	39,143	33,769	38,247	39,157
Total Property, Plant and Equipment		638,562	532,525	513,319	638,574	532,525	513,333
Receivables	18	1,935	1,935	1,980	1,935	1,935	1,980
Other	21	6,295	6,801	5,301	6,295	6,801	5,301
Total Non-Current Assets		646,792	541,261	520,600	646,804	541,261	520,614
Total Assets		695,739	587,783	564,438	700,204	587,783	568,174
LIABILITIES							
Current Liabilities							
Payables	23	29,152	21,682	20,530	29,164	21,682	20,533
Interest Bearing Liabilities	24	1,863	7,302	0	1,863	7,302	0
Employee Entitlements and Other Provisions	25	57,071	60,955	53,097	57,091	60,955	53,110
Other	26	244	915	723	244	915	723
Total Current Liabilities		88,330	90,854	74,350	88,362	90,854	74,366
Non-Current Liabilities							
Employee Entitlements and Other Provisions	25	45,184	40,932	40,914	45,207	40,932	40,933
Other	26	0	0	94	0	0	94
Total Non-Current Liabilities		45,184	40,932	41,008	45,207	40,932	41,027
Total Liabilities		133,514	131,786	115,358	133,569	131,786	115,393
Net Assets		562,225	455,997	449,080	566,635	455,997	452,781
EQUITY							
Reserves	27	120,474	22,201	22,201	120,474	22,201	22,201
Accumulated Funds	27	441,751	433,796	426,879	446,161	433,796	430,580
Total Equity		562,225	455,997	449,080	566,635	455,997	452,781

The accompanying notes form part of these Financial Statements

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE
Statement of Cash Flows for the year ended 30 June 2001

	Notes	PARENT			CONSOLIDATED		
		Actual	Budget	Actual	Actual	Budget	Actual
		2001 \$000	2001 \$000	2000 \$000	2001 \$000	2001 \$000	2000 \$000
CASH FLOWS FROM OPERATING ACTIVITIES							
Payments							
Employee Related		(360,054)	(367,363)	(340,895)	(360,227)	(367,363)	(341,043)
Grants and Subsidies		(6,544)	(4,874)	(5,432)	(5,949)	(4,874)	(4,784)
Other		(186,860)	(161,972)	(239,739)	(186,954)	(161,972)	(239,811)
Total Payments		(553,458)	(534,209)	(586,066)	(553,130)	(534,209)	(585,638)
Receipts							
Sale of Goods and Services		49,514	44,200	72,025	49,522	44,200	72,025
Interest Received		2,584	1,300	2,817	2,858	1,300	3,070
Other		31,412	5,838	16,937	31,533	5,838	16,262
Total Receipts		83,510	51,338	91,779	83,913	51,338	91,357
Cash Flows From Government							
NSW Health Department Recurrent Allocations		482,946	485,152	509,539	482,946	485,152	509,539
NSW Health Department Capital Allocations		31,896	32,978	16,274	31,896	32,978	16,274
Net Cash Flows from Government		514,842	518,130	525,813	514,842	518,130	525,813
NET CASH FLOWS FROM OPERATING ACTIVITIES	32	44,894	35,259	31,526	45,625	35,259	31,532
CASH FLOWS FROM INVESTING ACTIVITIES							
Proceeds from Sale of Land and Buildings and Plant and Equipment		3,653	0	6,022	3,653	0	6,021
Proceeds from sale of Investments		0	1,000	0	0	1,000	0
Purchases of Land and Buildings and Plant and Equipment		(48,315)	(44,942)	(28,434)	(48,315)	(44,942)	(28,434)
Purchase of Investments		(2,373)	0	(218)	(2,701)	0	(289)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(47,035)	(43,942)	(22,630)	(47,363)	(43,942)	(22,702)
CASH FLOWS FROM FINANCING ACTIVITIES							
Repayment of Borrowings and Advances		(581)	0	(682)	(581)	0	(682)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(581)	0	(682)	(581)	0	(682)
NET (DECREASE)/INCREASE IN CASH		(2,722)	(8,683)	8,214	(2,319)	(8,683)	8,148
Opening Cash and Cash Equivalents		7,006	2,528	(1,208)	7,215	2,528	(933)
CLOSING CASH AND CASH EQUIVALENTS	16	4,284	(6,155)	7,006	4,896	(6,155)	7,215

The accompanying notes form part of these Financial Statements

**South Western Sydney Area Health Service
Program Statement - Expenses and Revenues
for the Year Ended 30 June 2001**

SERVICES 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		
	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
Expenses																							
Operating Expenses																							
Employee Related	49,660	43,029	1,589	779	43,007	37,036	30,238	28,735	157,240	163,162	24,830	27,792	27,494	23,913	38,359	35,404	6,289	5,589	13,352	9,477	392,058	374,916	
Visiting Medical Officers	220	1,156	0	0	1,277	551	606	1,209	19,380	18,010	4,408	3,423	698	876	772	1,862	0	0	0	0	27,361	27,087	
Goods and Services	6,004	7,554	500	208	6,672	3,603	8,577	7,900	123,387	117,698	25,768	22,370	4,443	5,728	13,755	12,170	1,420	2,388	2,312	1,337	192,838	180,956	
Maintenance	2,841	1,949	25	72	2,860	2,096	1,139	940	6,975	2,684	1,309	1,138	1,140	866	1,562	3,031	255	3,627	398	2,835	18,504	19,238	
Depreciation and Amortisation	3,917	3,757	7	43	2,814	2,701	1,718	1,541	9,396	10,258	1,264	1,784	929	1,097	2,614	2,368	131	193	437	713	23,227	24,455	
Grants and Subsidies	5,085	4,782	0	0	0	0	0	0	0	0	0	0	154	153	14,617	13,985	0	0	0	157	19,856	19,077	
Borrowing Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Expenses																							
Total Expenses	67,727	62,227	2,121	1,102	56,630	45,987	42,278	40,325	316,378	311,812	57,579	56,507	34,858	32,633	71,679	68,820	8,095	11,797	16,499	14,519	673,844	645,729	
Revenue																							
Sale of Goods and Services	1,304	1,331	3	0	1,672	1,673	1,549	864	50,323	54,418	9,487	3,684	2,543	2,032	8,461	8,262	34	36	45	47	75,421	72,347	
Investment Income	100	89	2	2	74	91	64	58	2,163	2,352	89	79	52	47	110	101	19	12	185	239	2,858	3,070	
Grants and Contributions	882	882	0	0	0	0	0	0	8,636	14,661	0	0	0	0	0	0	0	0	1,382	1,690	10,900	17,233	
Other Revenue	0	0	0	0	0	0	0	0	2,256	566	0	0	0	0	0	0	0	0	0	0	2,256	566	
Total Revenue	2,286	2,302	5	2	1,746	1,764	1,613	922	63,378	71,997	9,576	3,763	2,595	2,079	8,571	8,363	53	48	1,612	1,976	91,435	93,216	
Gain/ (Loss) on Disposal of Non Current Assets	0	0	0	0	0	0	0	0	344	(43)	0	0	0	0	0	0	0	0	0	0	344	(43)	
NET COST OF SERVICES	65,441	59,925	2,116	1,100	54,884	44,223	40,665	39,403	252,656	239,858	48,003	52,744	32,263	30,554	63,108	60,457	8,042	11,749	14,887	12,543	582,065	552,556	

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

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 has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), UIG Consensus Views and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

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

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

Except for certain investments 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 Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided in 2000/2001 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 Statement of Financial Performance 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 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 (ie Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

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.

Debt Forgiveness

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

Infrastructure Charge

Specialist doctors with rights of private practice are charged for the use of hospital facilities at rates determined by the NSW Health Department and are based on fees collected. The infrastructure charge also includes monies credited to the Health Service from private practice trusts which are to be used for study and conference leave travel costs, research and the purchase of special equipment.

Use of Outside Facilities

The Health Service uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. The cost method of accounting is used for the initial recording of all such services with cost being determined as the fair value of the services given which is then duly recognised as both revenue and matching expense.

f. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except:

- the amount of GST incurred by the agency as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
- receivables and payables are stated with the amount of GST included.

g. Inter Area and Interstate Patient Flows

Health Services recognise the flow of acute inpatients from the area in which they are resident to other areas within the State and across Australia. The expense and revenue values reported within the financial statements have been based on 1999/2000 activity data using standard cost weighted separation values to reflect estimated costs in 2000/01 for acute weighted inpatient separations. Where treatment is obtained outside the home 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 2000/01 calculation of the patient flows has been amended to include the flows to/from other Australian States and Territories. (Refer Note 2x)

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

h) Research and Development Costs

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

i) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the agency. Cost is determined as the fair value of the assets given as consideration plus the costs incidental to the acquisition.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition.

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.

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

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

j) Plant and Equipment

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

k) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Health Service. Land is not a depreciable asset.

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

Buildings	2% to 33.3%
Electro Medical Equipment	
- Costing less than \$200,000	10.0%
- Costing more than or equal to \$200,000	12.5%
Computer Equipment	20.0%
Computer Software	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Furniture, Fittings and Furnishings	5.0%

l) 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 with an effective date of 30 June 2001.

In accordance with Treasury policy, the Health Service has applied the AAS38 "Revaluation of Non Current Assets" transitional provisions for the public sector and has elected to apply the same revaluation basis as the preceding reporting period, while the relationship between fair value and the existing valuation basis in the NSW public sector is further examined. It is expected however, that in most instances the current valuation methodology will approximate fair value.

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.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the "result for the year from ordinary activities", the increment is recognised immediately as revenue in the "result for the year from ordinary activities".

Revaluation decrements are recognised immediately as expenses in the "result for the year from ordinary activities" except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

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

m) Maintenance and repairs

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

n) Leased Assets

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

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

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

o) Inventories

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

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

p) Investments

Marketable securities and deposits are valued at cost unless specifically stated in Note 17. 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 Statement of Financial Performance 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 Statement of Financial Performance.

q) Administrative Restructuring

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

r) 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, other financial assets, payables and interest bearing liabilities.

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

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

Cash

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

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 5.3 %.

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.

Payables

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

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

Interest Bearing Liabilities

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

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate. Non interest bearing loans of \$ 93,638 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 51 days with effective interest rates of 6.11% to 11.69%.

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

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

s) Payables

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

t) Interest bearing liabilities

All loans are valued at current capital value. The finance lease liability is determined in accordance with AAS17 "Leases".

u) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 29. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

v) Reclassification of financial information

As a result of applying AAS1 "Statement of Financial Performance" and AAS36 "Statement of Financial Position", the format of the Statement of Financial Performance (previously referred to as the Operating Statement) and the Statement of Financial Position has been amended. As a result of applying these Accounting Standards, a number of comparative amounts were represented or reclassified to ensure comparability with the current reporting period.

w) Budgeted amounts

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

x) Changes in Accounting Policy

Patient Flow

From 2000/01 all Health Services have been provided with adjustments which recognise the flow of acute inpatients to/from other Australian States and Territories. To the extent that services are provided to persons from outside of New South Wales revenues are recognised. To the extent that services are provided to an Area's residents outside of New South Wales an expense is recorded. The adjustments have no effect on the equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Recurrent Allocation.

The composition of patient flow revenue/expense is disclosed in Note 4(c) and Note 9(c).

The effect of the change on the 2000/2001 Net Cost of Services was an increase of \$ 438,383. If the change in accounting policy had been adopted in the previous year the 1999/2000 comparatives would have been stated as follows:

Increased Expenses	\$ 1.474 Million
Increased Revenues	\$ 1.051 Million
Increase in Net Cost of Services	\$ 0.423 Million

Other Financial Assets – Current

From 2000/01 the difference between the 'cash' and 'cash equivalent' in the Statement of Cash Flows has largely been eliminated due to reclassifying the medium and long term investments as Other Financial Current Assets and reporting of deposits at call as Cash. Accordingly the comparative figures for 1999/00 have been realigned where necessary to comply with the revised presentation of financial statements.

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$000

3. Employee Related

Employee related expenses comprise the following:

Salaries and Wages	305,608	298,526	305,776	298,665
Enterprise Agreements/Awards	3,698	3,947	3,698	3,947
Long Service Leave [see Note 2(b)]	8,482	7,406	8,485	7,410
Annual Leave [see Note 2(b)]	31,548	29,138	31,563	29,148
Nursing Agency Payments	4,251	523	4,251	523
Other Agency Payments	1,549	923	1,549	923
Workers Compensation Insurance	11,756	10,225	11,756	10,225
Superannuation [See Note 2(c)]	24,906	24,018	24,919	24,018
Fringe Benefits Tax	61	57	61	57
	391,859	374,763	392,058	374,916

Salaries and Wages includes \$130,987 paid to members of the Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

\$ Range	Number Paid	\$
\$10,000 to \$19,999	10	110,057
\$20,000 to \$29,999	1	20,930

4. Goods and Services

Computer Related Expenses	318	235	318	236
Domestic Charges	7,673	7,420	7,674	7,420
Drug Supplies	22,261	20,548	22,261	20,548
Food Supplies	6,419	5,834	6,424	5,837
Fuel, Light and Power	3,644	3,536	3,644	3,536
General Expenses	5,691	6,316	5,725	6,338
Hospital Ambulance Transport Costs	1,191	1,008	1,191	1,008
Insurance	690	997	690	997
Inter Area Patient Outflows, NSW	82,852	79,931	82,852	79,931
Interstate Patient Outflows	1,528	0	1,528	0
Medical and Surgical Supplies	28,098	25,027	28,098	25,027
Postal & Telephone Costs	4,520	4,406	4,521	4,408
Printing and Stationery	2,986	3,001	2,998	3,006
Rental	574	0	574	0
Rates and Charges	1,073	1,420	1,073	1,420
Special Service Departments	14,011	13,199	14,011	13,199
Staff Related Costs	3,697	2,954	3,697	2,974
Sundry Operating Expenses	145	88	148	88
Travel Related Costs	5,409	4,970	5,411	4,983
	192,780	180,890	192,838	180,956

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

	145	88	148	88
	145	88	148	88

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$000
4. Goods and Services (continued)				
(b) General Expenses include:				
Advertising	1,027	837	1,028	838
Books and Magazines	998	805	998	805
Consultancies				
- Operating Activities	598	433	598	444
- Capital Works	115	69	115	69
Courier and Freight	381	350	381	350
Auditor's Remuneration				
- Audit of Financial Reports	82	78	82	78
Legal Expenses	73	40	73	50
Membership/Professional Fees	151	81	152	81
Other Operating Lease Expense	113	104	113	104
Payroll Services	0	0	0	0
Provision for Bad and Doubtful Debts	1,176	1,531	1,176	1,531
Other	977	1,988	1,009	1,988
(c) Expense for Inter Area Patient Flows, NSW on an Area basis are as follows:-				
Central Sydney	23,080	23,147	23,080	23,147
Northern Sydney	2,669	2,526	2,669	2,526
Western Sydney	17,857	17,509	17,857	17,509
Wentworth	2,663	2,682	2,663	2,682
Central Coast	341	284	341	284
Hunter	197	250	197	250
Illawarra	1,207	1,211	1,207	1,211
South Eastern Sydney	21,764	20,550	21,764	20,550
Northern Rivers	82	84	82	84
Mid North Coast	182	138	182	138
New England	64	47	64	47
Macquarie	70	81	70	81
Mid Western	120	108	120	108
Far West	12	13	12	13
Greater Murray	85	102	85	102
Southern NSW	386	267	386	267
Childrens Hospital	12,073	10,932	12,073	10,932
	82,852	79,931	82,852	79,931
(d) Expenses for Interstate Patient Flows are as follows:-				
Australian Capital Territory	308	297	308	297
Northern Territory	17	16	17	16
Queensland	689	664	689	664
South Australia	85	82	85	82
Tasmania	6	6	6	6
Victoria	294	284	294	284
Western Australia	129	125	129	125
	1,528	1,474	1,528	1,474

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$000
5. Maintenance				
Repairs and Routine Maintenance	11,965	11,254	11,965	11,254
Other				
Renovations and Additional Works	1,018	1,032	1,016	1,034
Replacements and Additional Equipment less than \$5,000.	5,523	6,950	5,523	6,950
	18,506	19,236	18,504	19,238
6. Depreciation and Amortisation				
Depreciation - Buildings	14,068	15,433	14,068	15,433
Depreciation - Plant and Equipment	9,158	9,020	9,159	9,022
	23,226	24,453	23,227	24,455
7. Grants and Subsidies				
Grants to Non Government Organisations	4,834	4,628	4,834	4,628
Other	1,215	804	619	156
	6,049	5,432	5,453	4,784
8. Payments to Affiliated Health Organisations				
Recurrent Sourced				
Carrington Centennial Hospital	1,032	926	1,032	926
Karitane	3,133	2,984	3,133	2,984
Benevolent Society of NSW	369	361	369	361
Braeside Hospital	9,869	10,022	9,869	10,022
	14,403	14,293	14,403	14,293

	Parent		Consolidated	
	2001	2000	2001	2000
	\$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)]	29,229	27,952	29,229	27,952
Staff - Meals and Accommodation	1,474	1,585	1,474	1,585
Infrastructure Charge-Facility Fees [see note 2(e)]	6,374	6,395	6,374	6,395
Car Parking	1,074	820	1,074	820
Child Care Fees	703	429	703	429
Commercial Activities	3,359	1,525	3,359	1,525
Fees for Medical Records	197	321	197	321
Lease and Rental Income	338	443	338	443
Non Staff Meals	1,460	1,317	1,460	1,317
Sale of Prosthesis	455	346	455	346
Patient Inflows from Interstate	1,090	0	1,090	0
Inter Area Patient Inflows, NSW	27,919	28,526	27,919	28,526
Other	1,749	2,688	1,749	2,688
	75,421	72,347	75,421	72,347
(b) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:				
Central Sydney	9,645	11,227	9,645	11,227
Northern Sydney	556	534	556	534
Western Sydney	7,126	6,666	7,126	6,666
Wentworth	1,394	1,566	1,394	1,566
Central Coast	471	362	471	362
Hunter	561	339	561	339
Illawarra	1,371	1,309	1,371	1,309
South Eastern Sydney	4,017	3,598	4,017	3,598
Northern Rivers	105	65	105	65
Mid North Coast	337	382	337	382
New England	309	186	309	186
Macquarie	589	701	589	701
Mid Western	368	394	368	394
Far West	116	113	116	113
Greater Murray	221	135	221	135
Southern NSW	733	949	733	949
	27,919	28,526	27,919	28,526
(c) Revenues from Patient Inflows from Interstate are as follows:				
Australian Capital Territory	123	118	123	118
Northern Territory	21	20	21	20
Queensland	460	444	460	444
South Australia	87	84	87	84
Tasmania	9	9	9	9
Victoria	349	336	349	336
Western Australia	41	40	41	40
	1,090	1,051	1,090	1,051

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$000
10. Investment Income				
Interest	2,584	2,817	2,858	3,070
	2,584	2,817	2,858	3,070
11. Grants and Contributions				
University Commission Grants	0	6	0	6
Commonwealth Government Grant	4,868	9,282	4,868	9,282
Other				
Clinical Drug Trials	470	496	470	496
Other Bodies	5,576	8,124	5,562	7,449
	10,914	17,908	10,900	17,233
12. Other Revenue				
Other Revenue comprises the following:-				
Sale of Old Wares	23	72	23	72
Non User Charges	1,919	494	1,920	494
Other	219	0	313	0
	2,161	566	2,256	566
13. Gain/(Loss) on Disposal of Non Current Assets				
Property Plant & Equipment	3,308	6,064	3,309	6,064
Less Accumulated Depreciation	2,405	5,622	2,406	5,622
Written Down Value	903	442	903	442
Less Proceeds from Sale	1,247	399	1,247	399
Gain/(Loss) on Disposal of Non-Current Assets	344	(43)	344	(43)

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$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	3,497	4,747	3,497	4,747
Clinical Services	133	404	133	404
Community Services	109	209	109	209
Nursing Services	147	95	147	95
Health Promotion, Education & Research	3,892	5,182	5,101	6,793
Staff Amenities & Education	494	204	494	204
Patient Property	3	8	3	8
	8,275	10,849	9,484	12,460
Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period.				
Property Plant & Equipment	1,606	1,056	1,606	1,056
Clinical Services	89	258	89	258
Community Services	81	65	81	65
Nursing Services	111	91	111	91
Health Promotion, Education & Research	1,883	2,503	3,093	4,114
Staff Amenities & Education	89	65	89	65
Patient Property	3	1	3	1
	3,862	4,039	5,072	5,650
Revenues recognised in previous years which were obtained for expenditure in the current financial year.				
Property Plant & Equipment	3,342	3,566	3,342	3,566
Clinical Services	171	416	171	416
Community Services	183	407	182	407
Nursing Services	93	113	93	113
Health Promotion, Education & Research	3,453	3,509	3,955	5,169
Staff Amenities & Education	274	432	274	432
Patient Property	5	3	5	3
	7,521	8,446	8,022	10,106
Total Amount of Unexpended Contributions as at Balance Date				
Property Plant & Equipment	10,201	10,062	10,201	10,062
Clinical Services	588	958	588	958
Community Services	333	453	333	453
Nursing Services	570	517	570	517
Health Promotion, Education & Research	12,204	11,605	16,613	15,254
Staff Amenities & Education	595	375	595	375
Patient Property	25	26	25	26
	24,516	23,996	28,925	27,645

15. Programs/Activities of the Health Service

- Program 1.1 - Primary and Community Based Services**
Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.
- Program 1.2 - Aboriginal Health Services**
Objective: To raise the health status of Aborigines and to promote a healthy life style.
- Program 1.3 - Outpatient Services**
Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.
- Program 2.1 - Emergency Services**
Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.
- Program 2.2 - Overnight Acute Inpatient Services**
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.
- Program 2.3 - Same Day Acute Inpatient Services**
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.
- Program 3.1 - Mental Health Services**
Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.
- Program 4.1 - Rehabilitation and Extended Care Services**
Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.
- Program 5.1 - Population Health Services**
Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.
- Program 6.1 - Teaching and Research**
Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$000
16. Current Assets - Cash				
Cash at bank and on hand	257	2,503	645	2,528
Deposits at call	5,890	4,503	6,114	4,687
	6,147	7,006	6,759	7,215

Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:

Cash (per Statement of Financial Position)	6,147	7,006	6,759	7,215
Bank Overdraft	(1,863)	0	(1,863)	0
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	4,284	7,006	4,896	7,215

For the purposes of the Statement of Cash Flows, Cash includes Cash on hand, Cash at bank, Bank Overdraft and Deposits at call with Treasury Corporation.

17. Current/Non Current Other Financial Assets

Current				
Treasury Corporation - Hour Glass Facility	26,192	23,819	30,033	27,332
	26,192	23,819	30,033	27,332

	Parent		Consolidated	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000
18. Current/Non Current Receivables				
Current				
(a) Sale of Goods and Services	7,978	8,560	7,978	8,560
Other Debtors				
- Prepayments	381	385	381	385
- Department of Health Non Operating	3,533	965	3,533	965
- Transferred Leave	494	477	494	477
- Other	4,578	2,610	4,578	2,610
Sub-Total	16,964	12,997	16,964	12,997
Less Provision for Doubtful Debts	(3,185)	(2,990)	(3,185)	(2,990)
	13,779	10,007	13,779	10,007
(b) Bad debts written off during the year - Current Receivables				
- Sale of Goods and Services	986	882	986	882
	986	882	986	882
Non Current				
Other Debtors				
- Prepayments	1,935	1,980	1,935	1,980
	1,935	1,980	1,935	1,980
(c) Sale of Goods and Services includes:				
Patient Fees - Compensable	5,954	5,979	5,954	5,979
Patient Fees - Ineligible	1,148	1,427	1,148	1,427
Patient Fees - Other	876	1,154	876	1,154
Total	7,978	8,560	7,978	8,560

(d) Reconciliation of Non-Current Assets - Receivables

Parent & Consolidated

	Prepayments \$000
2001	
Carrying amount at start of year	1,980
Disposals/repayments	(45)
Carrying amount at end of year	1,935

	Prepayments \$000
2000	
Carrying amount at start of year	2,025
Disposals/repayments	(45)
Carrying amount at end of year	1,980

	Parent		Consolidated	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000
19. Inventories				
Current - at cost				
Drugs	1,043	1,350	1,043	1,350
Medical and Surgical Supplies	1,425	1,036	1,425	1,036
Food and Hotel Supplies	225	308	225	308
Engineering Supplies	76	83	76	83
Other including Goods in Transit	60	229	60	229
	2,829	3,006	2,829	3,006

20. Property, Plant and Equipment

	Land \$000	Buildings \$000	Work in Progress \$000	Plant & Equipment \$000	Total \$000
Balance 1 July 2000					
At Valuation date 30 June 1996	58,550	441,761	0	0	500,311
At Cost	77	207,089	24,606	122,450	354,222
Revaluation Adjustment [see note 2(l)]	19,026	121,155	0	0	140,181
Capital Expenditure/Donations	700	1,714	44,413	4,271	51,098
Disposals	(865)	(115)	0	(2,328)	(3,308)
Reclassifications	0	1,399	(937)	(462)	0
Balance at 30 June 2001					
At Valuation date 30 June 2001	77,488	773,003	0	0	850,491
At Cost	0	0	68,082	123,931	192,013
TOTAL	77,488	773,003	68,082	123,931	1,042,504
Depreciation					
Balance 1 July 2000					
At Valuation date 30 June 1996	0	209,940	0	0	209,940
At Cost	0	47,967	0	83,293	131,260
Charge for the year [see note 2(k)]	0	14,068	0	9,159	23,227
Adjustment for disposals	0	115	0	2,290	2,405
Revaluation Adjustment	0	41,908	0	0	41,908
Balance at 30 June 2001					
At Valuation date 30 June 2001	0	313,768	0	0	313,768
At Cost	0	0	0	90,162	90,162
TOTAL	0	313,768	0	90,162	403,930
Carrying Amount at 30 June 2001					
At Valuation date 30 June 2001	77,488	459,235	0	0	536,723
At Cost	0	0	68,082	33,769	101,851
TOTAL	77,488	459,235	68,082	33,769	638,574

20. Property, Plant and Equipment (continued)

- (i) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(i)].
- (ii) Land and Buildings were valued by Global Valuation Pty. Ltd. on 30 June 2001. [see note 2 (l)]
 Mr. A.C. Colman JP FAIV 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	2001 \$000
Property, Plant and Equipment	32,609	33,160

	Parent		Consolidated	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000

21. Other Non Current Assets

Emerging Right to Receive Private Sector Infrastructure	6,295	5,301	6,295	5,301
	6,295	5,301	6,295	5,301

22. Restricted Assets

Property Plant & Equipment	10,201	10,062	10,201	10,062
Clinical Services	588	958	588	958
Community Services	333	453	333	453
Nursing Services	570	517	570	517
Health Promotion, Education & Research	12,204	11,605	16,613	15,254
Staff Amenities & Education	595	375	595	375
Patient Property	25	26	25	26
	24,516	23,996	28,925	27,645

23. Payables

Current				
Creditors – Trade	14,183	11,674	14,184	11,674
Other Creditors				
- Capital Works	7,864	2,675	7,864	2,675
- Other	7,105	6,181	7,116	6,184
	29,152	20,530	29,164	20,533

24. Current/Non Current Interest Bearing Liabilities

Current				
Bank Overdraft	1,863	0	1,863	0
	1,863	0	1,863	0

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$000
25. Current/Non Current Liabilities - Employee Entitlements and other Provisions				
Current				
Employee Annual Leave	39,595	36,227	39,613	36,238
Employee Long Service Leave	4,472	4,969	4,474	4,971
Accrued Salaries and Wages	6,012	5,296	6,012	5,296
Taxation and Other Payroll Deductions	6,992	6,605	6,992	6,605
	<hr/>			
Aggregate employee entitlements/other provisions	57,071	53,097	57,091	53,110
	<hr/>			
Non Current				
Employee Long Service Leave	45,184	40,914	45,207	40,933
	<hr/>			
Aggregate employee entitlements/other provisions	45,184	40,914	45,207	40,933
	<hr/>			
26. Other Liabilities				
Current				
Income in Advance	151	143	151	143
Interest Free Loan - 96/97	93	580	93	580
	<hr/>			
	244	723	244	723
	<hr/>			
Current				
Interest Free Loan - 96/97	0	94	0	94
	<hr/>			
	0	94	0	94
	<hr/>			

27. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
PARENT						
Balance at the beginning of the financial year	426,879	440,260	22,201	22,201	449,080	462,461
Changes in Equity-other than transactions with owners as owners						
Result for the Year	14,872	(13,381)	0	0	14,872	(13,381)
Increment on Revaluation of Land and Buildings	0	0	98,273	0	98,273	0
Balance at the end of the financial year	441,751	426,879	120,474	22,201	562,225	449,080
CONSOLIDATED						
Balance at the beginning of the financial year	430,580	443,958	22,201	22,201	452,781	466,159
Changes in Equity-other than transactions with owners as owners						
Result for the Year	15,581	(13,378)	0	0	15,581	(13,378)
Increment on Revaluation of Land and Buildings	0	0	98,273	0	98,273	0
Balance at the end of the financial year	446,161	430,580	120,474	22,201	566,635	452,781

28. Commitments for Expenditure

	2001	2000
	\$000	\$000
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	46,622	37,469
Between one and two years	53,452	43,889
Between two and five years	8,899	32,305
	<hr/>	<hr/>
Total Capital Expenditure Commitments (including GST)	108,973	113,663
<hr/>		
Of the commitments reported at 30 June 2001 it is expected that \$2.831 million will be met from locally generated moneys.		
(b) Other Expenditure Commitments		
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	6,891	5,022
	<hr/>	<hr/>
Total Other Expenditure Commitments (including GST)	6,891	5,022
<hr/>		
(c) Operating Lease Commitments		
Commitments in relation to non cancellable operating leases are payable as follows:		
Not later than one year	3,486	3,493
Between one and two years	3,404	3,439
Between two and five years	9,942	9,987
Later than five years	6,600	9,900
	<hr/>	<hr/>
Total Operating Lease Commitments (including GST)	23,432	26,819
<hr/>		

These operating leases are not recognised in the financial statements as liabilities.

(d) Contingent Asset related to Commitments for Expenditure

The total of "Commitments for Expenditure" above includes input tax credits of \$11,419,850 that are expected to be recoverable from the Australian Taxation Office.

29. Trust Funds

The Health Service holds Trust Fund moneys of \$9.281 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	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
Cash Balance at the Beginning of the financial year	30	22	211	239	8,429	7,600
Receipts	41	21	186	197	8,697	4,037
Expenditure	32	13	129	225	8,152	3,208
Cash Balance at the end of the financial year.	39	30	268	211	8,974	8,429

30. Contingent Liabilities

(a) Claims on Managed Fund

Since 1 July 1989, the Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Health Service. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Health Service.

(b) Workers Compensation Hindsight Adjustment

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

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

The interim hindsight adjustment has now been effected for the 1997/98 year and resulted in additional revenue of \$1,837,505.

A contingent liability/asset may now exist in respect of the 1997/98, 1998/99 and 1999/2000 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 2000 estimate that a liability of \$ 3.488 million is applicable.

This estimate however is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2001.

(c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AAS24, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship which may exist or be formulated between the administering bodies of the organisation and the Department.

31. 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)	62	7	1	54
Raffles	9	0	2	7
Functions	712	55	5	652
	783	62	8	713
	=====			
Percentage of Income	100%	8%	1%	91%

* 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	27
Research and Education	651
Held in Special Purpose and Trust Fund Pending Purchase	35
	713
	=====

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.

	Parent		Consolidated	
	2001	2000	2001	2000
	\$000	\$000	\$000	\$000
32. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities				
Net Cash Flows from Operating Activities	44,894	31,526	45,625	31,532
Depreciation	(23,226)	(24,453)	(23,227)	(24,455)
Inter Area/Interstate Patient Outflows	(84,380)	(79,931)	(84,380)	(79,931)
Inter Area/Interstate Patient Inflows	29,009	28,526	29,009	28,526
Provision for Doubtful Debts	(195)	(649)	(195)	(649)
Acceptance by the Crown Entity of Superannuation Liability	(24,852)	(24,018)	(24,865)	(24,018)
(Increase)/Decrease in Provisions	(8,000)	(9,851)	(8,011)	(9,854)
Increase/(Decrease) in Prepayments and other Assets	(220)	2,508	(226)	2,508
(Increase)/Decrease in Creditors	(1,294)	(1,766)	(1,296)	(1,764)
Net Gain/(Loss) on Disposal of Property, Plant and Equipment	344	(43)	344	(43)
NSW Health Department Recurrent Allocations	(482,945)	(458,134)	(482,947)	(458,134)
NSW Health Department Capital Allocations	(31,896)	(16,274)	(31,896)	(16,274)
Net Cost of Services	(582,761)	(552,559)	(582,065)	(552,556)
33. Non Cash Financing and Investing Activities				
Assets Received by Donation	542	1,880	542	1,880
	542	1,880	542	1,880
34. 2000/2001 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		- Patient & Family Support		
- Pink Ladies/Hospital Auxiliaries		- Patient Services, Fund Raising		
- Patient Support Groups		- Practical Support to Patients and Relatives		
- Community Organisations		- Counselling, Health Education, Transport, Home Help & Patient Activities.		
35. Unclaimed Moneys				
Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.				
All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services.				
All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.				

36. Budget Review

Net Cost of Services

The actual net cost of services was lower than budget by \$12.898 million. Receipts of Commonwealth government and other research grants were significantly higher than anticipated in the financial plan, accounting for \$8.5 million of the favourable result. Strong performance in revenue generated from patients eligible under agreement with the Department of Veterans Affairs also contributed to the revenue position.

Total expenses were below budget by \$3.8 million, primarily due to unspent special project funds including initiatives with respect to Mental Health, Drug Summit and Families First. Establishment of these new services and enhancement of existing programs are ongoing with the balance of funds committed specifically for these projects in the 2001/02 year.

Assets and Liabilities

Total current assets was in excess to budget by \$6.878 million due to increased investments derived from the favourable net cost of services result. Non current assets exceeded budget by \$105.5 million as a result of the revaluation of land and buildings during 2000/01. The revaluation reserve increased by \$98.2 million. The growth in non-current asset values arising from the valuation was not included in the budget plan for the year.

Total liabilities were above budget by \$1.783 million. Some growth in employee entitlements contributed to this increase in liability.

Cash Flows

Net cash flows from operating activities were favourable to budget by \$10.366 million. This is consistent with the Net Cost of Service result achieved for the year.

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

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 16 June 2000 are as follows:

	\$000
Initial Allocation 16 June 2000	465,109
Award Increases	3,850
VMO Payments Increases	356
Remuneration of Board Members	145
Home Dialysis Levy	197
Magnetic Resonance Imaging	225
Health Research Foundation	500
Highly Specialised Drugs	510
Nurse Strategies	911
Motor Vehicle Leases	2,193
Inter Area Patient Flows	54,933
Interstate Patient Flows	438
Other Miscellaneous Supplementations	4,160
Special Projects:	
Aboriginal Health Services	37
AIDS	49
Aged Care Assessment	128
National Women's Health	219
Families First	260
Drug Court Program	823
PADP	459
Drug Summit	599
Oral Health	908
Palliative Care	1,224
Needle & Syringe Program	288
Mental Health	2,002
Balance as per Statement of Financial Performance	<u><u>540,523</u></u>

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;
- . 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 2001. The amounts incorporated in the statement of financial position are as follows:

	2001	2000
	\$000	\$000
Cash	388	26
Investments	4,065	3,697
Non Current Assets	15	13
Current Liabilities	(36)	(17)
Non Current Liabilities	(22)	(19)
	<hr/>	<hr/>
Net Assets	<u>4,410</u>	<u>3,700</u>

South Western Sydney Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2001

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 *	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 %	2000 %
PARENT								
Financial Assets								
Cash	6,121	6,981	26	25	6,147	7,006	5.30	4.62
Receivables	0	0	15,714	11,987	15,714	11,987		
Treasury Corp. Investments	26,192	23,819	0	0	26,192	23,819	8.00	8.08
Total Financial Assets	32,313	30,800	15,740	12,012	48,053	42,812		
Financial Liabilities								
Borrowings-Bank Overdraft Payables	1,863	0	0	0	1,863	0	5.30	4.62
	0	0	29,152	20,530	29,152	20,530		
Total Financial Liabilities	1,863	0	29,152	20,530	31,015	20,530		

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

Financial Instruments	Floating interest rate		Non-interest bearing		Total carrying amount as per the Statement of Financial Position		Weighted average effective interest rate *	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 %	2000 %
CONSOLIDATED								
Financial Assets								
Cash	6,733	7,191	26	24	6,759	7,215	5.30	4.62
Receivables	0	0	15,714	11,987	15,714	11,987	0	0
Treasury Corp. Investments	30,033	27,332	0	0	30,033	27,332	8.00	8.08
Total Financial Assets	36,766	34,523	15,740	12,011	52,506	46,534		
Financial Liabilities								
Borrowings-Bank Overdraft Payables	1,863	0	0	0	1,863	0	5.30	4.62
	0	0	29,164	20,533	29,164	20,533		
Total Financial Liabilities	1,863	0	29,164	20,533	31,027	20,533		

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

South Western Sydney Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2001

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 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	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
PARENT										
Financial Assets										
Cash	5,890	4,503	231	2,478	0	0	26	25	6,147	7,006
Receivables	9,756	6,417	0	0	4,883	5,570	1,075	0	15,714	11,987
Treasury Corp. Investments	26,192	23,819	0	0	0	0	0	0	26,192	23,819
Total Financial Assets	41,838	34,739	231	2,478	4,883	5,570	1,101	25	48,053	42,812

	Governments		Banks		Patients		Other		Total	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
CONSOLIDATED										
Financial Assets										
Cash	6,114	4,687	619	2,504	0	0	26	24	6,759	7,215
Receivables	9,756	6,417	0	0	4,883	5,570	1,075	0	15,714	11,987
Treasury Corp. Investments	30,033	27,332	0	0	0	0	0	0	30,033	27,332
Total Financial Assets	45,903	38,436	619	2,504	4,883	5,570	1,101	24	52,506	46,534

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 \$ 1,147,596 at balance date.

c) Net Fair Value

As stated in Note 2(r) 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.

PATIENT & STAFFING STATISTICS
for the financial year ended 30 June 2001

	Community Health	Area Services *	Queensland										Scarba SWS	Consolidated Total			
			Bankstown Lidcombe	Camden	Campbelltown	Fairfield	Liverpool	Wingecarribee	Queen Victoria	Braeside	Carrington	Karilane		2000/2001	1999/2000		
BED CAPACITY																	
Total Beds As At 30 June	87	0	398	23	259	191	591	73	100	72	94	24	0	1,912	1,928		
General Hospital Bed Number	0.0	0.0	366.7	22.5	243.1	177.0	558.1	70.5	0.0	71.5	0.0	24.0	0.0	1,533.4	1,530.9		
INPATIENT DETAILS																	
No. in Hospital As At 1 July	37	0	305	29	229	146	465	53	91	60	91	28	0	1,534	1,637		
Admissions during year	85	0	26,427	2,383	24,288	16,665	51,614	7,899	91	2,092	85	1,629	0	133,258	131,211		
Total patients treated	122	0	26,732	2,412	24,517	16,811	52,079	7,932	182	2,152	176	1,637	0	134,792	132,848		
Separations during year	66	0	26,392	2,389	24,272	16,685	51,617	7,896	126	2,085	85	1,637	0	133,250	131,314		
No. in Hospital as at 30 June	56	0	340	23	245	126	462	56	56	67	91	20	0	1,542	1,534		
No. Same Day Admissions	0	0	8,854	1,211	7,573	3,664	24,294	3,357	0	1,108	0	0	0	50,061	48,483		
% of Same Day Admissions to Total	0.0	0.0	33.5	50.8	31.2	22.0	47.1	42.5	0.0	53.0	0.0	0.0	0.0	37.6	37.0		
Bed Days of Inpatients treated	22,482	0	123,078	8,919	81,641	56,091	197,336	22,521	35,065	23,941	34,155	7,562	0	612,791	603,305		
Available Bed Days	31,572	0	131,478	8,168	87,611	63,292	201,196	25,575	36,500	25,830	34,310	12,215	0	657,747	657,190		
OPERATIONS																	
Inpatient Operations	0	0	11,022	0	9,833	5,189	14,752	2,845	0	0	0	0	0	43,641	43,054		
% of operations to admissions	0.00	0.00	41.71	0.00	40.49	31.14	28.58	36.02	0.00	0.00	0.00	0.00	0.00	32.75	32.81		
Outpatient Operations	0	0	0	0	10,451	8,119	7,989	261	0	0	0	0	0	26,820	26,470		
BABIES																	
Number of live births	0	0	1,826	0	2,731	2,058	3,152	649	0	0	0	0	0	10,416	10,599		
Bed Days of newly born babies	0	0	4,789	0	6,469	4,575	7,582	1,603	0	0	0	0	0	25,018	25,115		
Adjustment for A.D.A.	0.0	0.0	6.6	0.0	8.9	6.3	10.4	2.2	0.0	0.0	0.0	0.0	0.0	34.3	34.3		
OUTPATIENTS																	
Occasions of Service	0	114,001	327,271	62,717	312,423	285,454	607,311	73,370	730	9,748	0	35,812	3,373	1,832,210	2,184,249		
Adjustment for A.D.A.	0.0	31.2	89.7	17.2	85.6	78.2	166.4	20.1	0.2	2.7	0.0	9.8	0.9	502.0	596.8		
AVERAGES																	
Daily Average of inpatients	61.6	0.0	324.1	24.4	206.0	141.1	519.9	57.3	96.1	65.6	93.6	20.7	0.0	1,610.3	1,579.8		
Adjustment for babies and outpatients	0.0	31.2	96.2	17.2	94.5	84.5	176.8	22.3	0.2	2.7	0.0	9.8	0.9	536.2	631.1		
Adjusted daily average (A.D.A.)	61.6	31.2	420.3	41.6	300.4	225.6	696.6	79.6	96.3	68.3	93.6	30.5	0.9	2,146.6	2,210.9		
Average stay of inpatients (days)	340.6	0.0	4.7	3.7	3.4	3.4	3.8	2.9	278.3	11.5	401.8	4.6	0.0	4.6	4.6		
Bed Occupancy rate (%)	71.2	0.0	90.0	109.2	85.8	81.4	94.3	81.8	96.1	92.7	99.5	61.9	0.0	89.4	88.0		
Average cost per bed day	\$0.00	\$806.58	\$1,119.51	\$796.21	\$872.86	\$1,092.55	\$462.54	\$148.97	\$520.13	\$0.00	\$787.85	\$763.66					
STAFFING DETAILS																	
Nursing	0	31.9	684.2	70.0	426.7	366.2	1,176.3	125.9	52.8	86.8	42.3	44.0	0.0	3,107.0	3,090.5		
Medical and Support Services	0	389.8	335.4	35.9	316.8	161.0	690.7	37.9	2.5	65.1	35.9	10.4	5.7	2,086.9	1,992.1		
Other	0	347.2	306.6	45.9	205.0	144.5	607.3	76.4	25.2	14.7	8.8	11.4	0.0	1,792.9	1,801.3		
Total Staff Employed as at 30 June	0	768.9	1,326.2	151.8	948.4	671.7	2,474.3	240.1	80.5	166.6	87.0	65.8	5.7	6,986.8	6,883.8		
Average staff numbers for 12 months	0	769.8	1,293.0	145.5	938.9	672.6	2,457.6	241.7	83.4	166.6	87.0	64.3	5.7	6,925.9	6,798.3		
Admissions per hospital staff	N/a	0.0	19.9	15.7	25.6	24.8	20.9	32.9	1.1	12.6	1.0	24.8	n/a	19.1	19.1		
Occasions of service per staff	N/a	148.3	246.8	413.2	329.4	425.0	245.5	305.6	9.1	58.5	0.0	544.4	n/a	262.2	317.3		
REVENUE ANALYSIS																	
% Chargeable Patients	N/a	n/a	15.1	13.3	11.8	7.6	12.6	17.1	100.0	12.3	100.0	19.3	n/a	23.1	23.7		
Collection Rate (Inpatients)	N/a	n/a	96.4	92.1	95.0	99.0	94.4	98.3	107.9	100.0	100.0	100.0	n/a	98.0	94.9		
Debtors days outstanding (Inpatients)	N/a	n/a	118	131	88	84	137	53	8	0	0	0	n/a	177	192		

PROPERTIES OWNED BY SWSAHS

DESCRIPTION	ADDRESS
BANKSTOWN LOCAL GOVERNMENT AREA	
Bankstown-Lidcombe Hospital	Eldridge Road, Bankstown
Living Skills Centre	122 Chapel Road South, Bankstown
Youth Centre	101 Restwell Street, Bankstown
Childcare Centre	76-78 Eldridge Road, Bankstown
Hospital Support Services	66 Eldridge Road, Bankstown
Residential Care Unit	13A Townsend Street, Condell Park
Medical & Dental Services	425 Hume Highway, Yagoona
Bankstown Community Health Centre	36-38 Raymond Street, Bankstown
CAMDEN/WOLLONDILLY LOCAL GOVERNMENT AREAS	
Camden Hospital	Menangle Road, Camden
Staff Accommodation & Office Building	70 Menangle Road, Camden
Respite Cottage	82 Menangle Road, Camden
Doctor's Residence	84 Menangle Road, Camden
Doctor's Residence	86 Menangle Road, Camden
Dementia Day Care Centre	80-82 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 Street, 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
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
Community Health Centre	7 Levuka Street, Cabramatta
LIVERPOOL LOCAL GOVERNMENT AREA	
Liverpool Hospital	Elizabeth Street, Liverpool
Living Skills Home	19 Flowerdale Road, Liverpool
Bigge Park Centre	Cnr Elizabeth and Bigge Streets, Liverpool
Karitane	10 Murphy Avenue, Liverpool
Brain Injury Rehabilitation	17 Bigge Street, Liverpool
Land	37-39 Goulburn Street, Liverpool
Land	33-35 Goulburn Street, Liverpool
Outpatient Clinic	Strata Units 1-10,13-19 and 21-24,45-47 Goulburn Street, Liverpool
Work Assessment Unit	Strata Units 19 and 20, 29-31 Scrivener Street,
Warwick Farm.	
Mental Health Group Home	16 Carboni Street, Liverpool
Health Services Building	Cnr Campbell and Goulburn Streets, Liverpool
Paediatric Therapy	1 Campbell Street, Liverpool
Hoxton Park Community Health Centre	596 Hoxton park Road, Hoxton Park
Drug & Alcohol Unit	Cnr Campbell & Forbes Streets, Liverpool
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

■ FREEDOM OF INFORMATION STATISTICS (Contd)

For Financial Year 200/01 there were 107 applications received for information under the Freedom of Information Act 1989, compared with 290 in 1999/00. This represents an overall decrease of 63%. This decrease reflects the Area Health Service's decision made in October 2000, to allow patients to access their medical records outside FOI and in accordance with the Department of Health's Information Privacy Code of Practice.

All of the applications received were requests for personal or next of kin medical records. As the table overleaf indicates, of the 114 applications which were processed during the year:

- ◆ 113 were granted in full directly to the applicant; and
- ◆ 1 was withdrawn

There were no Internal Reviews sought for this financial year nor the previous year.

Three applications required consultation with parties outside of the Area Health Service, compared with five last year.

It took 224 hours to process the FOI requests costing an estimated \$6,720, with fees received totalling only \$2,415. The applicable fee is \$30.00 but a 50% reduction is allowed to holders of a Pensioner Health Benefits Card, Health Care Card or where the applicant can demonstrate financial hardship. GST does not apply to FOI applications.

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

SWSAHS supports the right of a patient to see what personal information is held by the Health Service and is continuing to advise customers of their right to access documents under FOI and outside FOI, and that strict confidentiality of all material processed is always maintained.

Patients are able to apply to view or obtain a copy of their medical record by contacting the Clinical Information Department of the hospital where the records are kept. There is no charge associated with viewing a medical record. However, when applying to view a medical record the patient is required to make an appointment and view the

record in the presence of a health professional.

STATEMENT OF AFFAIRS

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

A description of the Area Health Service's structure and functions are outlined in the Annual Report.

The Area Health Service has a direct effect on the general public by providing health services to assist in improving the health and well-being of the people within the local government areas under its jurisdiction.

The Area Health Service has a number of Committees that assist with policy development within the health system. These Committees are also listed within the Annual Report.

A list of the Area Health Service's policy documents that are available for inspection, purchase or free of charge, is as per the Summary of Affairs published in the Government Gazette every 6 months.

A Summary of Affairs is produced by the Area Health Service on a six monthly basis, every June and December. The Summary lists all policy documents held by the Area Health Service and how to access the documents.

The FOI Act allows a member of the public a right to apply for records to be amended if they are out of date; misleading; incorrect; or incomplete

Members of the public can apply to have records amended by applying in writing to the FOI Coordinator, South Western Sydney Area Health Service, Locked Bag 7017, Liverpool BC NSW 1871. There is no application fee 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

■ 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
< \$26,802	46	36	10	36	2	9	10	0	0
\$26,802 - \$35,202	2,322	1,664	512	1,810	34	295	379	53	13
\$35,203 - \$39,354	845	613	138	707	14	110	112	26	6
\$39,355 - \$49,799	2,465	1,886	336	2,129	17	529	520	66	18
\$49,800 - \$64,400	1,244	947	286	958	6	244	212	40	8
\$64,401 - \$80,499	497	353	222	275	3	106	68	8	2
> \$80,499 (non-SES)	283	182	201	82	0	65	43	4	1
> \$80,499 (SES)	0	0	0	0	0	0	0	0	0
TOTAL	7,702	5,681	1,705	5,997	76	1,358	1,344	197	48

< \$26,802	46	78%	22%	78%	5.6%	25%	28%		
\$26,802 - \$35,202	2,322	72%	22%	78%	2.0%	18%	23%	3%	0.8%
\$35,203 - \$39,354	845	73%	16%	84%	2.3%	18%	18%	4%	1.0%
\$39,355 - \$49,799	2,465	77%	14%	86%	0.9%	28%	28%	3%	1.0%
\$49,800 - \$64,400	1,244	76%	23%	77%	0.6%	26%	22%	4%	0.8%
\$64,401 - \$80,499	497	71%	45%	55%	0.8%	30%	19%	2%	0.6%
> \$80,499 (non-SES)	283	64%	71%	29%		36%	24%	2%	0.5%
> \$80,499 (SES)									
TOTAL	7,702	74%	22%	78%	1.3%	24%	24%	3%	0.8%

RECRUITMENT OF EEO GROUPS

TOTAL	1,102	957	325	777	26	184	123	8	2
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TOTAL CURRENT STAFF

TOTAL	8,836	6,177	1,998	6,838	89	1,448	1,444	206	49
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RISK MANAGEMENT

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
1998/1999	\$11,363,656	6,834	\$1,663
1999/2000	\$11,437,937	6,747	\$1,695
2000/2001	\$13,149,848	7,007	\$1,876

*Includes workers' compensation & motor vehicle fleet premiums

Workers Compensation (as at 30th June 2001)			
Fund Year	Number of Claims	Frequency of claims per 100 employees	Fund average
1998/1999	752	11.4	9.0
1999/2000	613	9.9	8.2
2000/2001	631	9.3	7.6

Data for 2000/2001 is immature

Motor Vehicle fleet (as at 30 June 2001)			
Year	Insurance premium	Number of accidents claims	Frequency of accident claims per 100 vehicles
1998/1999	\$717,749	170	23.5
1999/2000	\$628,203	153	19.2
2000/2001	\$600,247	227	28.0

2000/2001 includes a large number of hail damaged vehicles

1. FUNDS GRANTED TO NON GOVERNMENT COMMUNITY ORGANISATIONS :

Organisation	Amount \$ 000	Program Area	Purpose
Cabramatta Community Centre PYDA	111	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	268	1.1 – Primary & Community Care	Drug and alcohol counselling, education and support services for youth
Odyssey House	727	1.1 – Primary & Community Care	Residential drug and alcohol treatment service
South West Alternative Program	139	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	86	1.1 – Primary & Community Care	Drug and alcohol prevention and education for young people
Open Family Cabramatta	60	1.1 – Primary & Community Care	Youth Drug Court pilot and other youth justice diversionary programs
Cabramatta Community Centre	63	1.1 – Primary & Community Care	AIDS awareness project for NESB adolescents and parents/caregivers
Bankstown Women's Health Centre	262	1.1 – Primary & Community Care	Clinical, counselling and health education services for women
Immigrant Women's Health Centre	292	1.1 – Primary & Community Care	Clinical, counselling and health education services for migrant women
Lifeline Macarthur	59	1.1 – Primary & Community Care	Telephone and face to face counselling services for the general community
Liverpool Women's Health Centre	448	1.1 – Primary & Community Care	Clinical, counselling and health education services for women
Southern Highlands Bereavement Care	41	1.1 – Primary & Community Care	Bereavement and support service
WILMA Womens Health	290	1.1 – Primary & Community Care	Clinical, counselling and health education services for women
Bankstown City Aged Care Limited	197	4.1 – Rehabilitation and Extended Care	Day care center for dementia clients
Triple Care Farm	31	1.1 – Primary & Community Care	Residential drug and alcohol treatment service
Families in Partnership	66	1.1 – Primary & Community Care	Improve and develop services to people with disabilities through partnership with their families.
Benevolent Society of NSW	1143	1.1 – Primary & Community Care	Clinical, Counselling & Health Education Services for Women
Aftercare Association	56	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

2. CONSULTANTS ENGAGED THROUGHOUT 2000/2001:

There were seventy three consultants engaged over the 2000/01 financial year for work costing less than \$30,000 each, at a total cost of \$ 451,701. There were four contractors engaged costing greater than \$30,000 during 2000/01, the details of which are as follows:

Contractor:	Unique Web
Cost :	\$33,718
Project :	Web based interface for Oracle Financials
Contractor :	Brandon Peter
Cost :	\$37,730
Project :	Data research on Diabetics funded by National Health & Medical Research Council
Contractor :	Carla Cranny & Associates
Cost :	\$31,950
Project :	Review of Health Promotion
Contractor :	Human Capital Alliance
Cost :	\$43,307
Project :	Health needs analysis of the refugee population.

3. LATE PAYMENT OF ACCOUNTS:

- a) Over the full financial year 97.01% of accounts were paid to vendors within agreed payment terms. The small percentage of late payments arose generally as a result of either disputes due to variations in the invoices or 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:

	1998/99 \$000	1999/00 \$000	2000/01 \$000
Current	9,604	9,045	12,210
Overdue:			
30 Days	753	2,563	1,550
30 to 60 Days	99	60	201
60 to 90 Days	66	6	223

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	702	66	21	-	14	804
Compensable	682	356	223	118	4,576	5,954
Ineligible	210	3	14	32	889	1,148
Other	-	72	-	-	-	72
Total	1,595	498	257	368	5,480	7,978

83% 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.

6. BUDGET DETAILS

- a) Budget details for the year ended 30 June 2001 are included in the financial statements.
- b) The financial plan for the 2001/2002 financial year provides for the following:

	\$ 000
Expenses	611,120
Revenue	74,127
Capital Outlays	33,000

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 2000/2001 financial year.

	SWAPS \$ 000	TNL \$ 000
a) Surplus/(Deficit) for the period	(371)	126
b) Long Service Leave Liability at 30 June 2001	3,136	123
c) Leave liability cash reserve balance	1,955	73
d) Equipment replacement reserve balance	1,613	1,199

SWAPS performed 883,728 requests in 2000/2001. This is 23,541 occasions of service higher than 1999/00 and represents 2.74% growth to last year's activity levels. Growth can be attributed to increasing complexity of patients treated, particularly in the Liverpool Health Service.

SWAPS traded to a deficit in 2000/01 owing to a deterioration in its revenue base as a result of reductions in the Medicare Benefits Schedule rates and the shift in patient classification to privately referred non inpatient status. These issues will be addressed in the SWAPS financial plan for the coming financial year.

The TNL provided 2,643,732 meal serves during 2000/2001. This is 147,932 meals greater than 1999/00 representing a 5.9% growth in activity levels.

8. MAJOR ASSETS

The following major asset acquisitions were made during the 2000/01 financial year:

Asset Description	\$ 000
Fairfield CT Scanner	925
Health Information Exchange	365
IT Infrastructure	268
Patient Administration System	9,758
Macarthur 4 th Linear Accelerator	1,140
Campbelltown Child & Adolescent Mental Health Unit	1,508

9. TOTAL STAFF EMPLOYED AT 30 JUNE:

CATEGORY	1998/99	1999/00	2000/01
Nursing	3,056.6	3,090.5	3,107.0
Medical & Support	1,993.0	1,992.1	2,086.1
Other	1,785.2	1,801.3	1,792.9
TOTAL	6,834.8	6,883.9	6,986.8

10. INVESTMENT PERFORMANCE

As at 30 June 2001, the Area had \$45.363 million invested in a range of short and long-term securities through the NSW Treasury Corporation Hour Glass Facilities.

Return on investments throughout the 2000/01 financial year averaged 8.0%, compared to 8.1% 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 \$581,000 was made in 2000/01 and the balance of this loan as at 30th June 2001 is \$94,000.

12. FINANCIAL PERFORMANCE INDICATORS

	Units of Measure	2001	2000
Inventory	Days	10	11
Trade Creditors	Days	34	29
Debtors – Patient Fees	Days	100	112
Debtors – Other	Days	41	11
Annual Leave	Days	32	31
Long Service Leave	Days	9	8
Superannuation	%	7	7
Annual Leave Owing (Average per FTE)	Days	41	39
Long Service Leave Owing (Average per FTE)	Days	51	49
Patient Fees Write-offs	%*	3	3
Workers Compensation	%*	3	3
Employee Related	%*	59	59
VMO	%*	4	4
Goods and Services	%*	29	29
Maintenance	%*	3	3
Current Asset Ratio (Current assets/current liabilities)	Ratio	1	1
Quick Asset Ratio (Current assets – inventory – prepayments/current liabilities – bank overdraft)	Ratio	1	1
RMR# as a percentage of Buildings and Plant & Equipment	%	3	4

(* % of total operating expenses)

(# RMR = Repairs, maintenance and replacements)

13. Clinical Drug Trials

Name of Trial	Pharmaceutical Company	Contribution \$	Full Cost Recovery Y/N	Patient / Client No.s in Trial	Duration / Period	Purpose of Drug
Liverpool Health Service:						
ECF Gastric	The University of Sydney	400	Y	4	1997 to Current	Gastric Cancer
Pancreatic Trial	Pharmacia	26,000	Y	4	2000 to Current	Pancreatic Cancer
Androgen Blockade	Metropolitan Health Services Board	2,100	Y	12	1999 to Current	Prostate Cancer
Irinotecan	The University of Sydney	1,000	Y	1	1999 to Current	Gastric Cancer
Adjuvant Taxotere	ANZ Breast Cancer Trials Group	2,500	Y	22	1999 to Current	Breast Cancer
Exemestane	ANZ Breast Cancer Trials Group	2,450	Y	2	1999 to Current	Breast Cancer
Herceptin	Roche Products	13,095	Y	3	1999 to Current	Breast Cancer
Iressa	Astra Zeneca	8,403	Y	4	2000 to Current	Lung Cancer
Mab Thera CVP	Roche Products	12,715	Y	5	2000 to Current	Non-Hodgkin's Lymphoma
Neuropathic Bone Pain	Royal Adelaide Hospital	200	Y	5	1996 to Current	Neuropathic Bone Pain
Oxaliplatin Colon	Sanofi Synthelabo	69,667	Y	17	1999 to Current	Colon Cancer
Panorex	Glaxo Wellcome	36,725	Y	29	1995 to Current	Colon Cancer
HD3	Aust. Leukaemia / Lymphoma Group	1,200	Y	9	1999 to Current	Hodgkin's Disease
Renal value 405 study	Novatis	0	Y	3	4 year	Anti - Hypertension
Renal NESP study	Amgen Aust. Pty Ltd	46,400	Y	13	2 year	Anaemia management
Renal Anaemia Management	Jansen Cilag	87,942	Y	17	5 months	Anaemia Management
Cardiology PACT Trial	Bristol-Myers Squibb	19,057	Y	85	2 years	PACT Trial. Statin Post ACS
Cardiology PRESTO	Smith Kline Beecham	42,750	Y	35	2 years	PRESTO Tranilast to prevent restenosis
Cardiology A-Z Tirofiban	Merck Sharpe & Dohme	24,431	Y	9	5 years	A-Z Tirofiban & Statin post ACS
Cardiology CAPRICORN	Roche	5,326	Y	5	1 year	CAPRICORN. Carvedilol post MI
Dermatology	3M Health Care	21,600	Y	18	1 year	Metvix Cream; Development of photodynamic therapy for skin disorder

13. Clinical Drug Trials (Continued)

Name of Trial	Pharmaceutical Company	Contribution \$	Full Cost Recovery Y/N	Patient / Client No.s in Trial	Duration / Period	Purpose of Drug
Bankstown Health Service:						
Xalatan Post Market Study	Pharmacia	2,100	N	6	5 years	Glaucoma control
Hero - 2 Trial	The Medicine Company	18,336	N	49	3 years	Thrombolysis for Myocardial Infarction
PACT Trial	Bristol-Myers Squibb	10,500	Y	64	9 months	Lipid lowering agent
Lilly NSCLC	Eli Lilly	3,000	Y	4	1 year	Lung cancer
Macarthur Health Service:						
Opus Timi 16	Serle/Quintile	11,512	Y	8	6 months	Trial of Orbofiban
Wingecarribee Health Service:						
HERO - 2	Cleveland Clinic Foundation	200	y	3	1 year & 10 months	Heparin Alternative (blood thinning)

COMPLAINTS

South Western Sydney Area Health Service resolved 980 complaints during the year. The most common complaints are about accessibility of services, followed by treatment provided and communication.

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

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

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 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.

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)

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)
 For Sector Nursing Service: 8.30am-9pm (Mon-Fri),
 8.30am-7pm (Sat, Sun, Pub.Hol)

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

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

LIVERPOOL HEALTH SERVICE**Liverpool Hospital**

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

Liverpool Community Health Centre

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

Cartwright Dental Clinic

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

Hoxton Park Community Health Centre

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

Miller Community Health Centre

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

Moorebank Community Health Centre

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

MACARTHUR HEALTH SERVICE**Camden Hospital**

Menangle Road
 Camden NSW 2570
 Ph: (02) 4634 3000
 Fx: (02) 4629 3880
 Hours of Operation: 24 hours every day

Campbelltown Hospital

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

Campbelltown Community Health Centre

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

Campbelltown Mental Health Service

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

Ingleburn Community Health Centre

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

Narellan Community Health Centre

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

Rosemeadow Community Health Centre

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

Queen Victoria Memorial Home

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

Wollondilly Health Centre

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

WINGECARRIBEE HEALTH SERVICE**Bowral & District Hospital**

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

Bowral Community Health Centre

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

THIRD SCHEDULE INSTITUTIONS**Carrington Centennial Hospital**

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

Karitane

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

Braeside

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

