



SSWAHS Statutory Annual Report 06/07

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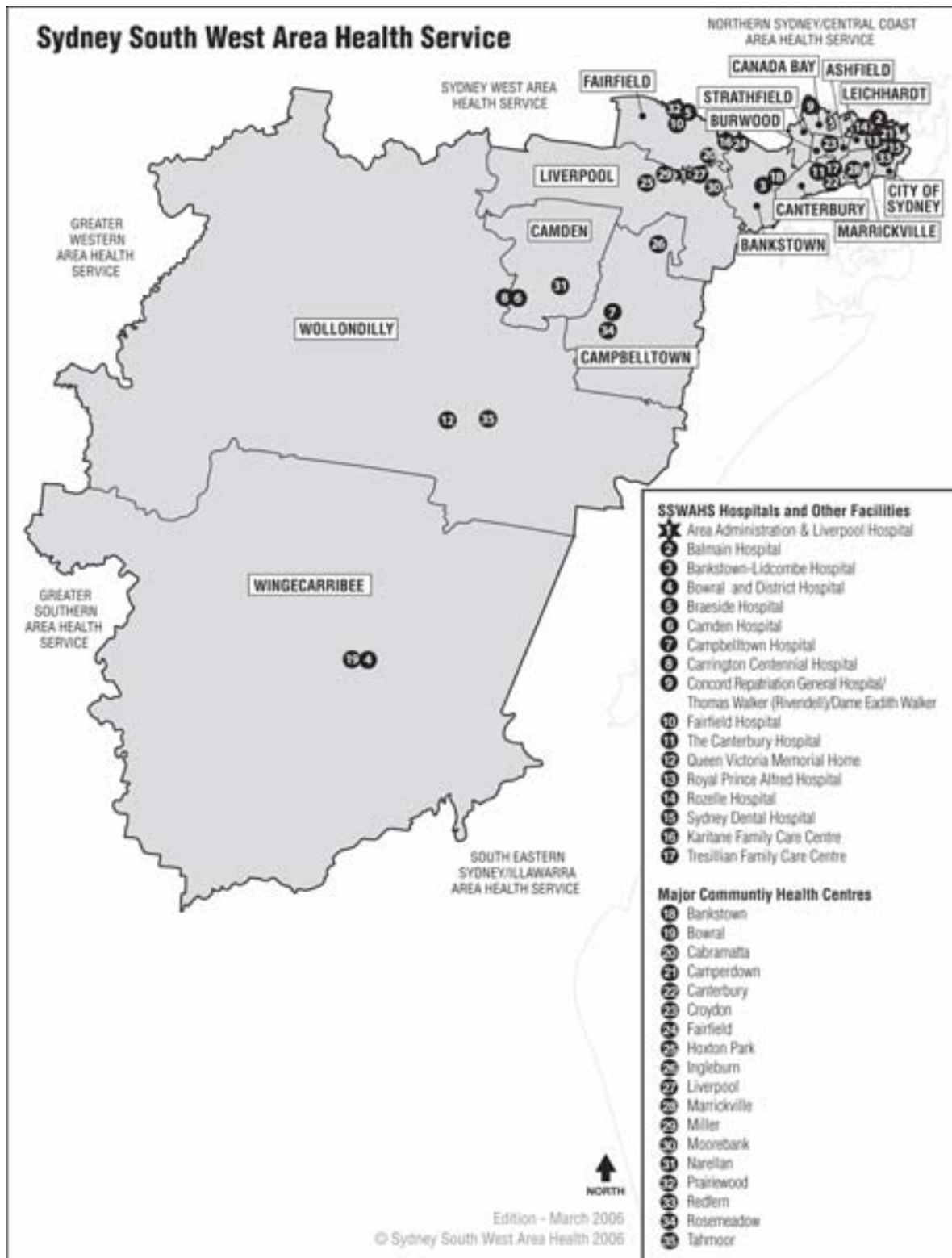
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SSWAHS Locations



The Hon Reba Meagher MP
NSW Minister for Health
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister

I have pleasure in submitting the Sydney South West Area Health Service (SSWAHS) 2006/07 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2006/07 Directions for Health Service Annual Reporting.

Yours sincerely



Mike Wallace
Chief Executive

Chief Executive Year in Review

It has been an exceptionally busy year for all staff, and especially those working in our Emergency Departments. Emergency Department presentations increased from 281,187 in 2005/06 to 311,764 in 2006/07; an increase of 10.87 per cent. Admissions through the Emergency Department also increased by 9.5 per cent. In 2006/07 SSWAHS had 93,952 ambulance presentations, the highest in the state.

Despite this increase in activity there has been a significant improvement in our triage performance across all five categories and in emergency access performance. More patients were admitted to wards within the eight hour benchmark compared to 2005/06, resulting in an overall improvement of nine per cent on the previous year.

The Eastern and Western zone clinical stream structures are being replaced with a single Area-wide clinical stream structure. The new structure, which is being finalised, has been developed with participation from senior clinicians and hospital general managers. It will enable better integration of clinical services and facilitate a common approach to patient care issues across the Area Health Service.

The Clinical Redesign program has embarked on several major projects this year aimed at improving the integration and networking of clinical services across the Area. The Surgical Redesign program has been successful in improving the management of our surgical waiting lists. This has greatly assisted with the elimination of all long wait patients, that is, those patients waiting longer than 12 months for care. The program has also helped reduce the number of category 1 patients waiting for surgery from 281 in 2005/06 to 21 as at June 30 2007.

The Aged Care Clinical Redesign program has commenced. The project is examining the design and delivery of services to older people. This includes the identification, development and implementation of a range of aged care best practice service models. The project aims to improve access to services by improving patient flow for older patients requiring aged care services, to improve quality and consistency of delivery models and provide timely access into and out of acute care, sub-acute care and non-

acute care. The program is now in its implementation stage.

A number of significant planning exercises were undertaken throughout the year which will link in with the Area Healthcare Services Plan. The Community Health Strategic Plan was developed to provide the strategic direction over the next five years for community services. With the anticipated growth in demand for all community health services, capacity will need to expand over the next five years and beyond. Much of this demand is directly related to population growth especially in the south west of the Area Health Service. However, there are other significant factors causing this increased demand including an ageing population, increasing rates of chronic disease, higher rates of obesity, changes to hospital models of care and technology which enables more people to be treated in the community.

The Aged Care and Rehabilitation Clinical Service Plan was developed to ensure that SSWAHS is able to meet the growing demand for aged care services and provide an equitable and accessible service across the Area Health Service.

It was pleasing to see the University of Western Sydney Clinical School open its medical school at Campbelltown Hospital in November 2006 with 104 students commencing the Bachelor of Medicine / Bachelor of Surgery Degree in March 2007. This has been supported by the appointments of a number of professorial positions including a Professor of Clinical Education, Professor of Surgery, Professor of Medicine, Professor of Immunology and a Professor of Mental Health.

Approximately 60 per cent of the first intake of students live in greater western Sydney. It is anticipated that these locally-trained future doctors will remain in the south west and establish their careers as providers of health care to the residents of south west Sydney.

The recently established Clinical Governance Unit has continued its good work throughout 2006/07 in building on its core business – that is, to facilitate improvements in clinical quality and safety.

A number of policies were implemented in accordance with these principles including the development of guidelines in response to

specific incidents. The National Medical Chart designed to reduce harm to patients from medication errors was fully implemented throughout the Area. I congratulate staff on the statewide audit results released in October 2006 which indicated that SSWAHS performed best in the state in three of the five categories audited and second in the state for the remaining two categories.

SSWAHS continued to work on several major capital works projects throughout the year including the Royal Prince Alfred Hospital (RPA) Stage 2A development, the Mental Health precinct located on the Concord Hospital site and the Liverpool Hospital Stage 2 redevelopment.

As part of RPA Stage 2, new laboratories, peri-operative, endoscopy and bronchoscopy suites were completed to provide patients with seamless entry into the hospital, improving both service delivery and efficiency. The new laboratories enhance the laboratory working environment, facilitating collaboration between services and improving work flows.

Construction of the purpose-built 174 bed \$58 million Mental Health Precinct located at Concord Hospital site is well underway and ahead of schedule. Collocating acute mental health services with a major teaching hospital will significantly improve access to diagnostic and treatment services for people with mental health disorders.

Planning for the Liverpool Hospital Stage 2 Phase 1 \$390 million redevelopment progressed well throughout the year with demolition expected to commence later in the year. The redevelopment includes a new clinical services building that will accommodate additional inpatient, critical care, procedures and diagnostic services and includes extensions to the education facilities of the Hospital. The redevelopment of Liverpool Hospital will create one of the largest and busiest hospitals in the country servicing the fastest growing population in the state.

The SSWAHS Nursing and Midwifery Services have had a successful year, particularly in workforce recruitment and retention. Since December 2004, using a range of strategies, we have successfully halved our nursing and midwifery vacancies across the Area Health Service and have the highest number of Nurse Practitioners employed in the state.

Overseas recruitment continues to be successful with 470 nurses and midwives

recruited since 2005 with a retention rate of approximately 80 per cent for 12 months or longer.

The Centre for Education and Workforce Development has developed a comprehensive suite of leadership and management development programs aimed at preparing aspiring clinicians for future leadership. The Centre is working with the University of Tasmania to develop a range of Graduate Certificate Programs and a Masters of Clinical Supervision and Leadership. These programs will be available in 2008.

In January 2007, SSWAHS welcomed its newest addition, Dr Teresa Anderson. Dr Anderson was appointed as the Area Director of Clinical Operations and was previously the General Manager of Liverpool Hospital. Dr Anderson is responsible for the operational and strategic management of Area health service facilities as well as the directorates of the clinical streams and clinical business units.

I would like to take this opportunity to commend all the staff and volunteers for your continuing hard work, dedication and commitment throughout the year.



Mike Wallace
Chief Executive

Highlights

Clinical School

The University of Western Sydney's Macarthur Clinical School, based at Campbelltown Hospital, opened to provide an important new hospital training facility for Sydney's newest medical students to develop and practice their early clinical skills. Half of the first 100 students starting this year come from the western Sydney area and will have a particular understanding of the health challenges facing the local population.

Digital Operating rooms

Two fully integrated digital operating rooms dedicated to minimally invasive surgery were opened at Concord Hospital. The facilities use digital cameras and video technology to navigate through the body to provide what is commonly called 'key hole' surgery. The technique helps to minimise surgical incision, reduce post operative pain and improve surgical recovery. The facility is the first adult public integrated digital operating room in NSW and will enhance the Hospital's educational and training capacity.

Hand hygiene DVD - taken up in NSW through CEC

SSWAHS' Hand Hygiene Campaign Working Group developed a DVD to be used to educate staff during orientation and in-service training and was made available on the Area's intranet. The seven minute resource was produced to raise awareness of the importance of hand hygiene and help ensure staff comply with infection control guidelines.

Launch of community participation framework

The publication of SSWAHS' Community Participation Framework formalised how patients and carers are involved in the provision of healthcare services. The Framework brings together the involvement of hospital auxiliaries, volunteer programs, local advisory groups, hospital boards and community programs. The new Community Participation Framework provides a stronger and more structured commitment to community participation across a range of activities and levels to improve the delivery of SSWAHS' health services.

Nursing and midwifery services

SSWAHS' recruitment drives for nurses and midwives have seen vacancy rates fall from 400 in December 2005 to 150 in June 2007. This is thanks in part to the continued success of overseas recruiting with 470 nurses and midwives recruited since 2005 and a further 113 expected in the near future. SSWAHS has also achieved a high retention rate with 80 per cent of nurses and midwives staying with the Area 12 months or longer. This has resulted in the reduction of the use of agency staff and overtime.

In partnership with the University of Tasmania, SSWAHS has partnered with Schools of Nursing in Denmark to provide clinical placements for Danish nursing students in their final year. The exchange program provides initiative opportunities for nurses from Australia and Denmark to experience different health care systems and develop professional networks.

Campbelltown Midwifery Group Practice

Campbelltown Midwifery Group Practice opened at Campbelltown Hospital to provide a best practice model of midwife-led maternity care. For those women not expected to have any complications the Practice provides a continuation of personal care by the same midwife to women during their pregnancy, birth and beyond.

Launch of Sub Acute Mental Health Unit

A new \$6 million 20 bed sub-acute Mental Health Unit was opened at Campbelltown to provide recovery and rehabilitation services for patients presenting with mental illness for the first time or who have an emerging mental health disorder. Nearly 40 staff have been employed to provide occupational and diversional therapy with a focus on healthy lifestyle and exercise. Longer lengths of stay enable patients to learn skills to live independently and avoid early readmission.

Liverpool Hospital redevelopment

The Premier of NSW, Morris Iemma, announced the \$390 million Phase 1

Highlights

redevelopment of Liverpool Hospital. The first stage of the re-development will double the size of the hospital to cater for the fastest growing region in the state.

The population of this area will grow by 325,000 people in the next 20 years – that is an extra 15,000 people every year.

The Phase 1 redevelopment includes:

- A new, extended and refurbished Clinical Services building
- Extended cancer and pathology facilities
- Related engineering services infrastructure
- Linking of the east and west campuses by bridge

Performance data

A total of 311,764 people presented to SSWAHS Emergency Departments – a 10.87 per cent increase on the previous year and over 30,000 extra patients. A greater number were admitted with a 9.5 per cent increase in the number of patients requiring hospital admission. Despite the increased demand on services the number of patients admitted to a ward, ICU or operating theatre from the ED within the eight hour NSW Department of Health benchmark increased by 9 per cent.

SSWAHS was also able to greatly increase access to surgery for patients requiring an operation within 30 days and reduced the number who had to wait longer by 95 per cent.

Preparation for SSWAHS going smoke free

SSWAHS made preparations to go smoke free on its sites from 2 July 2007. To help with the transition the Area offered eight weeks of free nicotine replacement to help staff kick the habit. All inpatients who were smokers were also offered free NRT for the duration of their hospital stay. Patients were also encouraged to take advantage of free smoking cessation clinics which provide support to smokers who want to quit with one-on-one counselling services and advice on quitting.

First Aboriginal and Torres Strait Islander Conference

SSWAHS with Sydney South West Aboriginal and Torres Strait Islander Health Service held the first ever Aboriginal and Torres Strait Islander Perinatal and Infant Mental Health Conference. The conference provided an important opportunity for delegates to get together to discuss recent developments in appropriate interventions during pregnancy and in a child's early years. Topics discussed included: engaging Indigenous fathers, working with traumatised mothers and infants, enhancing wellbeing in preschoolers, the Aboriginal midwives program and birthing in the bush.

New Programs at Balmain keep older people well and at home

A new Transitional Aged Care Program at Balmain Hospital is providing more beds and home care for elderly people to allow more of them to stay in their own homes and avoid admission to residential nursing care.

Combined with the 14 bed Transitional Aged Care Unit – providing a home-like environment - the program aims to help elderly people return to health, regain life skills and care for themselves after a stay in hospital.

Innovative gym for elderly expands

The Centre for STRONG medicine at Balmain Hospital has moved into new, expanded premises at Balmain Hospital. The STRONG program specialised gym for the elderly has been rebuilt with state-of-the-art equipment to help increase the strength, mobility and quality of life of older people.

Endoscopic ultrasound (Neil Meritt)

Bankstown Hospital installed state-of-the-art digital endoscopic ultrasound equipment that will greatly enhance the Hospital's ability to treat and manage some of the most common cancers. The new equipment – the first of its kind to be installed in a public hospital – combines an ultrasound processor on the tip of an endoscope to give improved ultrasound

Highlights

imaging of the gastro-intestinal tract and the surrounding abdominal organs.

Bankstown wins Director General's Award

Bankstown Hospital won the prestigious Director General's Award at the Baxter 2006 NSW Health Awards for its fast track service which resulted in more ED patients being seen and treated in less time.

Environmentally friendly transport guide for Camden Hospital

Camden Hospital launched a transport access guide (TAG) to give people information on how they can reach the Hospital using sustainable forms of transport. The detailed map provided information on bus routes, walking and cycling routes and the time it takes to reach the destination. As well as providing important information on how to get to the Hospital the TAG encourages people to do something positive for their health and the environment.

Short Stay and Fast Track

A \$90,000 expansion of the Emergency Department at Fairfield Hospital has increased ED and triage capacity by one quarter with the completion of the Fast Track and Short Stay clinical treatment and observation areas. The new areas help free acute beds in the ED by treating patients who can be discharged within twelve hours for Short Stay and four hours for Fast Track.

TOE Clinic

A new non-invasive cardiology service at Fairfield Hospital was opened to diagnose the presence of blood clots in patients who have had a stroke or identify congenital defects such as holes or lesions on the heart. The new transoesophageal echocardiography (TOE) service uses an ultrasound camera inserted in the patient's oesophagus to examine the heart's valves and also allows doctors to safely administer electric cardioversion treatment for patients with irregular heart beats. The TOE service completes Fairfield Hospital's redevelopment of cardiology services and means the

Hospital has a fully-developed non-invasive cardiac laboratory.

Renal dialysis

Work began on the new 12 chair renal dialysis service at Fairfield Hospital. The important new service will allow local people with end-stage renal disease to be treated in their own community. The additional chairs will help meet the growing needs of the Fairfield community and will provide support for dialysis patients in the local area who previously had to travel further away.

Recognising research achievements

Professor Clive Harper, Director of Neuropathology at RPA, won the prestigious RPA Foundation Medal for Excellence in Research for his groundbreaking research into alcohol-induced brain damage. Professor Harper and his colleagues provided the first quantitative pathological data on the effects of alcohol on the human brain, including confirmation of brain shrinkage.

Day Assessment Unit

Liverpool Hospital opened a midwife-led Day Assessment Unit to provide outpatient services to women experiencing minor complications during their pregnancy, such as high blood pressure. The new service means women can be monitored during the day and able to return home to spend time with their families in the evening.

NICU cot

RPA's Neonatal Intensive Care Unit received a new \$800,000 neonatal flexi cot. The new cot will be supported by a team of specialist nurses to provide the highest level of one-to-one nursing care 24 hours a day to vulnerable newborn babies.

UNSW and Whitlam Joint Replacement Centre affiliation

The University of New South Wales and the Whitlam Joint Replacement Centre celebrated their affiliation with an official ceremony at Fairfield Hospital attended by former Prime Minister and Patron of the WJRC the Hon Gough Whitlam. The

Highlights

partnership will allow the Centre to access the UNSW Research Office and biomedical library and ensure medical students get access to the highest quality training opportunities.

Imaging equipment upgrade for Fairfield Hospital

A new top-of-the-range GE Logiq 9 ultrasound unit at Fairfield Hospital will enable more than 1,000 additional antenatal patients to be scanned at the Hospital each year - an increase of more than 40 per cent. The new ultrasound machine will provide advanced 3D and 4D real-time imaging which gives clinicians a very clear image allowing more accurate diagnoses of a wide range of conditions

Health Service Profile

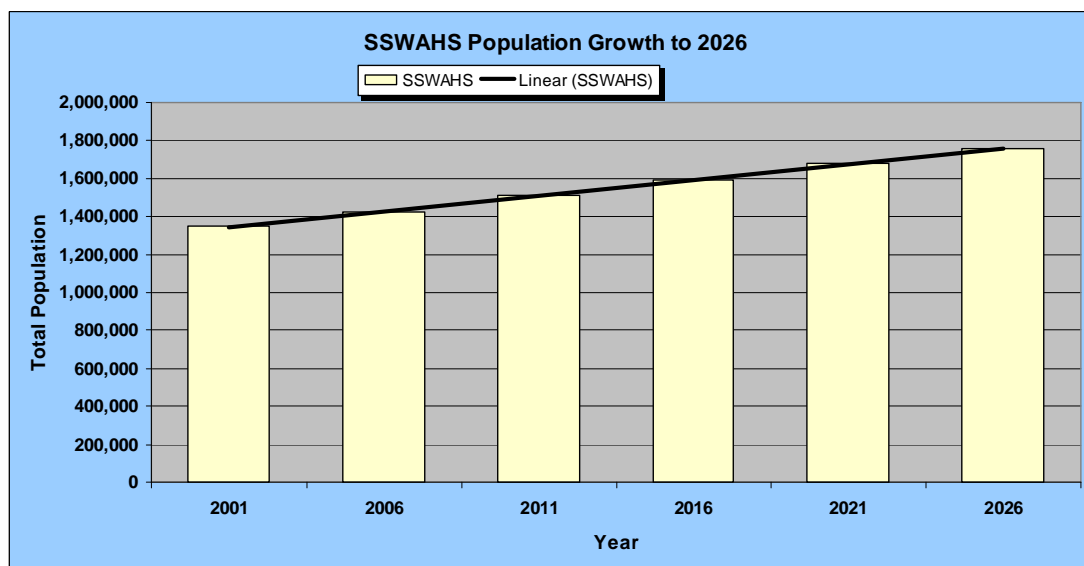
Sydney South West Area Health Service (SSWAHS) was formed as a legal entity from 1 January 2005, and is currently the most populous Area Health Service in the NSW, with approximately 20 per cent of the NSW population residing within its borders.

SSWAHS comprises of the following Local Government Areas (LGAs):

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

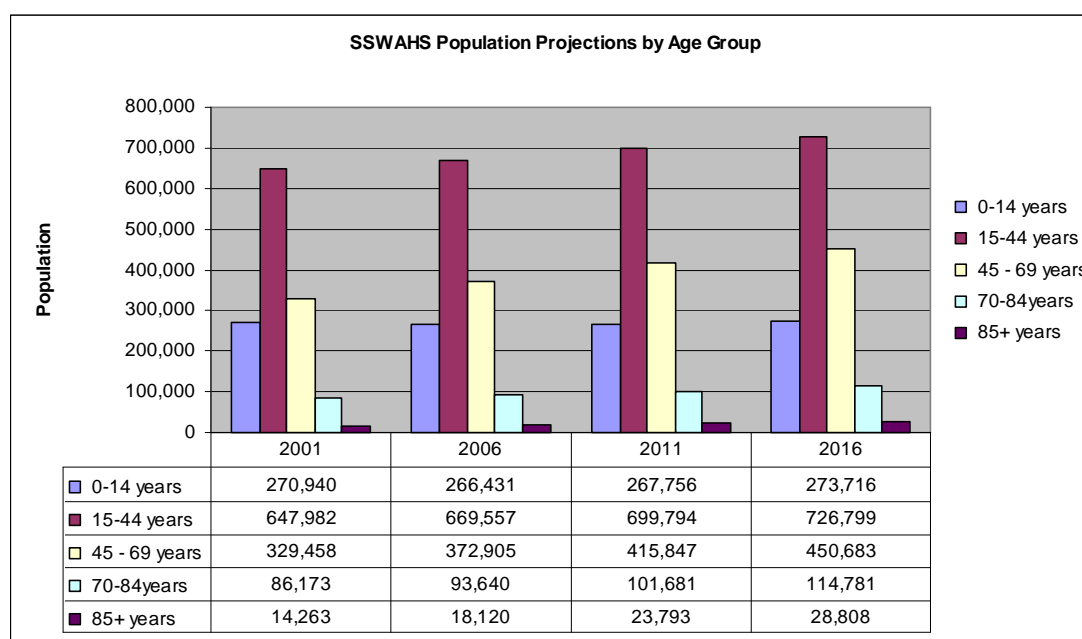
SSWAHS covers a land area of 6,380 square kilometres and has a current population of approximately 1.42 million.

With areas projected for both substantial new land release for residential development and medium density urban infill, SSWAHS will continue to be one of the fastest growing parts of the State. Its population is projected to increase by 12.25 per cent over the next ten years, reaching over 1.6 million people by 2016. Much of this growth is attributed to the development of the South West Growth Centre.



Sydney South West Area Health Service Population Growth to 2026						
Year	2001	2006	2011	2016	2021	2026
Inner west	551,970	592,059	629,037	657,701	673,092	688,744
South West	796,846	828,594	879,834	937,086	1,004,126	1,068,211
Total	1,348,816	1,420,653	1,508,871	1,594,787	1,677,218	1,756,955

Health Service Profile



Population Characteristics

SSWAHS is the most ethnically diverse area health service in Australia; 39 per cent of the population speak a language other than English at home. This is most notable in Fairfield and Canterbury, where over 60 per cent of the population do not speak English at home. A high proportion of new migrants to Australia, including refugees, choose to settle in southwest Sydney. There is considerable variation between LGAs in the proportion of the population identifying as Aboriginal (highest in South Sydney and Campbelltown).

The Area's population is also growing by around 19,000 new births per annum. In some places, notably Canterbury, Liverpool and Bankstown, fertility rates are 2.09 - 2.16 births per woman, above the State average of 1.79. This trend is projected to continue with young families expected to comprise a large proportion of residents in new residential developments.

Campbelltown, Camden and Liverpool LGAs have the highest proportion of younger people (0-14 years). Area-wide there are 266,000 children under 15 years (19 per cent of the population).

LGAs with the highest proportion of people aged 85 years and over are Ashfield, Burwood and Strathfield. Area-wide there are 18,000 people over the age of 85 (1.2 per cent of the population). Substantial

numbers of people are over the age of 65 years in some LGAs. Bankstown has more than 24,000 and Fairfield and Canterbury both report 18,000. Hospital data indicates that people over the age of 65 years utilise 45 per cent of all acute hospital bed days. The number of people aged over 65 is projected to increase by 45 per cent by 2016, when they will represent 13 per cent of the SSWAHS population.

Southwest Sydney is characterised by a large number of recent migrants, significantly higher levels of unemployment and a high proportion of families dependent on welfare. The Area has nine of the ten lowest socio-economic communities within metropolitan Sydney.

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

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

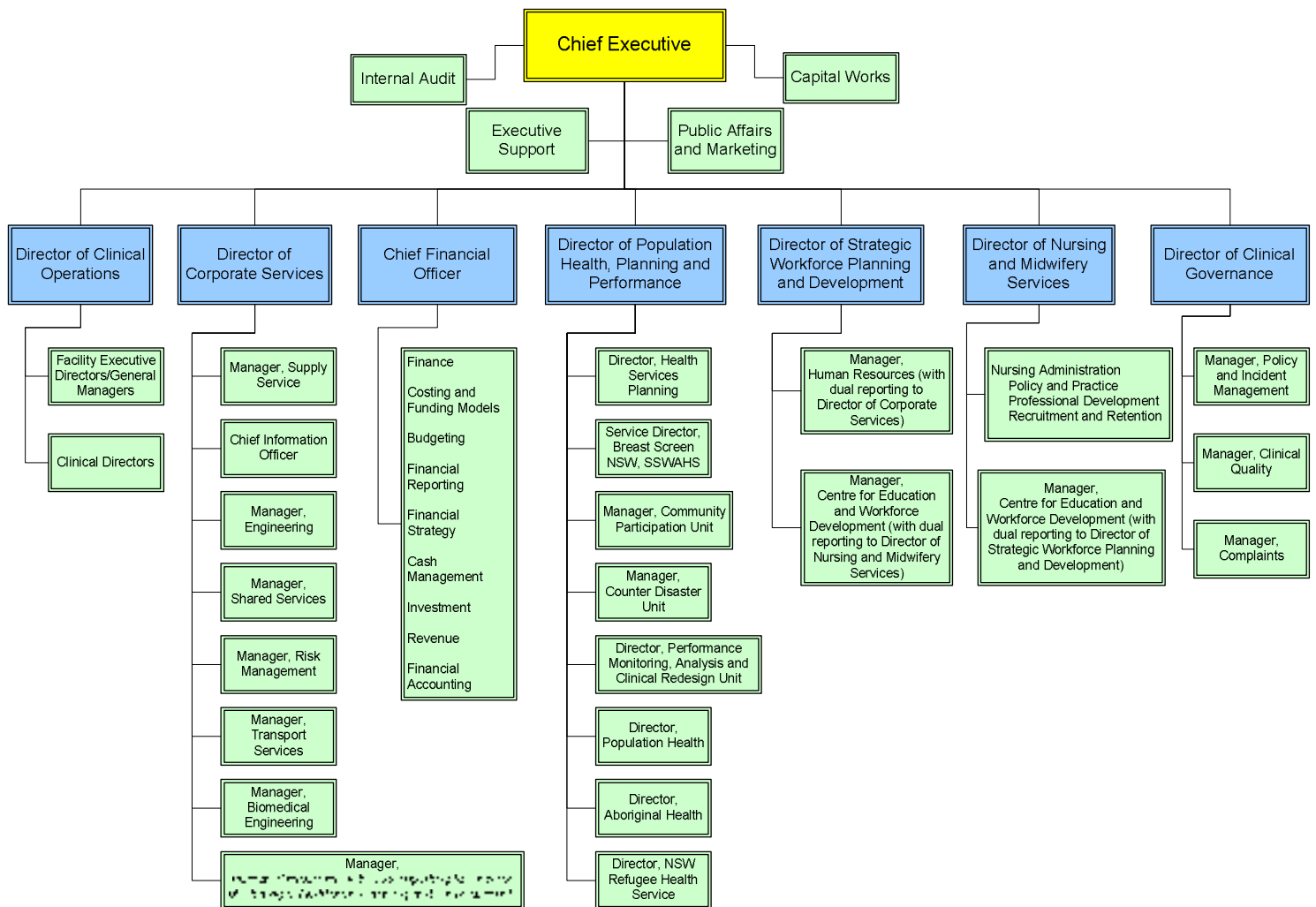
Organisation Chart

The organisational structure is separated into tiers and incorporates the clinical governance model as well as legislative and statutory responsibilities for the SSWAHS.

The first tier within SSWAHS is the position of Chief Executive. The Chief Executive is accountable for the overall corporate governance, performance and strategic planning of the organisation.

The position of Chief Executive reports directly to the Director-General of NSW Health.

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



Purpose and Goals

SSWAHS has incorporated NSW Health's vision *Healthy People – Now and in the Future* into its own strategic plan – *A New Direction for Sydney South West Health Service Strategic Plan towards 2010*.

The vision is underpinned by four goals and seven strategic directions. The four goals are:

- To keep people healthy
- To deliver high quality health services
- To provide the health care people need
- To manage health services well

The seven strategic directions are:

1. Make prevention everybody's business
2. Create better experiences for people using the health system
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services and health support services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities

For each of the seven strategic directions, SSWAHS has developed local objectives. These directions are summarised below.

1. Make prevention everybody's business

- Encourage the adoption of healthy lifestyles and the development of healthy environments
- Reduce health disadvantage
- Improve awareness of prevention activities and services

2. Create better experiences for people using the health system

- Utilise collaborative processes involving consumer feedback and information from health care reporting systems to continuously improve the quality and safety of health services
- Improve service access, efficiency and effectiveness
- Provide integrated and networked care across the whole of SSWAHS

3. Strengthen primary health and continuing care in the community

- Expand the range of services available in the community and domiciliary setting
- Increase the focus of SSWAHS activities on early intervention

4. Build regional and other partnerships for health

- Actively participate in and develop appropriate forums to build the capacity of the region to respond to current and anticipated health issues
- Engage and involve stakeholders in the development of SSWAHS policies, plans and initiatives

5. Make smart choices about the costs and benefits of health services and health support services

- Strengthen the financial sustainability of SSWAHS
- Provide the information necessary to support decision making

6. Build a sustainable health workforce

- Ensure SSWAHS is the Area Health Service that people want to work in and in which they can build a career
- Ensure our workforce profile is matched to the needs of our population, in terms of numbers and skills

7. Be ready for new risks and opportunities

- Build the capacity and reputation of SSWAHS as a leader in health research and education
- Respond to changes in the operating environment of SSWAHS in a timely manner

The SSWAHS values of justice, respect, integrity, conviction, reflectiveness and flexibility will be evident in all aspects of operations and accountability will be strengthened through regular and improved performance reporting.

Corporate Governance Statement

The Chief Executive

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

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

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

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring performance of the Area Health Service
- Monitoring financial performance of the Area Health Service
- Monitoring the quality of health services
- Industrial relations/workforce development
- Monitoring clinical, consumer and community participation
- Ensuring ethical practice

Strategic direction

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

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

Code of conduct

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

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

Risk management

The Chief Executive is responsible for supervising and monitoring risk management by the Area Health Service, including the SSWAHS

system of internal controls. The Chief Executive has mechanisms for monitoring the operations and financial performance of SSWAHS.

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

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

Committee structure

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

Quality committees

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

Audit and Risk Management Committee

The Chief Executive has established an Audit and Risk Management Committee.

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

- Chair: Independent external expert
- Second external expert
- Chief Executive

The following people attend each meeting:

- Manager Internal Audit
- Chief Financial Officer
- Independent Auditor

Corporate Governance Statement

The Audit and Risk Management Committee meets five times per year. The objectives of the Committee are to:

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

Finance and Performance committee

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

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

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

- Examine budget allocations
- Monitor overall financial performance in accordance with budget targets
- Develop and maintain efficient, cost effective finance functions and information systems
- Ensure appropriate financial controls are in place
- Manage funds effectively

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

Performance appraisal

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

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

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

Clinical Governance

The Clinical Governance Unit (CGU) continues to take a leadership role in the provision of quality of care services to our consumers.

The key objectives and outcomes of the CGU's activities for 2006/07 have been:

- implementation of State Quality and Safety Initiatives
- implementation of the Incident Information Management System
- provision of education to staff on incident management and safety improvement
- training in clinical practice improvement based on quality improvement projects. This was undertaken by small teams in a facility or service. 61 staff attended four frontline complaints management workshops. 185 staff attended seven workshops on Quality Tools and CPI Methodology.
- complaints management
- implementation of initiatives instigated by the NSW Health Quality and Safety Branch and/or the Clinical Excellence Commission (CEC)
- Review and development of Area-wide policy and clinical practice guidelines
- Provision of advice and support for facilities undergoing the Australian Council on Health Standards Evaluation and Quality Improvement Program (ACHS EQUIP) accreditation process.

Incident Information Management

The Incident Information Management System (IIMS) is used by staff across the Area to report incidents. IIMS aims to facilitate healthcare professionals in identifying, tracking and managing clinical, workforce and corporate incident information

The table below summarises the quarterly reporting of incidents using IIMS in SSWAHS over the past two financial years.

Year	July - Sept	Oct - Dec	Jan - Mar	Apr - Jun	Year Total
2005-06	5,661	5,300	5,353	5,817	22,131
2006-07	5,848	5,208	5,646	5,789	22,491

In 2006/07 Incident Information Management System (IIMS) clinics were implemented. The clinics are practical hands on sessions for managers. They were designed to increase the skills of staff who manage incidents and for staff to learn how to design incident reports, export data and design graphs. The clinics also provide opportunities to explore particular issues related to the notification and management of incidents. Initial evaluations are very favourable. Further evaluation is planned to assess application of knowledge. 171 staff members have attended the program.

The half-day education program on Clinical Incident Management Skills was continued with a further 11 sessions conducted during 2006/07, attended by a total of 270 staff.

Clinical incident management for medical officers program was developed and piloted. Initially 17 junior doctors attended this program. It was well received and a further rollout is planned.

Complaints Management

The SSWAHS Designated Senior Complaints Officer (DSCO) is responsible, during office hours, for ensuring that best practice is met regarding patient complaint handling standards.

The DSCO has a combination of clinical, legal and mediation skills. They assist or undertake the investigation and management of serious patient related complaints or issues relating to patient care and clinical practice. They meet every second month with the facility patient liaison officers to ensure consistency in complaint handling standards across the SSWAHS facilities.

The DSCO also attends the Area's conciliation meetings to assist with the resolution of serious patient related complaints and complaints from the Health Care Complaints Commission (HCCC).

In conjunction with the facility patient liaison officers, the DSCO has developed a two hour education program entitled *Your role in taking a patient related complaint*. The workshop is designed for all categories of hospital staff and is being rolled out across all facilities of SSWAHS. Results to date have been favourable.

Clinical Governance

Root Cause Analysis/Patient Safety Program

The following table sets out the number of Severity Assessment Code (SAC) 1 incidents reported each quarter for which a Root Cause Analysis (RCA) has been undertaken.

Jul – Sept 06	Oct – Dec 06	Jan – Mar 07	Apr – Jun 07
27	26	21	30

Three two day training sessions on the RCA methodology for clinical staff were completed during the year. A total of 79 staff attended the training. A modified two hour session for consumer representatives was conducted and six consumers attended.

Development of Area-wide Clinical Guidelines

The following guidelines have been developed, endorsed and implemented by the Area Clinical Quality councils to assist clinicians in providing best-practice performance

- clinical handover
- supervision of junior medical staff
- clinicians on-call
- obtaining a second opinion
- management of intravenous potassium in adult patients
- Emergency Department management of organophosphate poisoning
- Central venous access device (CVAD) position confirmation
- *Look Back* policy
- safe use of intrathecal chemotherapy

Implementation of State Quality and Safety Initiatives

- National Inpatient Medication Chart implemented in all eleven acute care facilities within SSWAHS
- Bloodwatch project
- falls prevention

- hand hygiene. This included the development of a DVD/ Video within SSWAHS which will be rolled out across NSW by the CEC.

The CGU web site was launched in September 2006. Key information such as the Clinical Policy and Guidelines can now be accessed online.

Performance Indicators

Strategic Direction 1 Make prevention everybody's business

Performance Indicator: Chronic disease risk factors

Desired outcome

Reduced prevalence of chronic diseases in adults.

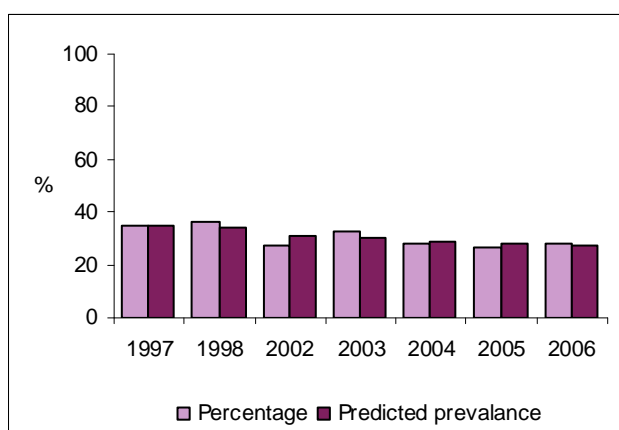
Overall context

The NSW Health Survey includes a set of standardised questions to measure health behaviours.

Alcohol

Context

Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health and wellbeing of others through alcohol-related violence and road trauma, increased crime and social problems.



Alcohol - risk drinking behaviour (%)

	Percentage	Predicted prevalence
1997	34.8	35
1998	36.2	34
2002	27.1	31
2003	32.7	30
2004	28.4	29
2005	26.6	28
2006	28.4	27

Interpretation

Data for the chronic disease risk factors are published in the NSW Population Health Survey 2007. Sydney South West Area Health Service's (SSWAHS) target for the chronic disease risk factor of alcohol was to achieve a reduction on the baseline amount of 27 per cent. As at the 2007 NSW Health Survey Report, SSWAHS had achieved 28.4 per cent. The predicted prevalence is 27 per cent.

Future initiatives

Drug Health Services (DHS) continues to provide a range of services to reduce chronic disease risk factors in this target group. Outpatient services include intake, assessment, counselling and specialist medical clinics which offer pharmacotherapy treatments. Detoxification and rehabilitation services are also provided in the inpatient and outpatient setting.

During the reporting period July 2006 – December 2006, most clients entering treatment identified alcohol as the principle drug of concern – this accounted for 35 per cent (1,426 clients) of all presentations. In the subsequent reporting period January 2007 - June 2007, 37 per cent, (1,344) of clients identified alcohol as the principal drug of concern.

Professor Paul Haber, Drug Health Services Medical Director and Associate Professor Kate Conigrave are key investigators currently supervising 10 research projects at Royal Prince Alfred Hospital specifically directed to reduce the harms associated with alcohol use. In addition, DHS is involved in an evaluated training program for GPs in assessment and delivery of brief interventions. In collaboration with the University of Sydney, a new course has been designed and piloted which will train Aboriginal Health workers in prevention and treatment of alcohol problems.

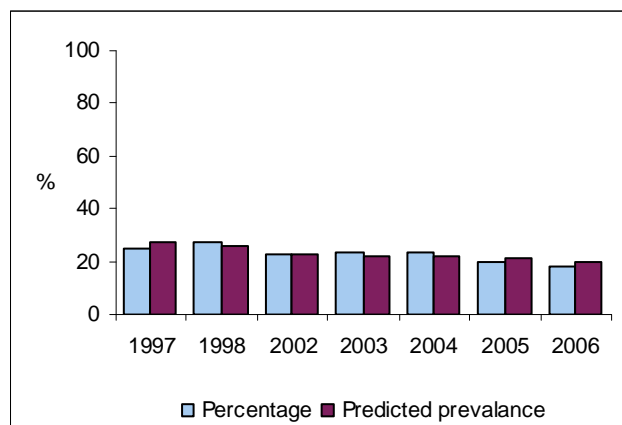
Performance Indicators

Smoking

Context

Smoking is responsible for many chronic health conditions including cancers, and respiratory and cardiovascular diseases, making it the leading cause of death and illness in NSW. The burden of illness resulting from smoking is even greater for Aboriginal adults than the general population.

Percentage of current smokers aged 16 years and over, SSWAHS, 1997-2006 (Source: NSW Health Survey)



Smoking - daily or occasionally (%)

	Percentage	Predicted prevalence
1997	24.9	27
1998	27.5	26
2002	22.9	23
2003	23.7	22
2004	23.8	22
2005	19.4	21
2006	18.2	20

Interpretation

SSWAHS' target was to achieve a reduction in smoking prevalence from a 2002 baseline of 23 per cent. This has been achieved. In the 2006 NSW Health Survey the measured prevalence of smoking in SSWAHS was 18.2 per cent (95 per cent CI: 15.2-21.2 per cent). The smoothed (predicted) prevalence estimate for SSWAHS in 2006 was 20 per cent suggesting that the estimate of smoking prevalence from the 2006 survey may have been lower than real rates. Overall data indicates a continuing decline in smoking prevalence. This is particularly marked in men. Smoking prevalence is now almost equal in men and women (data not shown). The 2007 forecast is for a further decline in prevalence to 19 per cent. The measured prevalence of smoking in NSW as a whole in 2006 was 17.7 per cent.

Future initiatives

Ongoing reductions in smoking rates amongst adults may be due in part to tobacco control activities coordinated by the NSW Cancer Institute and its tobacco control mass media network. Locally, the Smoke Free Environment Policy has been implemented throughout the Area Health Service and SSWAHS is continuing to offer a program of free Nicotine Replacement Therapy and support for smoking cessation to patients and staff. The Health Promotion Service has identified tobacco control in the Strategic Plan for 2006 - 2011 as one of four major priorities. Specific projects have been implemented in collaboration with other health service departments and external agencies including a smoking cessation and pregnant women project, a Chinese tobacco project, Aboriginal and Torres Strait Islander tobacco control strategies, an Environmental Tobacco Smoke Intervention in the Healthy Beginnings Project, a local government project with Fairfield Council, an Arabic Waterpipe Project, evaluation of the Arabic Tobacco Control Project and provision of support for the NSW Health Telehealth workforce training program. The Smoke Free Environment Legislation which banned smoking in licensed pubs and clubs from July 2007 - except for unenclosed areas - is a focus of monitoring and enforcement for the coming year by Environmental Health Officers from the Public Health Unit.

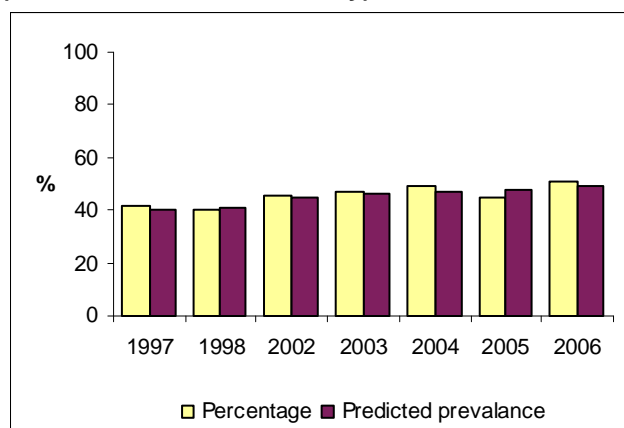
Performance Indicators

Overweight and obese

Context

Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning. Overweight is defined as a body mass index (BMI) between 25 and 25.9 and obese is defined as a BMI of 30 or greater.

Percentage overweight and obese, persons aged 16 years and over, SSWAHS, 1997- 2006 (Source: NSW Health Survey)



Overweight or obese (%)

	Percentage	Predicted prevalence
1997	41.3	40
1998	39.8	41
2002	45.8	45
2003	47	46
2004	49.1	47
2005	44.4	48
2006	50.4	49

Interpretation

SSWAHS' target was to achieve a reduction in the proportion of adults who are overweight and obese from a 2002 baseline of 45 per cent. This has not been achieved. In the 2006 NSW Health Survey the measured prevalence of overweight and obese in SSWAHS was 50.4 per cent (95 per cent CI 46.6-52.2 per cent). The smoothed or predicted prevalence for 2006 was a slightly lower 49 per cent. The measured prevalence for the whole of NSW in 2006 was 50.4 per cent. There is a long term trend of increasing levels of overweight and obesity and a stable prevalence over the coming years is not anticipated. The forecast prevalence of overweight and obese for SSWAHS for 2007 is 50 per cent.

Future initiatives

In the foreseeable future, a reduction in the prevalence of overweight and obesity is unlikely to occur in NSW given the complex social and environmental causes. However, a number of projects are being initiated to address the issue including the development of an Area-wide strategic plan to promote healthy weight, and an NHMRC-funded randomised controlled trial of an early intervention project targeting parents of 0-2 year olds. Another major project, now complete, was the *Walk to School* study, a two-year, randomised controlled trial involving 24 primary schools. It aimed to increase the proportion of upper primary students walking to and from school. Evaluation data is currently being analysed, and preliminary results look promising.

Performance Indicators

Strategic Direction 1 Make prevention everybody's business

Performance Indicator: Potentially avoidable deaths

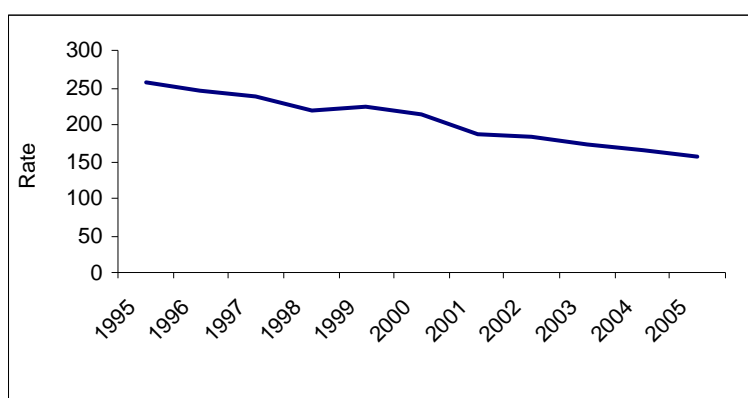
Desired outcome

Increased life expectancy.

Context

Potentially avoidable deaths are those attributed to conditions that are considered preventable through health promotion, health screening and early intervention, as well as medical treatment. Rates of potentially avoidable deaths (before age 75 years) provide a measure that is more sensitive to the direct impacts of health system interventions than rates for all premature deaths.

Potentially avoidable deaths in persons aged <75 years, SSWAHS, 1995-2005 (rate per 100,000)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
AHS	257.3	247.0	237.9	218.9	223.8	212.3	187.8	184.9	171.8	164.4	156.9

Interpretation

Premature avoidable deaths have fallen steadily between 1995 and 2005. The target for SSWAHS was to achieve a reduction in the rate of potentially avoidable deaths among persons aged less than 75 years from a baseline of 164 per 100,000 in 2004. In 2005 the age-adjusted avoidable death rate per 100,000 population fell from 164 to 157.

Future initiatives

SSWAHS implements many clinical and public health programs that target health promotion and prevention, early identification and management of acute and chronic diseases, the combined effect of which is to reduce the rates of potentially avoidable deaths amongst persons aged less than 75 years. These many different programs include promotion of breastfeeding, immunisation, prevention of cardiovascular disease and reducing mortality from existing disease (through, for instance, tobacco control, promotion of healthy diet and healthy weight, treatment of high blood pressure, best practice management of cardiovascular events), prevention of cancer and reducing mortality from existing disease (through, for instance tobacco control, screening programs, best practice management of cancer), early detection and best practice management of diabetes, and falls prevention programs.

Performance Indicators

Strategic Direction 1 Make prevention everybody's business

Performance Indicator: Adult immunisation

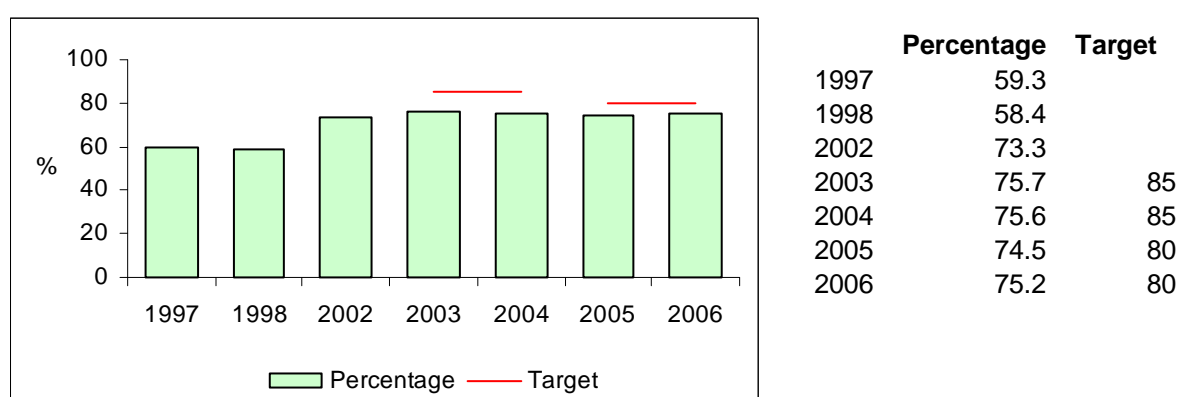
Desired outcome

Reduced illness and death from vaccine-preventable diseases in adults.

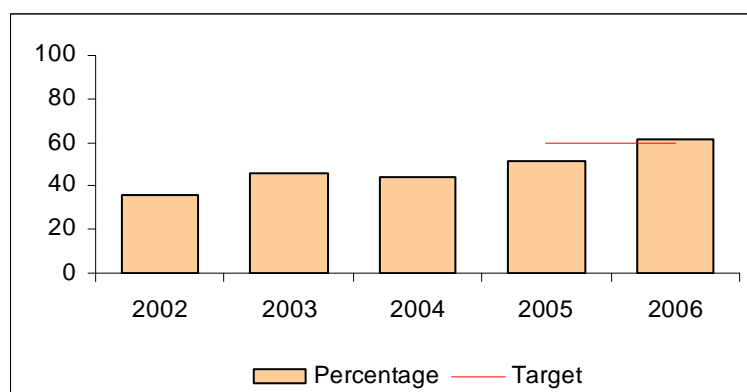
Context

Adult vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and provided free of charge for people aged 65 years and over, Aboriginal people aged 50 and over, and those aged 15–49 years with chronic ill health.

Percentage of persons aged 65 years and over vaccinated against influenza in the last 12 months, SWSAHS, 1997-2006 (Source: NSW Health Survey)



Percentage of persons aged 65 years and over vaccinated against pneumococcal disease in the last 5 years, SSWAHS, 2002-2006 (Source: NSW Health Survey)



Interpretation

SSWAHS' target for influenza immunisation amongst people aged 65 years and over was to achieve 80 per cent coverage. In 2006 the proportion of people aged 65 years and over vaccinated against influenza in the last 12 months was 75.2 per cent and the 80 per cent target was not achieved. The overall proportion in NSW vaccinated was 75.0 per cent. Influenza immunisation rates have plateaued in recent years. In contrast, the proportion of people aged 65 years and over vaccinated in last five years against pneumococcal disease in SSWAHS has increased steadily and in the most recent 2006 NSW Survey was 61.7 per cent, meeting the target.

Performance Indicators

Future initiatives

The influenza vaccination program and the associated pneumococcal vaccination program is largely funded and coordinated by the Commonwealth government. SSWAHS has been and will continue to be involved in promoting the influenza vaccination program by providing information to Divisions of General Practice quarterly meetings and general practitioner newsletters. Nursing homes within the area that had not ordered influenza vaccine will continue to be followed up by phone to ensure that the vaccination program is available to residents.

Performance Indicators

Strategic Direction 1 Make prevention everybody's business

Performance Indicator: Children fully immunised at one year

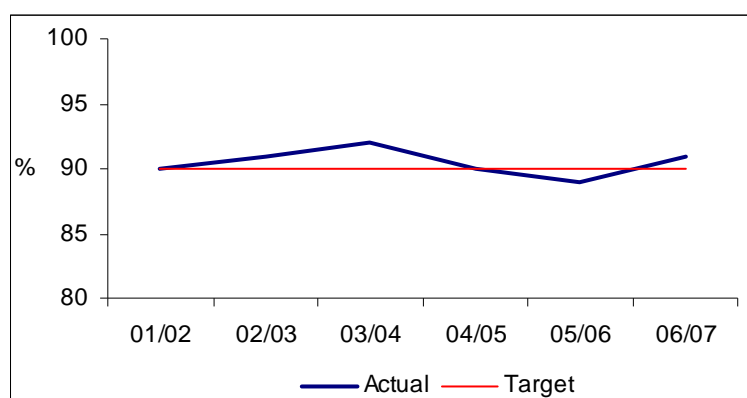
Desired outcome

Reduced illness and death from vaccine-preventable diseases amongst children.

Context

A range of childhood vaccinations are provided free of charge as part of the NSW immunisation schedule. There has been substantial progress in reducing the incidence of vaccine-preventable disease in NSW. However, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Percentage of SSWAHS children fully immunised by age 15 months (Source: Australian Childhood Immunisation Register)



	01/02	02/03	03/04	04/05	05/06	06/07
Actual	90	91	92	90	89	91
Target	90	90	90	90	90	90

Interpretation

The target level of immunisation coverage amongst children at one year of age for SSWAHS in 2006/07 is >90 per cent. SSWAHS achieved 91 per cent and met the State target. These rates are calculated using data from the Australian Childhood Immunisation Register (ACIR), which records childhood immunisations, and the number of Medicare-registered children in each age group resident in the area.

General practitioners (GPs) are the providers of at least 85 per cent of vaccinations in NSW for this age group. Councils also provide some childhood immunisations. Barriers to achieving higher immunisation rates include:

- Parental choice and information about immunisation
- Mobility of families and children after birth. Focus groups conducted by the Public Health Unit with GPs in Ashfield have identified that many Asian-born parents travel overseas after the birth of the baby, often until the child is ready for school, and this impacts upon immunisation rates, as documented by the ACIR (these children are counted as being overdue for immunisation until they return to Australia and documentation of overseas immunisation is provided, if available, to the ACIR)
- Data issues - for example, lack of immunisation data provided by GPs to the ACIR.

Performance Indicators

Future initiatives

Overall, it is the individual clinical practice of GPs in counselling parents, vaccinating children, and submitting necessary forms to the Australian Childhood Immunisation Register (ACIR) which is the largest influence on this childhood immunisation coverage. SSWAHS will continue to provide support through the following activities:

- Undertaking regular formal and informal liaison with Divisions of General Practice about immunisation issues
- Assisting the Divisions and individual general practitioners with specific technical issues which arise relating to immunisation and ACIR reporting
- Implementing all policies and procedures recommended by the Immunisation Section of Public Health Division, NSW Health, about vaccination and maximising uptake.
- Preparing articles about immunisation, changes to the schedule and tips about ACIR reporting for submission to the Divisions of General Practice newsletters
- Organising an educational forum for all GPs belonging to the Central Sydney and Canterbury Divisions of General Practice on immunisation
- Reviewing and liaising closely with Council clinics to support them in their activities and improve ACIR reporting
- Conducting annual updates for nurse immunisers.

Performance Indicators

Strategic Direction 1 Make prevention everybody's business

Performance Indicator: Fall injury hospitalisations – people aged 65 years and over

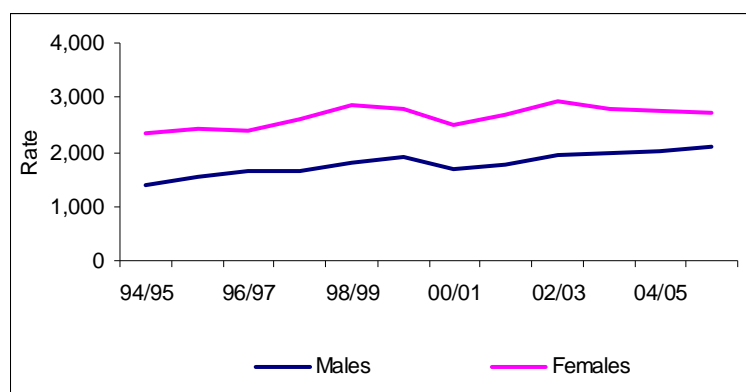
Desired outcome

Reduced injuries and hospitalisations related to falls in people aged 65 years and over.

Context

Injury due to falls is one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. Nearly one in three people aged 65 years and older living in the community reports falling at least once in a year.

Hospital separations for falls per 100,000 for adults 65 years and over, SSWAHS, 1994/5 – 2005/6 (Source: Hospital separation data)



	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06
Males	1380	1531	1649	1651	1797	1918	1703	1762	1941	1976	2008	2094
Females	2336	2428	2381	2611	2849	2771	2485	2687	2935	2795	2771	2731

Interpretation

This indicator measures the number of hospitalisations (overnight stays) for people aged 65 years and over per 100,000 population (age-adjusted) for both males and females. In SSWAHS for the year ending June 2006 there were 2,094 falls resulting in a hospital stay per 100,000 in males and 2,731 falls per 100,000 resulting in a hospital stay in females. The target of reducing the falls rate was achieved for females but not for males. There has been a consistent upward trend in males and the result for 2005/06 is higher than the preceding year. In females, although there is a higher rate of hospital stays attributable to falls than in males, any upward trend has levelled off and in 2005/06 there has been a lower rate of hospital stays attributable to falls.

Future initiatives

Evidence suggests that the most effective strategies to prevent falls in older people at a general population level are physical activities that improve strength and balance. Future initiatives will focus on increasing the capacity of the community to provide appropriate physical activities as well as motivating older people to become more physically active. The most effective strategies to prevent falls in older people at high risk of falling are more multi-factorial and focused on particular physiological factors. Future initiatives will also involve providing comprehensive assessment and management of fall risk factors to older people who are at high risk of falls. Community Health has developed a primary health comprehensive assessment tool, which is currently used in SSWAHS, for those identified with a high falls risk. Models of referral pathways for people at high risk of falling and appropriate services and interventions are being developed.

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Emergency Department Triage times - cases treated within benchmark times

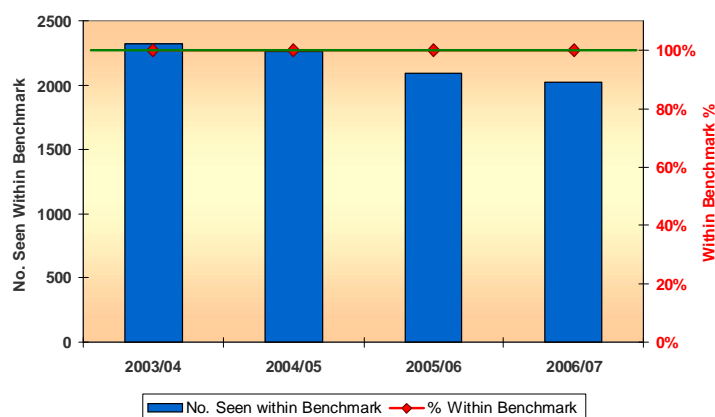
Desired outcome

Treatment of Emergency Department patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

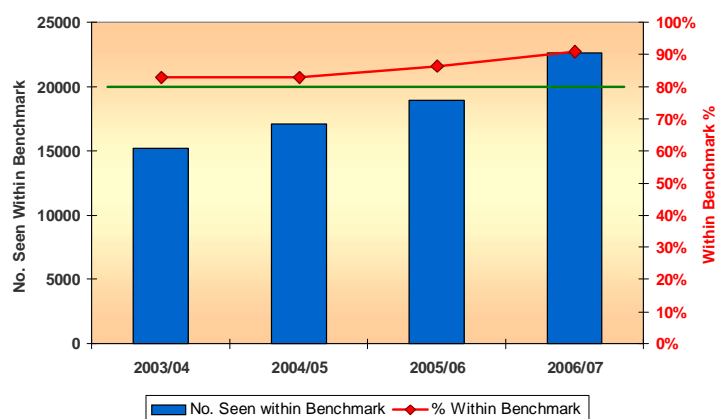
Context

Timely treatment is critical to emergency care. Triage aims to ensure that patients are treated in a timeframe appropriate to their clinical urgency. Patients presenting to the Emergency Department (ED) are classified into one of five triage categories and are seen on the basis of their need for medical and nursing care. Good management of Emergency Department resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

Triage 1 (within 2 minutes)

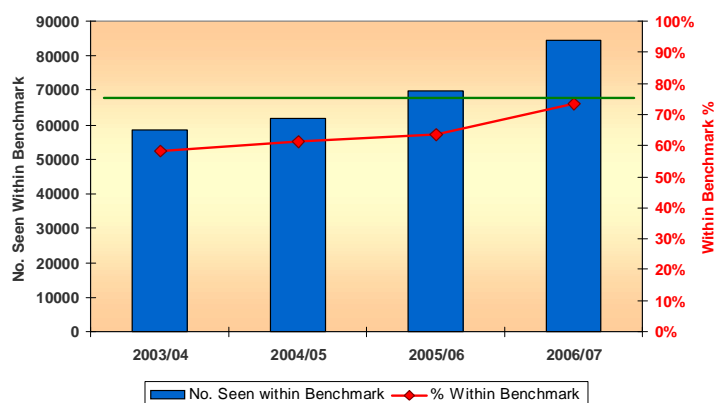


Triage 2 (within 10 minutes)

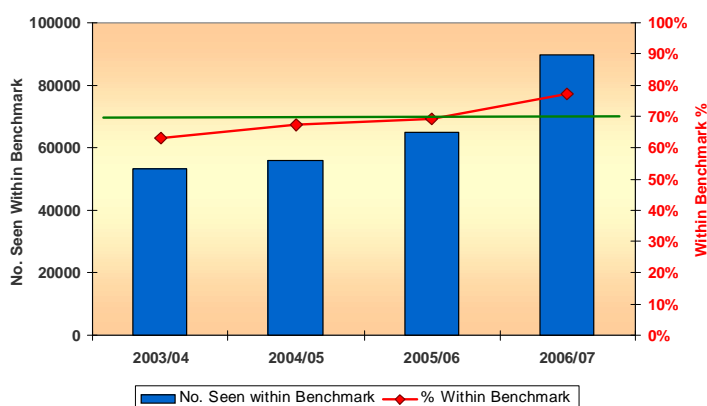


Performance Indicators

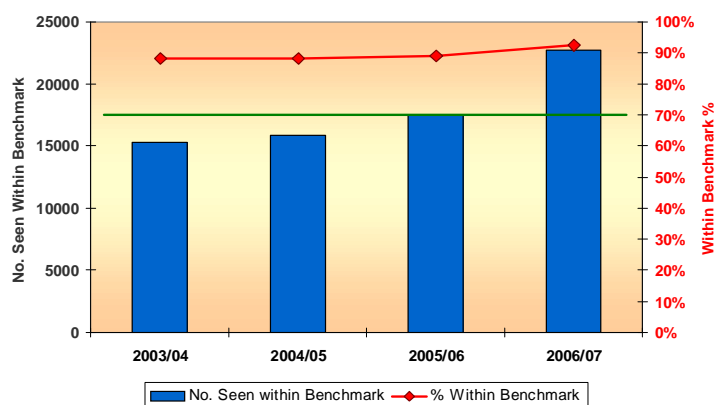
Triage 3 (within 30 minutes)



Triage 4 (within 60 minutes)



Triage 5 (within 120 minutes)



Interpretation

There has been a significant improvement in triage performance despite the significant increase in activity. 221,846 patients were seen within triage benchmarks in 2006/07 compared to 173,461 in 2005/06, an increase of 48,385 patients (28 per cent). Triage 1, 2, 4 and 5 were above target. Triage 3 improved significantly with 13,738 more patients seen within benchmark.

Future initiatives

- Review of staffing within Emergency Departments (EDs) and expansion of the roles of Nurse Practitioner and Advanced Practice Nurse roles within the EDs
- Establishment of Rapid Triage Teams
- Expansion of linkages with General Practitioners particularly for triage 5 patients
- Establishment of Fast Track at Bowral and Fairfield
- Reallocation of allied health to priority areas

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Off stretcher time < 30 minutes

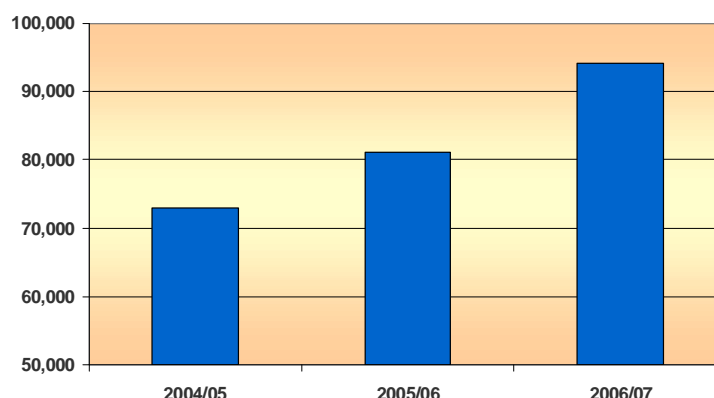
Desired outcome

Timely transfers of patients from ambulance to hospital EDs, resulting in improved survival, quality of life and patient satisfaction, as well as improved ambulance operational efficiency.

Context

Timeliness of treatment is a critical dimension of emergency care. Better coordination between ambulance services and EDs allows patients to receive treatment more quickly. Additionally, delays in hospitals impact on ambulance operational efficiency.

Emergency Department Ambulance Arrivals (EDNA Cases Priority 1,2,3)



% Off-Stretcher Time (OST) within Benchmark (Ambulance Cases within OST Benchmark)



Interpretation

There were 94,042 ambulance presentations (category 1,2,3) this year, an increase of 16 per cent on 2005/06. This increase in ambulance presentations was the highest in the State (excluding Sydney West Area Health Service and The Children's Hospital at Westmead which recorded 16.2 per cent and 66,000 ambulance presentations and 17 per cent and 4,210 ambulance presentations, respectively). In the face of this increase in demand, SSWAHS Off Stretcher performance improved from 71 per cent in 2005/06 to 78 per cent in 2006/07 in the year to date June figures.

It is important to note that 13,569 more patients were off-stretchered within 30 minutes during 2006/07 compared to 2005/06 (68,165 and 54,596 respectively).

In addition, 15,295 more patients were off-stretchered within 60 minutes during 2006/07 compared to 2005/06 (86,180 and 70,885 respectively).

Performance Indicators

Future initiatives

- Enhancement of triage processes
- Establishment of Nursing Home liaison positions to triage patients to appropriate locations other than EDs
- Expansion of alternate destinations to ED including Medical Assessment Planning Units and Rapid Medical Units, direct admission to wards and improved coordination with Nursing Homes to divert from ED.

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Emergency admission performance – patients transferred to an inpatient bed within 8 hours

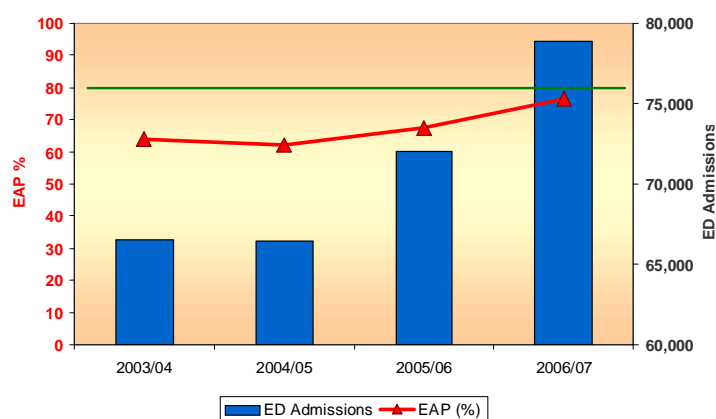
Desired outcome

Timely admission from ED for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

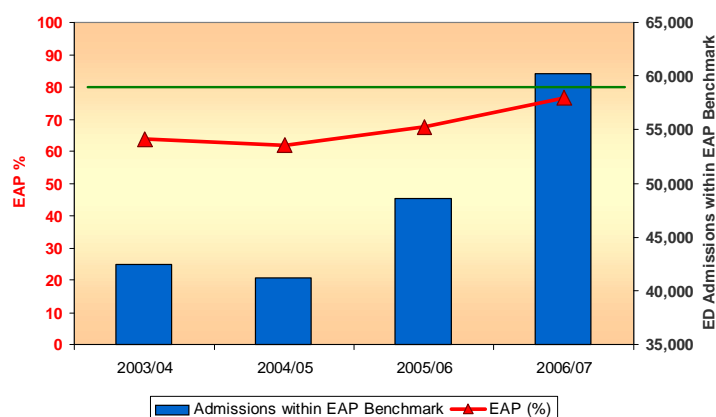
Context

Patient satisfaction is improved with reduced waiting time for admission from the emergency department to a hospital ward, Intensive Care Unit bed or operating theatre. Additionally, emergency department services are freed up for other patients.

Emergency Access Performance (ED Admissions)



Emergency Access Performance (ED Admissions within EAP Benchmark)



Emergency Admission Performance		
	Year to date June 2007	Year to date June 2006
Concord Hospital	78%	69%
Liverpool Hospital	76%	64%
Royal Prince Alfred Hospital	69%	65%
Bankstown/Lidcombe Hospital	95%	65%
Campbelltown Hospital	61%	66%
Canterbury Hospital	78%	71%
Fairfield Hospital	83%	69%
Bowral Hospital	93%	93%
Camden Hospital	98%	79%
SSWAHS	76%	67%

Interpretation

Emergency Access Performance improved significantly from 67 per cent in 2005/06 to 76 per cent in 2006/07. 48,578 patients were seen within EAP benchmark (67.42 per cent) in 2005/06 compared to 60,280 patients seen within EAP benchmark (76.42 per cent) in 2006/07; which is an increase of 11,702 patients (24 per cent) seen within benchmark.

The majority of hospitals in the Area achieved a significant increase in their EAP from 2005/06: Bankstown Hospital (95 per cent from 65 per cent); Canterbury Hospital (78 per cent from 71 per cent), Concord Hospital (78 per cent from 69 per cent), Camden Hospital (98 per cent to 79 per cent), Liverpool Hospital (76 per cent from 64 per cent), Fairfield Hospital (83 per cent from 69 per cent).

Future initiatives

- Establishment of an Area Demand Management Unit
- Expansion of alternate destinations to ED (Third Door)
 - Direct admissions to the ward
 - Medical Assessment Planning Units
 - Improved coordination with Nursing Homes to divert from ED
 - Hoxton Park Ambulatory Service
- Strengthening of Aged Services Emergency Teams and link to Medical Assessment Units and Rapid Medical Assessment Units
- Implementation of alternate ED workforce models
 - Nurse Practitioners
 - Hospitalists
 - Visiting Medical Officer ED physicians and Visiting Medical Officer physicians
- Review Community Health with a refocus on demand management strategies, hospital avoidance and Third Door initiatives
- Roll out Firstnet across the Area
- Maintenance and expansion of Expected Date of Discharge program across the Area
- Trial protocol driven discharge for identified medical patients
- Review of admission policies across the Area
- Review direct admissions to the wards
- Enhancement of Fast Track at Bowral and Fairfield

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Booked surgical patients

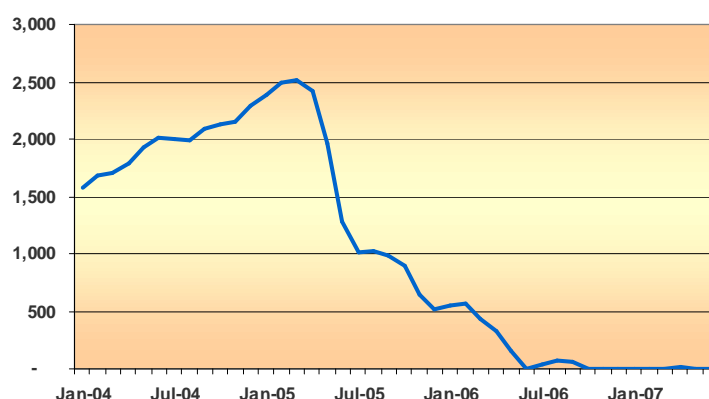
Desired outcome

Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

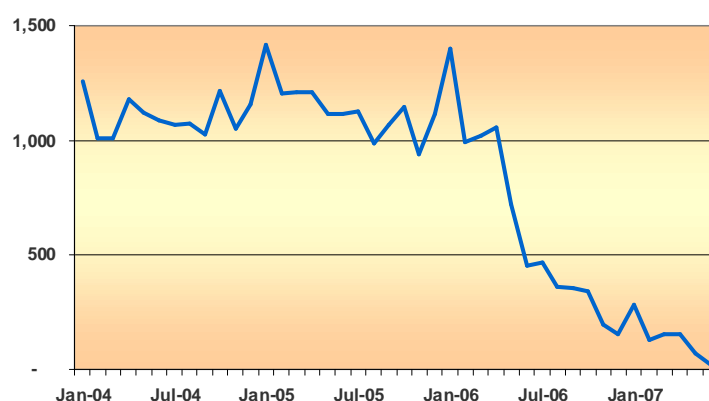
Context

Long wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Long waits – patients waiting more than 12 months – Category C



Overdues - Patients Waiting More than 30 days – Category A



Interpretation

Excellent results were achieved by SSWAHS in the management of its surgical performance. Surgical activity significantly increased in 2006/07 which was supported by initiatives from the Surgical Clinical Redesign Program. Access to surgery improved across the Area with a total of 73,009 operations being performed in hospitals in SSWAHS in 2006/07 compared to 69,839 in 2005/06, an increase of 3,179 (5 per cent). This demonstrates that SSWAHS maintained and improved access to surgery despite the significant demand through ED.

Performance Indicators

Long waits

By June 30, there was only one patient waiting greater than 12 months for surgery compared to 170 in June 30 2005/06.

Category 1

By June 30, there were only 21 Category 1 patients waiting for surgery in comparison to 281 in 2005/06.

Future initiatives

- Maintenance of zero patients waiting longer than 12 months for surgery
- Achievement of zero Category A patients (waiting longer than 30 days)
- Review of Extended Day Only beds and processes
- Review of Operating theatre utilisation across the Area
- Recruitment of a permanent Area Wait list coordinator
- Additional urology lists at Campbelltown and Bankstown
- Commencement of flexible cystoscopy at Liverpool, Bankstown and Campbelltown
- Reallocation of theatre lists within and across facilities

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Planned surgery – cancellations on the day of surgery

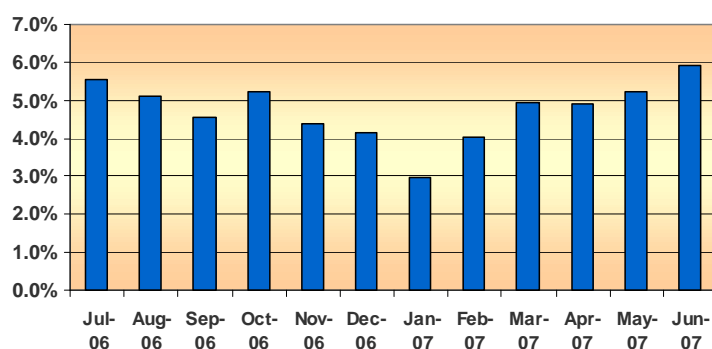
Desired outcome

Minimised numbers of cancellations of patients from the surgical waiting list on the day of planned surgery, resulting in improved clinical outcomes, greater certainty of care and convenience for patients.

Context

The effective management of elective surgical lists minimises cancellations on the day of surgery and ensures patient flow and predictable access. However, some cancellations are appropriate, due to acute changes in patients' medical conditions.

Planned surgery – cancellations on the day of surgery (%)



Interpretation

Better management of elective surgical lists minimises cancellation and avoids the uncertainty and distress associated with cancellations of scheduled surgery. Cancellations, when they do occur, should be occasional and should be as a result of an acute change in the patient's medical condition. Improved quality of life and clinical outcomes may be achieved, as well as patient satisfaction and community confidence in the health system.

SSWAHS has achieved the Planned Surgery indicator by keeping cancellations on the date of surgery below 5 per cent. SSWAHS is endeavouring to improve its performance in planned surgery cancellations, thereby avoiding the uncertainty and distress to patients associated with cancellations of scheduled surgery.

A total of 73,009 operations were performed in hospitals in SSWAHS in 2006/07 compared to 69,839 in 2005/06, an increase of 3,179 cases.

Future initiatives

- Consistent utilisation of NSW Health data definitions
- Conduct audit to identify cancellations by facility, list and surgeon
- Review of theatre list allocations to identify efficiencies to reduce cancellations
- Review of surgery demand and capacity including availability of Extended Day Only and Intensive Care Unit beds
- Appointment of an Area Wait list coordinator

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Unplanned/unexpected readmissions within 28 days of separation – all admissions

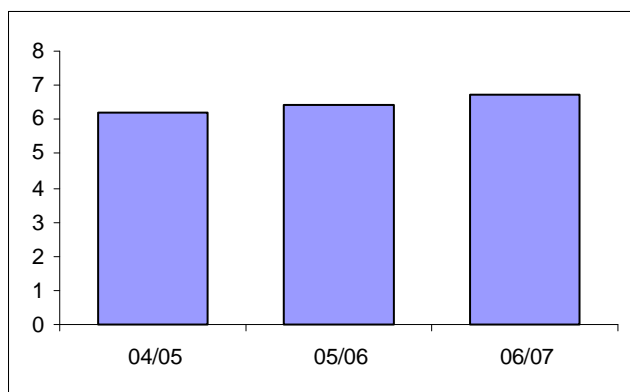
Desired outcome

Minimal unplanned/unexpected readmissions, resulting in improved clinical outcomes, quality of life, convenience and patient satisfaction.

Context

Unplanned/unexpected readmissions to a hospital may reflect less than optimal patient management. Patients might be readmitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post discharge planning was inadequate. However, other factors occurring after discharge may contribute to readmission, for example poor post discharge care. Continual improvements are being made to reduce readmission rates. Improved quality and safety of treatment reduces unplanned events.

Unplanned/unexpected readmissions within 28 days of separation – all admissions (%)



Year	Rate
2004/05	6.2
2005/06	6.4
2006/07	6.7

Interpretation

SSWAHS has successfully maintained the unplanned/unexpected readmission rate for the last few years.

Future Initiatives

Clinical teams will continue to review all cases where the patient was an unplanned/unexpected readmission to hospital. These discussions at clinical departmental multidisciplinary morbidity and mortality meetings determine ways to improve care and to act upon these decisions.

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Incorrect Procedures

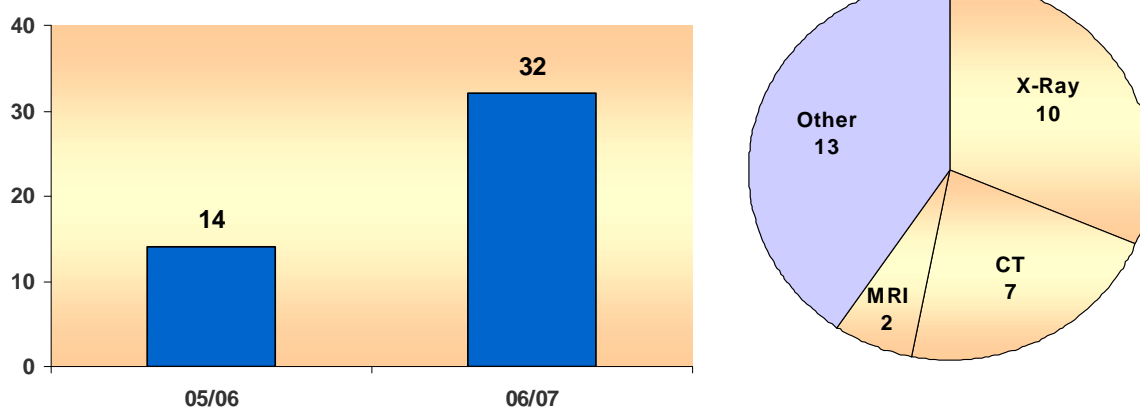
Desired outcome

Elimination of incorrect procedures, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

Incorrect procedures, though low in frequency, provide insight into system failures that allow them to happen. Health studies have indicated that, with the implementation of correct patient / site / procedure policies, these incidents can be eliminated.

Wrong patient, site, procedures (number)



Interpretation

Incidents of incorrect procedures are self reported by SSWAHS staff. Most of these procedures have been in radiology and have caused no harm to the patient ie: wrong x-ray. There has been a statewide focus on the issue of incorrect procedure and self reporting has improved. Therefore the frequency of cases has increased from 2005/06 to 2006/07.

Future initiatives

Many initiatives will continue to be undertaken to prevent incorrect procedures being performed on patients. In many procedures a 'time out' function has been added as a double check that the correct procedure / test / medication is to be given to the correct patient. In many procedures two staff members are required to do a cross-check before the procedure commences. Extensive education has occurred throughout the Area Health Service and staff also receive information during the New Staff Orientation.

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Healthcare Associated Bloodstream Infections

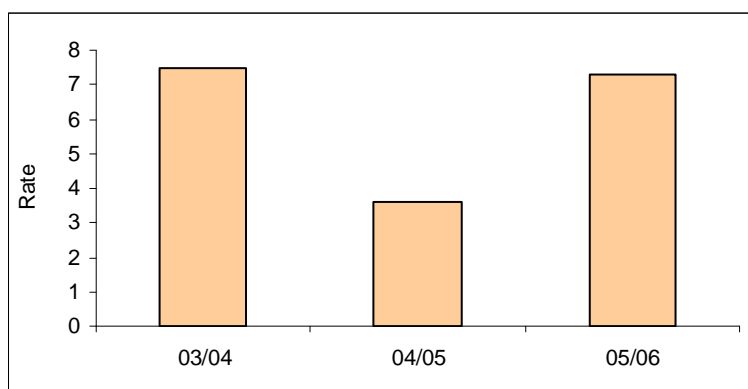
Desired outcome

Sustained, continual reduction in the incidence of central line bloodstream infections resulting in increased patient safety and improved clinical outcomes in Intensive care unit (ICU) patients.

Context

The implementation of the Clinical Excellence Commission Hand Hygiene Program *Clean Hands Save Lives*, the recommendations made by the NSW Multi Resistant Organism Expert Group and the use of a best practice clinical guideline for inserting central lines, have positioned the NSW Health System to reduce the number of health care associated infections in ICU patients.

Rate of Intensive Care Unit Central line associated bloodstream infections per 1000 line days



Year	Rate
03/04	7.45
04/05	3.59
05/06	7.29

Interpretation

The Central Line Associated Bacteraemia (CLAB) infection rate has varied over the years. Senior staff in ICU have collaborated with other ICU's around SSWAHS and the state to refine the data collection methods. When small numbers are involved in an indicator, a single case of infection can create a large increase in the rate.

Future initiatives

Since the collaboration of all SSWAHS ICU staff, many initiatives have been rolled out around the Area to endeavour to eliminate infections. Some protocols have been devised and are still being tested to determine if they are effective. Line insertion techniques have been under review and standardisation will be introduced in the near future. More stringent infection control techniques have also been adopted.

Performance Indicators

Strategic Direction 2 Create better experiences for people using health services

Performance Indicator: Deaths as a result of a fall in hospital

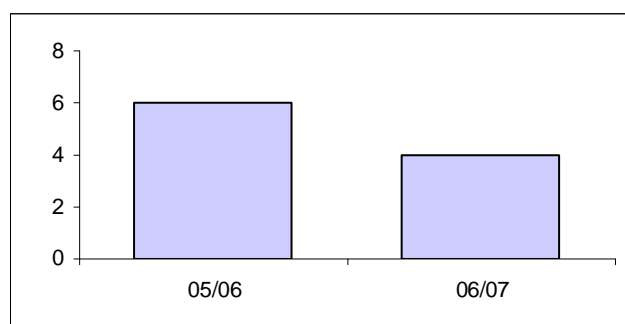
Desired outcome

Reduce deaths as a direct result of a fall in hospital, thereby maintaining quality of life and improving patient satisfaction.

Context

Falls are a leading cause of injury in hospital. The implementation of the NSW Fall Prevention Program will improve the identification and management of risk factors for fall injury in hospital, thereby reducing fall rates. Factors associated with the risk of a fall in a hospital setting may differ from those in the community.

Deaths as a result of falls in hospitals (number)



Year	Rate
05/06	6
06/07	4

Interpretation

Falls are among the most common incidents reported in hospital. Factors associated with the risk of a fall in a hospital setting may differ from those in the community. Note that falls in the community are captured under the indicator Fall injuries – for people aged 65 years and over. The rate for falls in the community is 3.1 per cent for SSWAHS and the baseline was 3.0 per cent.

Falls risk assessments are conducted in all facilities. Where risks are identified, fall prevention strategies are put into place. An example of the falls prevention strategy may be demonstrated at Fairfield Hospital.

Introduction at Fairfield Hospital of a Falls Prevention Program followed early identification of at risk patients presenting to the Emergency Department (ED). Patients over 70 years old who present to the ED with a falls related diagnosis or presentation are referred to the Ambulatory Care Unit. The Unit contacts all patients referred and a falls assessment screening is conducted. Falls risk clients are then offered a range of multidisciplinary services that include medical, social worker, occupational therapists and physiotherapy interventions in consultation with their general practitioner.

Future initiatives

Implementation of the Area Health Service's Falls Prevention Plan.

Performance Indicators

Strategic Direction 3 Strengthen primary health and continuing care in the community

Performance Indicator: Mental Health acute adult readmission

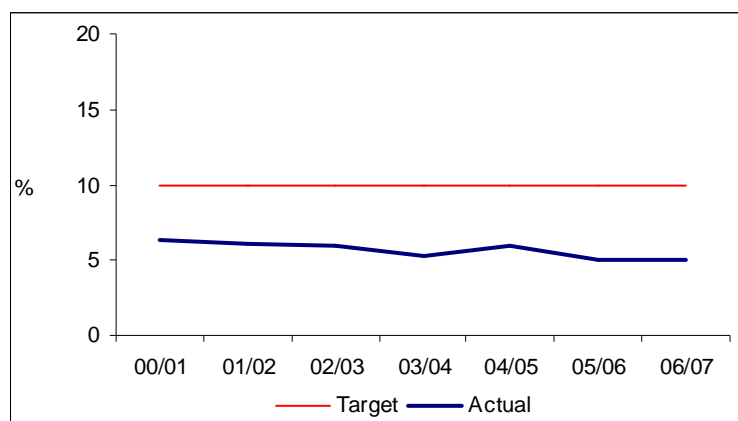
Desired outcome

Rates of mental health readmission minimised, resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

Context

Mental Health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentation. Despite improvement in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. A readmission to acute mental health admitted care within a month of a previous admission may indicate a problem with patient management or care processes. Prior discharge may have been premature or services in the community may not have adequately supported continuity of care for the client.

Mental health acute adult readmission - within 28 days to same mental health facility (%)



	Actual	Target
00/01	6.3	10
01/02	6.1	10
02/03	5.9	10
03/04	5.3	10
04/05	6.0	10
05/06	5.0	10
06/07	5.0	10

Interpretation

During the reporting period, Area Mental Health reported 237 readmissions within 28 days to the same facility. The NSW Health 2006/07 target is ≤ 10 (%). SSWAHS achieved the target with a result of 5 (%).

The Area Mental Health Service performance is consistently better than target and this has not been at the expense of Average Length of Stay.

Future initiatives

Assertive discharge planning initiatives, designed as part of the Area Mental Health Clinical Services Re-design Program, are being implemented across the service to ensure this indicator is maintained well within the target range.

The development in 2007/08 of new community mental health emergency teams in the Western Zone will add to the capacity for assertive post-discharge follow-up and admission prevention.

Performance Indicators

Strategic Direction 3 Strengthen primary health and continuing care in the community

Performance Indicator: Suspected suicides of patients in hospital, on leave, or within 7 days of contact with a mental health service

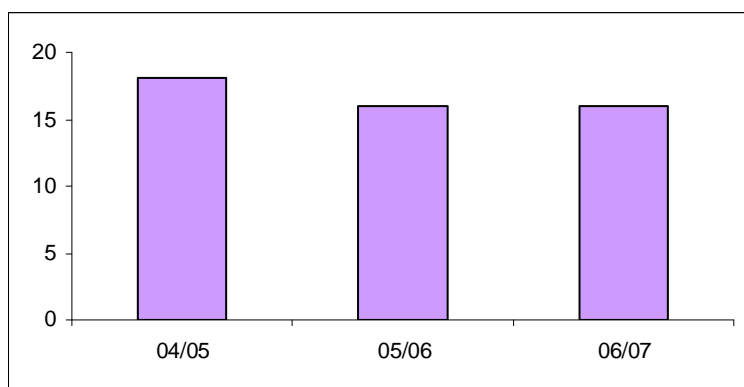
Desired outcome

Minimal number of suicides of patients following contact with a mental health service.

Context

Suicide is an infrequent and complex event, which is influenced by a wide variety of factors. The existence of a mental illness can increase the risk of such an event. A range of appropriate mental health services across the spectrum of treatment settings are being implemented between now and 2011 to increase the level of support to clients, their families and carers, to help reduce the risk of suicide for people who have been in contact with mental health services. These services are outlined in the Government's commitment, NSW: A New Direction for Mental Health.

Suspected suicides of patients in hospital, on leave, or within 7 days of contact with a mental health service (number)



	Actual
2004/05	18
2005/06	16
2006/07	16

Interpretation

In the last 12 months, 16 suicides have occurred within seven days of a patient being discharged from or having had contact with a SSWAHS mental health service. This is a reduction from 18 deaths in the previous year. All deaths within seven days of a clinical contact with a mental health service are subject to an internal review and a Root Cause Analysis. Findings are reviewed at a senior level Incident Review Committee and distributed across the Service. The Area Mental Health Service has standardised policies in all facilities of SSWAHS for managing a suspected suicide.

Future initiatives

- Establishment of suicide working group
- Expansion of post-discharge services
- Enhanced relationships with Divisions of General Practice to ensure all patients are linked to a General Practitioner on discharge
- All patients to have a General Practitioner appointment within seven days of discharge

Performance Indicators

Strategic Direction 3 Strengthen primary health and continuing care in the community

Performance Indicator: Mental Health: a) Ambulatory contacts, b) Acute overnight inpatient separations

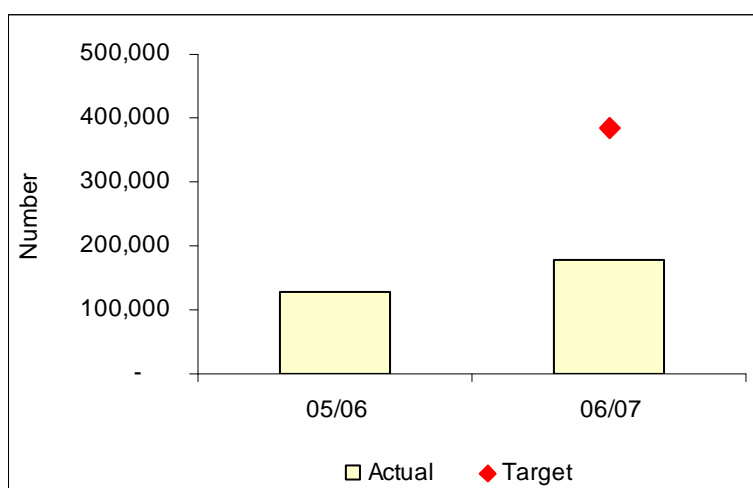
Desired outcome

Improved mental health and well-being. An increase in the number of new presentations to mental health services that is reflective of a greater proportion of the population, in need of these services, gaining access to them.

Context

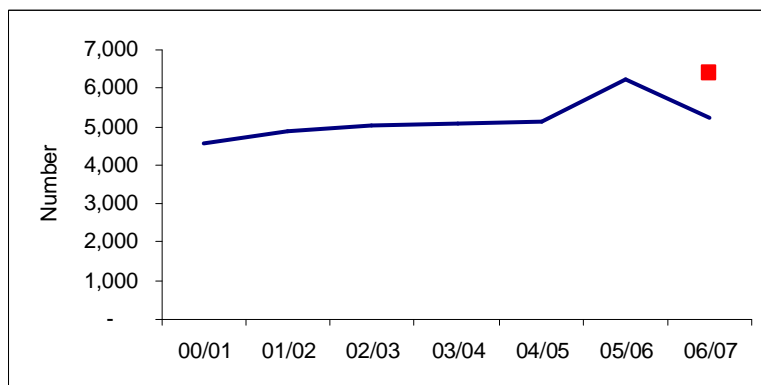
Mental health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. Under *New Directions*, a range of community based services are being implemented between now and 2011. The services span the spectrum of care types from acute care to supported accommodation. There is an ongoing commitment to increase inpatient bed numbers. Numbers of ambulatory contacts, inpatient separations and numbers of individuals would be expected to rise.

Mental health ambulatory contacts



AHS	2005/06	2006/07
Actual	127,808	178,158
Target		382,988

Mental Health acute overnight inpatient separations



Year	Result	Target
2000/01	4,545	
2001/02	4,866	
2002/03	5,041	
2003/04	5,058	
2004/05	5,135	
2005/06	6,211	
2006/07	5,249	6,400

Performance Indicators

Interpretation

Ambulatory Activity

As at June 2007, there were 178,158 ambulatory contacts throughout SSWAHS facilities. The baseline for ambulatory contacts was 247,236 and the target was 382,988. The CERNER mental health community contact module has recently been rolled out to the Macarthur region (Campbelltown, Camden and Wingecarribee). This has led to an increase in activity reporting from these Areas. In other areas of the service, reporting has improved due to increased compliance with data entry by clinicians.

Acute overnight inpatient separations

The baseline and target for SSWAHS in 2006/07 was 6,211 and 6,400 respectively. All inpatient units continue to experience high bed occupancy and turnover. The apparent reduction in separation activity is being examined.

Future initiatives

Ambulatory Activity

The CERNER community contact module is being rolled out across the Eastern Zone community mental health services. It is to be completed by December 2007. This will result in improved activity reporting by clinicians, as has been experienced in the Western Zone.

Aggressive recruitment has resulted in the establishment of community mental health emergency teams in Liverpool and Campbelltown, improving access and activity levels, particularly after hours.

The establishment of a single Area Mental Health after hours telephone triage system, from November 2008, will result in increased activity and reporting.

The opening of the Psychiatric Emergency Care Centre (PECC) in January 2008 will enable a higher turnover of acute adult admissions.

Performance Indicators

Strategic Direction 3 Strengthen primary health and continuing care in the community

Performance Indicator: Antenatal visits – confinements where first visit was before 20 weeks gestation

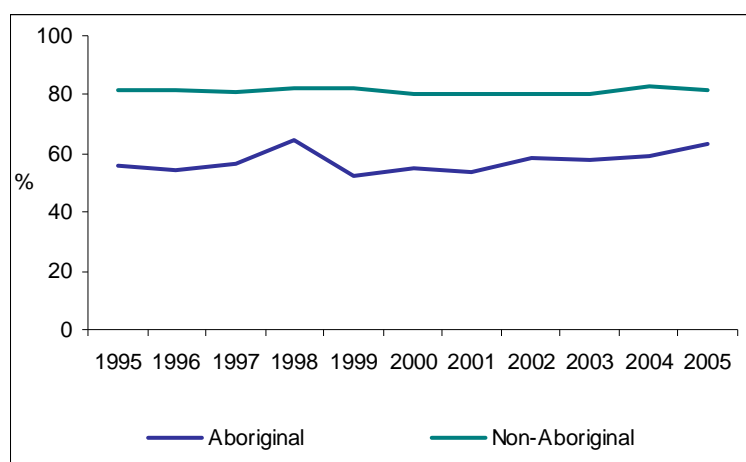
Desired outcome

Improved health of mothers and babies

Context

Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early commencement of antenatal care allows problems to be better detected and managed, and engages mothers with health and related services.

First antenatal visit - before 20 weeks gestation (%)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Aboriginal	55.9	54.1	56.6	64.8	52.6	55.4	54.0	58.2	58.1	59.1	63.6
Non-Aboriginal	81.5	81.5	81.1	82.2	82.1	80.6	80.2	80.5	80.0	83.2	81.9

Interpretation

There are a number of initiatives underway within SSWAHS to increase the antenatal care provided to Aboriginal women. These include:

- Provision of sustained home visiting to teenage Aboriginal mothers in the inner west of the Area from the antenatal period to when the child is two years of age
- Extension of the planning process for the Aboriginal Child Youth and Family Health in the Inner West to the whole of the SSWAHS.

Three Aboriginal specific programs have been implemented which aim to increase Aboriginal birth weights:

- Aboriginal Early Years Program at Royal Prince Alfred Hospital
- Macarthur Aboriginal Home Visiting
- Bringing Services Together - this \$250,000 program is funded for two years by the Area. An Aboriginal Health Education Officer has been employed and antenatal education sessions are being developed.

Future initiatives

- Establishment of Bringing services together program across the entire Area
- Indigenous identification of babies improved
- Strengthening of the Macarthur Home Visiting team
- Recruitment of an Aboriginal Early Years coordinator and the implementation of the Early Years plan.

Performance Indicators

Strategic Direction 3 Strengthen primary health and continuing care in the community

Performance Indicator: Low birth weight babies – weighing less than 2,500g

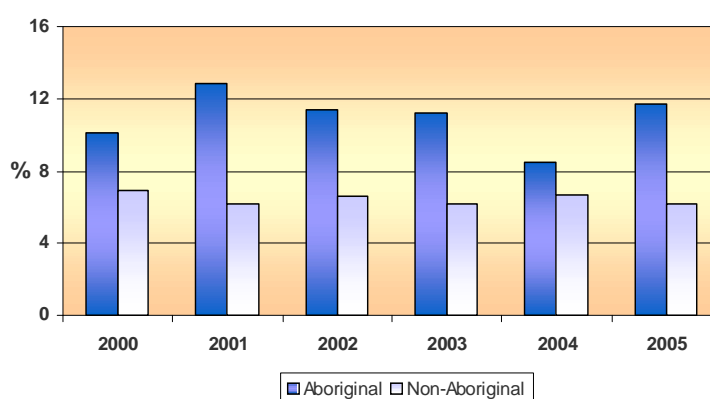
Desired outcome

Reduced rates of low weight births and subsequent health problems.

Context

Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and the care that was received during pregnancy.

Low birth weight babies, weighing less than 2,500g (%)



Interpretation

This indicator is concerned with achieving reduced rates of low weight births and subsequent health problems. Data is supplied via the NSW Midwives data collection and is unavailable at this point in time for the reporting period.

SSWAHS have a target set for 2006/07 to reduce the rates from 8.5 per cent of Aboriginal babies and 6.7 per cent of Non-Aboriginal babies recording a birth weight of less than 2,500 grams. The results for 2006/07 in SSWAHS for Aboriginal babies was 11.7 per cent and 6.2 per cent for Non-Aboriginal babies.

There are three Aboriginal specific programs that aim to increase birth weights for Aboriginal infants:

- Aboriginal Early Years - a program working with mothers and babies across Redfern, Waterloo and Marrickville areas.
- Macarthur Aboriginal Home Visiting - a program linked with the Bringing Services Together program for Macarthur area providing home visiting for teenage mums.
- Bringing Services Together - a \$250,000 per annum program which employs an Aboriginal Health Education Officer with the Home Visiting team based at Ingleburn to provide parenting programs and antenatal education.

Future initiatives

- Establishment of Bringing Services Together program across the entire Area
- Indigenous identification of babies improved
- Strengthening of the Macarthur Home Visiting Team
- Recruitment of an Aboriginal Early Years coordinator and the implementation of the Early Years Plan.

Performance Indicators

Strategic Direction 3 Strengthen primary health and continuing care in the community

Performance Indicator: Postnatal home visits - families receiving a Families NSW visit within 2 weeks of the birth

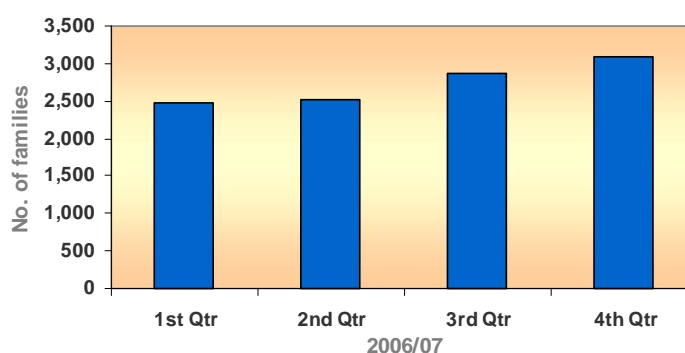
Desired outcome

To solve problems early in raising children, before they become entrenched, resulting in the best possible start in life.

Context

The Families NSW program aims to give children the best possible start in life. The purpose is to enhance access to postnatal child and family services by providing all families with the opportunity to receive their first postnatal health service within their home environment, thus providing staff with the opportunity to engage more effectively with families who may not have otherwise accessed services. Families NSW provides an opportunity to identify needs with families in their own homes, and facilitate early access to local support services, including the broader range of child and family health services.

Universal Health Home Visiting (UHHV) - Number of UHHV's offered within two weeks of birth



Interpretation

During 2005/06 SSWAHS reported UHHV within two weeks of discharge from maternity services. In 2006/07 the reporting has changed to within two weeks from birth. Direct comparison cannot be made with last years reporting.

NSW Health revised downwards the targets for UHHV to within two weeks of birth following their site visit in October 2006. This target has been revised down from the reported 80 per cent to >65 per cent and a new dashboard indicator Families received a universal health home visit within 4 weeks of the birth of the child, was added in late 2006. An estimate is provided based on an analysis of completed first home visits.

NSW Health has not requested Area Health Services calculate a percentage in their dashboard indicator quarterly report. The percentage calculation is based on births to residents of SSWAHS, and this figure is not known until Midwife Database or Birth Registrations data is analysed. It is not accurate to use births to SSWAHS facilities, as this does not include out of area births and all births from private hospitals. Two estimates are provided, for SSWAHS information only, based on a calculated average of 4,813 births per quarter in 2002-2004 and on referrals received in the reporting period.

	July - September 2006			October - December 2006			Target
	No.	% of est. birth	% of referred	No.	% of est. birth	% of referred	%
Families Offered UHHV	5109	106.1	100%	5090	106	100%	100%
UHHV within 2 weeks	2478	51.5	48.5	2518	52.3	49.5	>65%
UHHV within 4 weeks	4244	88.2	83.0	4354	90.5	85.5	85%
	January - March 2007			April - June 2007			Target
	No.	% of est. birth	% of referred	No.	% of est. birth	% of referred	%
Families Offered UHHV	5648	117.3	100%	5500	114.2	100%	100%
UHHV within 2 weeks	2867	59.6	50.8	3076	63.9	55.9	>65%
UHHV within 4 weeks	4340	90.2	76.8	4376	90.9	79.6	85%

During the 2006/07 financial year, the proportion of families visited within two weeks of birth improved from 51.5 per cent in the first quarter to 64 per cent in the last quarter based on average births. Improvements are also achieved when contrasted to the number of referrals received. On this basis SSWAHS has improved from 48 per cent in the first quarter to 56 per cent in the last quarter based on referrals received in the reporting period. This has been achieved in the context of increased numbers of births between the first and fourth quarters.

Future initiatives

- Improved availability of interpreter services
- Improved timely transfer of correct contact information at time of discharge from maternity units within SSWAHS hospitals
- Centralisation of the collection and analysis of UHHV data to the Community Health Information Management Unit
- Standardisation of the number of UHHVs per full time employees and ensuring equity across localities

Performance Indicators

Strategic Direction 4 Build regional and other partnerships for health Performance Indicator: Otitis media screening - Aboriginal children (0 – 6 year) screened

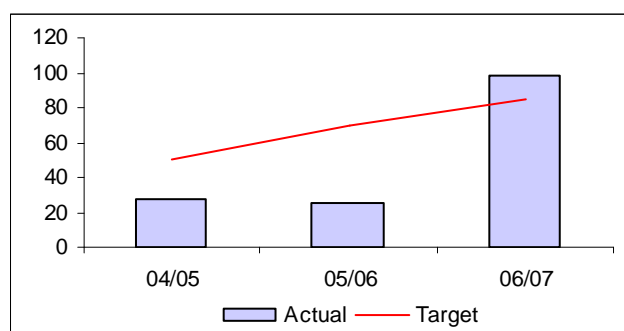
Desired outcome

Minimal rates of conductive hearing loss, and other educational and social consequences associated with otitis media, in young Aboriginal children.

Context

The incidence and consequences of otitis media and associated hearing loss in Aboriginal communities has been well recognised. The World Health Organisation has noted that a greater than 4 per cent prevalence of otitis media in a population indicates a massive public health problem. Otitis media affects up to ten times this proportion of children in many indigenous communities in Australia.

Percentage of Aboriginal children 0-6 years screened for otitis media, SSWAHS, 2004/05–2006/07



Year	Actual	Target
04/05	27	50
05/06	25	70
06/07	98	85

Interpretation

For the year ending June 2007 98 per cent of Aboriginal children 0-6 years in SSWAHS were screened for otitis media. SSWAHS reached its target of screening 85 per cent of Aboriginal children aged 0-6 years.

Future initiatives

SSWAHS is working closely with preschools, Aboriginal Education Coordinators across the area, and with the Royal Institute of the Deaf and Blind Society to maintain the good performance of last year. The SSWAHS Otitis Media Screening Action Plan has been developed and endorsed. It is now being implemented. An Area wide Otitis Media coordinator has been appointed and is overseeing the implementation of the Action Plan.

Performance Indicators

Strategic Direction 5 Make smart choices about the costs and benefits of health services

Performance Indicator: Net cost of service – General Fund (General) variance against budget

Desired outcome

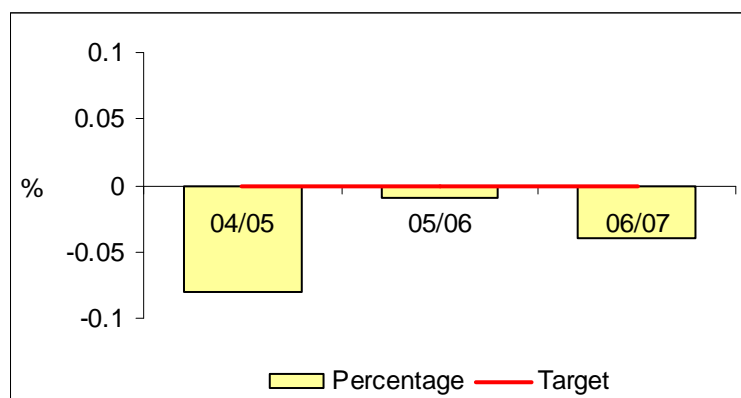
Optimal use of resources to deliver health care.

Context

Net Cost of Services is the difference between total expenses and retained revenues and is a measure commonly used across government to denote financial performance. In NSW Health, the General Fund (General) measure is refined to exclude the:

- effect of Special Purpose and Trust Fund monies which are variable in nature - dependent on the level of community support
- operating result of business units (for example, linen and pathology services) which service a number of health services and which would otherwise distort the host health service's financial performance
- effect of Special Projects which are only available for the specific purpose (for example, Oral Health, Drug and Alcohol).

Net cost of services General Fund (General) - variance against budget (%)



	Percentage	Target
2004/05	-0.08	0
2005/06	-0.01	0
2006/07	-0.04	0

Interpretation

SSWAHS had achieved target at the end of June 2007.

SSWAHS achieved a favourable net cost of service result of \$1.461 million in General Fund for the 2006/07 year with \$623,000 favourable in the General Fund (General) Project.

Future initiatives

SSWAHS will implement the On Line Clinician billing system and the statewide patient clinical costing system.

Performance Indicators

Strategic Direction 5 Make smart choices about the costs and benefits of health services

Performance Indicator: Creditors > Benchmark as at the end of the year

Desired outcome

Payment of creditors within agreed terms.

Context

Creditor management affects the standing of NSW Health in the general community, and is of continuing interest to central agencies. Creditor management is an indicator of a Health Service's performance in managing its liquidity.

While health services are expected to pay creditors within terms, individual payment benchmarks have been established for each health service.

Number of Creditors exceeding target days as at the end of year - Creditors exceeding 45 days \$('000)

	Actual	Target
2004/05	0	0
2005/06	0	0
2006/07	0	0

Interpretation

SSWAHS demonstrated sound resource and financial management in managing creditor's payments during the reporting period. There were no creditors over 45 days at 30 June 2007.

Future initiatives

SSWAHS will continue its existing efforts to maintain the creditor benchmark as per previous years.

Performance Indicators

Strategic Direction 5 Make smart choices about the costs and benefits of health services

Performance Indicator: Major and minor works - variance against Budget Paper 4 (BP4) total capital allocation

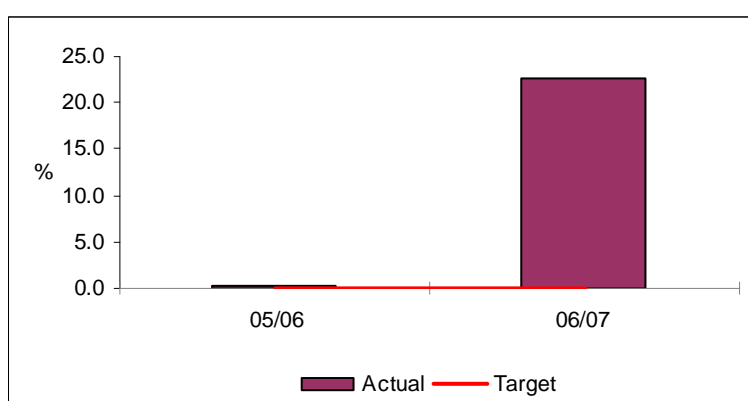
Desired outcome

Optimal use of resources for asset management. The desired outcome is 0 per cent variance, that is, full expenditure of the NSW Health Capital Allocation for major and minor works.

Context

Variance against total BP4 capital allocation and actual expenditure achieved in the financial year is used to measure performance in delivering capital assets.

Major and Minor Works - variance against BP4 capital allocation (%)



	Actual	Target
05/06	0.2	0
06/07	22.6	0

Interpretation

- Total budget for 2006/07 was \$67,624,623. Total expenditure was \$62,372,203. Giving an under expenditure of \$5,252,420.
- Under expenditure occurred in the following projects:
 - Liverpool Stage 2 due to delay in the letting of the Managing Contractor tender.
 - Redfern Community Health Centre saw a delay in the sale of the Rachel Foster Hospital Site. Funding for this project is linked to the sale of this site.
 - RPA stage 1 works that remain to be completed were dependent on the completion of RPA Stage 2a. The remainder of this work has now been rolled into Stage 2b and will be completed toward the end of 2008.
 - Campbelltown Psychiatric Emergency Care Centre had program delays due to damage to the main sewer line and rectification works that were required to be undertaken before the project could progress.

Future initiatives

- Appointment of Managing Contractor, Liverpool Stage 2
- Completion of Campbelltown Psychiatric Emergency Care Centre
- Tender to contractor Redfern Community Health Service

Performance Indicators

Strategic Direction 6 Build a sustainable health workforce **Performance Indicator: Clinical staff**

The organisation and delivery of health care is complex and involves a wide range of health professionals, service providers and support staff. Clinical staff comprises medical, nursing, allied and oral health professionals, ambulance clinicians and other health professionals, such as counsellors and Aboriginal health workers. These groups are primarily the front line staff employed in the health system. In response to increasing demand for services, it is essential that the numbers of front line staff are maintained in line with demand. In 2006/07, 66 per cent of SSWAHS staff were working in a clinical role. NSW Health is yet to provide advice on the baseline or any target measures for this indicator.

Strategic Direction 6 Build a sustainable health workforce **Performance Indicator: Staff Turnover**

People are a key part of any health service. Staff stability, with minimum unnecessary staff loss is an important performance goal. Monitoring turnover rates over time will assist with the development of targeted strategies to reduce turnover. The SSWAHS turnover rate for all staffing categories during the reporting period, July 2006 – June 2007 was 1.24 per cent. Staff who are undertaking training and rotating between placements are not included in the turnover rates. NSW Health is yet to provide advice on the baseline or any target measures for this indicator.

Strategic Direction 6 Build a sustainable health workforce **Performance Indicator: Workplace injuries**

Workplace safety and providing a safe place to work are a key priority for any employer. A minimal proportion of staff experiencing workplace injuries is an important workforce performance goal. Workplace injuries result in direct and indirect costs to the public health system, injured employees and their families, and their co-workers. Key prevention strategies include consulting with staff, ensuring workplace hazards are identified, assessed and controlled, and providing training. The 2006/07 claim rate was 6.9 per 100 full time equivalent staff.

Strategic Direction 6 Build a sustainable health workforce **Performance Indicator: Sick leave**

Low levels of sick leave taken by staff should minimise the need for, and the additional cost of, staff replacement. It also reduces the possible effects on service delivery and on other staff. The performance goal is decreased sick leave taken by SSWAHS staff. In 2006/07 the NSW Health performance target was 56.4 hours per full time employee.

Selected Activity Levels

Selected data for the year ended June 2007 part 1

* Data provided by NSW Health

Hospital name	Separations	Planned as % of total separations	% of same day separation	Total bed days	Average length of stay (acute)	Daily average of inpatients
Rozelle Hospital	3,162		2.85%	63,504	14.6	174
Department of Forensic Medicine						
Scarba House – Central Sydney Unit						
Balmain Hospital	1,809	0.11%	14.7%	26,190	11.8	72
Canterbury Hospital	16,151	23.65%	25.93%	54,412	3.3	149
RPA Hospital	62,841	44.20%	42.74%	246,841	4.1	676
Community Health – Central Sydney AHS						
Tresillian Care Centre	2,661	0.04%	1.62%	11,434	4.3	31
Thomas Walker	263		1.14%	2,583	6.6	7
Concord Hospital	41, 610	68.85%	59.81%	141,091	3.2	387
RPA Institute Rheumatology / Orthopaedics	2,215	80.90%	26.37%	10,084	4.6	28
Sydney Dental Hospital						
Karitane Mothercraft Society	599		3.17%	2,166	3.6	6
Scarba House – South West Sydney AHS						
Camden Hospital	7,372	69.13%	82.15%	25,053	2.0	69
Fairfield Hospital	17,630	23.20%	27.53%	60,244	3.5	165
Liverpool Hospital	73,678	51.29%	57.31%	243,318	3.3	667
Campbelltown Hospital	25,082	13.51%	13.85%	98,133	4.3	269
Bankstown Hospital	30,541	37.54%	36.09%	123,940	4.2	340
Braeside Hospital	3,139	2.61%	68.30%	24,702	1.0	68
Queen Victoria (Thirlmere)						
Bowral Hospital	8,478	23.72%	43.44%	21,192	2.6	58
South West Sydney AHS Expenditure						
SSWAHS Total	297,231	42.38%	43.87%	1,154,887	3.8	3,166

Selected Activity Levels

Selected data for the year ended June 2007 part 2

* Data provided by NSW Health

Hospital name	Occupancy rate	Acute bed days	Acute overnight bed days	Non-admitted patient services	ED attendances	Expenses – all program (\$000)
Rozelle Hospital		40,636	40,551	12,635		
Department of Forensic Medicine				53,964		
Scarba House – Central Sydney Unit				2,685		
Balmain Hospital		14,467	14,206	149,377	15,574	
Canterbury Hospital	78.9%	51,137	46,966	204,129	30,181	
RPA Hospital	87.8%	255,418	228,562	495,987	54,962	
Community Health – Central Sydney AHS				325,525		
Tresillian Care Centre		11,434	11,391	54,906		
Thomas Walker		1,212	1,211	7,955		
Concord Hospital	92.8%	131,759	106,899	250,181	28,032	
RPA Institute Rheumatology / Orthopaedics	70.1%	10,075	9,491	12,137		
Sydney Dental Hospital				302,415		
Karitane Mothercraft Society		2,166	2,147	32,532		
Scarba House – South West Sydney AHS				3,964		
Camden Hospital	86.1%	13,561	7,519	104,702	11,673	
Fairfield Hospital	77.5%	59,524	54,691	245,388	28,343	
Liverpool Hospital	100.4%	245,736	203,527	524,144	57,211	
Campbelltown Hospital	94.1%	107,509	104,062	299,358	44,275	
Bankstown Hospital	87.9%	124,441	113,471	368,663	38,987	
Braeside Hospital		2		18,258		
Queen Victoria (Thirlmere)				9,330		
Bowral Hospital	69.3%	22,132	18,453	97,850	17,158	
South West Sydney AHS Expenditure				255,508		
SSWAHS Total	89.7%	1,091,209	963,147	3,831,593	326,396	

Selected Activity Levels

Bed and bed equivalents and bed occupancy, June 2007

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

* Data provided by NSW Health

Hospital name	June YTD bed count – all beds	General hospital units	Nursing home units	Community residential	Other units	Bed equivalents
Rozelle Hospital	205			5	200	
Balmain Hospital	75	75				
Canterbury Hospital	190	190				
RPA Hospital	773	773				
Tresillian Family Care Centres	39	39				
Thomas Walker Hospital	19				19	
Concord Hospital	429	429				
RPA Institute of Rheumatology / Orthopaedics	40	40				
Karitane Mothercraft Centre	16	16				
Camden Hospital	81	81				
Fairfield Hospital	216	216				
Liverpool Hospital	695	695				
Campbelltown Hospital	316	316				
Bankstown Hospital	396	396				
Braeside Hospital	72	72				
Carrington Centennial Nursing Home	94		94			
Queen Victoria (Thirlmere)	100		100			
Bowral Hospital	84	84				
Mental Health Group Homes - Campbelltown	19				19	
Mental Health Group Homes - Liverpool	28				28	
TOTAL	3,886	3,420	194	5	266	104

Health Service Locations

Public Hospitals

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

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

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

Camden Hospital
Menangle Road
Camden NSW 2570
Ph: (02) 4634 3000
Fax: (02) 4654 6240
Email: julie.scott@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

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

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

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

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

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

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

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

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

Health Service Locations

Third Schedule Facilities

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

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

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

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

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

Other Services

Department of Forensic Medicine
42-50 Parramatta Road
Glebe NSW 2037
Ph: (02) 8584 7800
Fax: (02) 9552 1613
Email: pattersonm@email.cs.nsw.gov.au
Web: www.forensic.org.au

Sydney South West Pathology Services
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 7960
Fax: (02) 9515 7058
Email: maureen.harrison@cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Community Facilities Community Health Services

Aimee's Place
56 Campbell St
Fairfield NSW 2165
Ph: (02) 9725 6754

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

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

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

Campbelltown Community Health Centre
11/261 Queen Street
Campbelltown NSW 2560
Ph: (02) 4628 5878

Camperdown Child, Adolescent and Family
Health Service
Level 5, King George V Building
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 9788
Fax: (02) 9515 9789

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

Health Service Locations

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

Canterbury Multicultural Youth Health Service
Canterbury Community Health Centre
Corner Thorncraft Parade and Canterbury Road
Campsie NSW 2194
Ph: (02) 9787 0600
Fax: (02) 9787 0700

Community HIV/AIDS Allied Health
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444
Fax: (02) 9690 1978

Community Nursing Service
Marrickville Health Centre
155-157 Livingstone Road
Marrickville NSW 2204
Ph: (02) 9562 0500
Fax: (02) 9562 0501

Community Nursing Service
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444
Fax: (02) 9395 0444

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

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

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

Concord Community Nursing Service
Concord Hospital
Hospital Road
Concord NSW 2137
Ph: (02) 9767 6199
Fax: (02) 9767 5445

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

Croydon Community Nursing Service
24 Liverpool Road
Croydon NSW 2132
Ph: (02) 9378 1100
Fax: (02) 9378 1345

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

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

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

Fairfield Liverpool Youth Health Team
(FLYHT)
53-65 Mitchell St
Carramar NSW
Ph: (02) 8717 1718

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

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

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

Health Service Locations

Lurnea Aged Day Care
Cnr Adrian Place & Hill Rd
Lurnea NSW
Ph: (02) 9608 2285

Marrickville Child, Adolescent and Family
Health Service
Marrickville Health Centre
155-157 Livingstone Road
Marrickville NSW 2204
Ph: (02) 9562 0500

Mental Health Service
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444

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

Miller Health Centre
18 Woodward Crescent
Miller NSW 2168
Ph: (02) 9608 8015

Mission Australia
88 Shropshire Street
Miller NSW 2168
Ph: (02) 9607 0666

Moorebank Community Health Centre
29 Stockton Avenue
Moorebank NSW 2170
Ph: 02 9601 3527

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

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

Prairiewood Community Health Centre
Fairfield Hospital ground
Corner Polding Street and Prairie Vale Road

Prairiewood NSW 2176
Ph: (02) 9616 8169

Primary Health Nursing
Level 2, 27 Greenfield Parade
Bankstown NSW 2200
Ph: (02) 9205 4221

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

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

Sexual Health Central
L5 Page Building
B14 Missenden Rd
Camperdown NSW 2050
Ph (02) 9515 3131

The Corner YHS
101 Restwell St
Bankstown NSW 2200
Ph: (02) 9796 2344

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

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

Traxside Youth Health Service
Langdon Avenue
Campbelltown NSW 2560
Ph: (02) 4625 2525

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

Youthblock Health and Resource Service
142 Carillon Avenue
Camperdown NSW 2050
Ph: (02) 9516 2233
Fax: (02) 9516 3591

Health Service Locations

Early Childhood Health Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Leichhardt
Piazza level, Italian Forum
23 Norton Street
Leichhardt NSW 2040
Ph: (02) 9560 5604

Marrickville Health Centre
155-157 Livingstone Road
Marrickville NSW 2204
Ph: (02) 9562 0444

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

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

Summer Hill Community Centre
131 Smith Street
Summer Hill NSW 2130
Ph: (02) 9716 1853

Area Healthcare Service Planning

The Sydney South West Area Health Service (SSWAHS) Strategic Plan (Plan) *Towards 2010* was endorsed by NSW Health in May 2007.

The Plan outlines the vision, values and objectives of SSWAHS, within the framework of the NSW Health Integrated Strategic Planning Framework. As such, it is the strategic framework that will guide further corporate and health service planning and reporting across all levels of the organisation. The Plan also reflects the priorities identified for Health in the NSW Government *State Plan* and NSW Health's *State Health Plan*.

Over the next four years, progress against the Plan will be monitored utilising a range of measures, such as those that appear in the NSW Government's *State Plan*, NSW Health's measures and other benchmarking processes the Area has developed to measure local results.

A major planning exercise that is identified in the Plan is the SSWAHS *Healthcare Services Plan*. A second draft of the *Healthcare Services Plan* was submitted to NSW Health in September 2006. Subsequent feedback has led to a third and final draft being developed. The SSWAHS *Healthcare Services Plan* outlines the full range of services provided by SSWAHS, demographic and socioeconomic implications, current and future priorities for prevention, early intervention and service delivery.

The *Healthcare Services Plan* recognises the need for the strengthening of services across the Area through the development of a network of services. This is considered a high priority in enabling the Area to position itself to provide high quality, cost effective and accessible services to the large and growing population across south west Sydney.

Other major planning processes that have been identified as high priorities in the draft *Healthcare Services Plan*, and have been implemented over 2006/07 include: Obesity Prevention and Management, Disability Services, Transport Plan, Maternity Services, Community Health Services, Aged Care and Rehabilitation, Aboriginal Health, and a HIV/AIDs Strategic Plan.

Together with SSWAHS' Population Health and Community Health, the Health Services Planning Unit has also been involved in planning health services for the land release of the first two precincts in the South West Growth Centre – Oran Park and Turner Road – these two communities will accommodate 11,500 new homes and approximately 33,000 people.

SSWAHS has provided advice to the planning initiatives of local councils and the NSW Department of Planning's Metropolitan Strategy.

Overview of Major Facilities

Balmain Hospital

Acting General Manager Ann Kelly

Category of hospital and major services provided

Balmain Hospital continued to provide an important role for aged care services and rehabilitation in SSWAHS, Eastern Zone.

The General Practice Casualty provides treatment for the health needs of residents in the local area.

The Hospital also provides clinics in diabetes, continence, homoeopathy and acupuncture. These services continue to provide treatment for patients and clients from culturally and linguistically diverse backgrounds.

Summary of activity

Balmain Hospital has a total of 78 beds with an 89.84 per cent occupancy rate, and a 14-bed transitional care unit. There were 1,568 admissions and 24, 974 total bed days. Day stay admissions and occasions of service numbered 265. A total of 219.77 full time equivalent staff were employed.

Major goals and outcomes

The Transitional Care Unit (TCU) opened in August 2006. The Unit has 14 beds and provides short-term intervention of up to 12 weeks for older people who have completed

their hospital stay. These residents benefit from more time, support and therapy to complete their recovery and optimise their function prior to discharge. A number of residents are able to return to their own home.

The Centre for Strength Training Rehabilitation Outreach Needs Geriatric (STRONG) Medicine relocated from the Physiotherapy Gymnasium to newly expanded premises with state-of-the-art equipment. The Service continues to attract referrals and funding for research projects.

Key issues and events

In November 2006 the former NSW Minister for Health Hon John Hatzistergos MLC, visited the Hospital to open the Centre for STRONG Medicine and tour the TCU.

The Hospital was awarded the Sian Williams Award for Clinical Excellence during International Nurses Day in May 2007.

Future direction with the Area Network

Balmain Hospital will continue to work with the Area Health Service to provide care and treatment for older persons and the residents of the Balmain peninsula.

Overview of Major Facilities

Bankstown Hospital

General Manager Mark Shepherd

Category of facility and major services provided

Bankstown-Lidcombe Hospital is a principal referral hospital which provides a range of inpatient and outpatient services, including: aged care, allied health, cancer services, critical care, diagnostic services, drug and alcohol services, general and specialist medicine and surgery, mental health services, obstetrics and gynaecology and paediatrics, peri operative services, plus specialist services including the acute pain service and stomal therapy.

Summary of activity

The Hospital had 29,923 admissions, 11 per cent more than 2005/06.

There were 39,000 Emergency Department (ED) attendances, an increase in activity of 15 per cent. 1,980 babies were born in the Hospital's Maternity Services Unit – an increase of 4.5 per cent from 2005/06.

Major goals and outcomes

The Hospital was awarded the Director General's Excellence Award for its innovative ED project, Fast Track. The Hospital's Fast Track project has resulted in improved flow of patients through the ED with shorter waiting times and faster access for those requiring a hospital bed. The implementation of this project has also enabled the Hospital to manage the increased number of ED attendances.

Ambulatory Care continues to support clients in receiving care at home through their outreach programs. These programs have been accredited as part of the Commonwealth Private Outreach program.

The Oncology Department was enhanced, with the construction of six consultation rooms and the expansion of the chemotherapy suite. The expansion will allow all cancer related activity to take place in a single location.

A state-of-the-art Single Photon Emission Computed Tomography (SPECT/CT) scanner has been installed at the Hospital, which has the potential to increase diagnostic accuracy and increase scanning efficiency by up to 18 per cent.

The Hospital is one of only three sites in NSW to offer Endoscopic Ultrasound (EUS). This innovative service allows surgeons to perform ultrasounds intra-operatively, which means improved visualisation of organs with minimal disruption to surrounding internal structures.

Innovative research has been undertaken at the Hospital to identify genetic markers that enable the prediction of outcomes of surgery for pancreatic cancer.

Enhancements in the Hospital's sustainable access program for surgery has enabled all acute patients (less than 30 days) and all long patients (less than 12 months) to be operated on within designated timeframes. This means that no patients are waiting longer than necessary for surgery.

Evaluation of Australian National Diabetes Information Audit and Benchmarking (ANDIAB) data has shown that the process variables assessed for diabetic patients treated at Bankstown Hospital are completed well, and patients treated here have metabolic outcomes and complications comparable to those in other facilities in Australia.

Key issues and events

Professor Bob Batey a distinguished and well respected clinical academic and specialist in Hepatology, joined Bankstown-Lidcombe Hospital in November 2006 as Professor of Medicine.

Future direction within the Area network

The local Bankstown-Lidcombe community have supported the Hospital by donating \$48,000 for a Paediatric Ward playground. Work on the playground commenced in May and is due for completion in September 2007. A local property developer is funding the redesign and painting of the ward with character murals.

Staged capital works for the Hospital's Mental Health Unit are in the planning stages. Commencement of a 24 hour Mental Health Service for Bankstown is expected by the end of 2007.

Overview of Major Facilities

Bowral and District Hospital

General Manager Denis Thomas

Category of facility and major services provided

Bowral & District Hospital (B&DH) continues to provide a wide range of services, including general medical, obstetrics and gynaecology, paediatric, surgical, orthopaedics, ophthalmology and emergency services, and has this year extended its capacity to provide specialist geriatric services.

Summary of activity

Admissions to the Hospital were 8,383 – down 2.24 per cent on the previous year. Of these 43.98 per cent were admitted and discharged on the same day. Non-admitted patient services were 97, 850, down 4.3 per cent on the previous year.

Theatre activity decreased to 2,595 cases, down by 0.73 per cent on the previous year, with waiting periods over a 12 month period reduced to zero.

There were 682 births – up 0.89 per cent on the previous year. Admissions via the Emergency Department (ED) were 4,623 down by 3.87 per cent. There were 17,160 ED attendances up by 4.7 per cent.

Major goals and outcomes

New renal dialysis facilities have been established, with the financial support of the Southern Highlands Renal Appeal Group. This service will be available to patients who are suitable for home dialysis.

The Hospital has been awarded full accreditation for four years following the EQUiP Accreditation Survey that took place in October 2006. The Numerical Profile Audit was also successfully completed. The Adolescent Mental Health Team (Centre of Youth) has new premises on the Hospital site in a cottage refurbished with the assistance of the Starlight Foundation.

Key issues and events

This year saw the appointment of Dr John Barnett as Visiting Medical Officer (VMO) in Geriatrics, which with the newly created Clinical Nurse Consultant (CNC) in Aged

Care, this position will enhance this component of our service.

Dr Joon Kim has been appointed as a third VMO in General Surgery, and Dr Nick Hartnell as a third VMO in Orthopaedic Surgery.

Two overseas nurses from India were recruited.

The annual Health Awards event was well attended. The Centenary Scholarship was awarded to Ms Sally Madigan (Bachelor of Medicine - deferred) and Ms Samantha Nolan (Bachelor of Nursing).

Future direction within the Area network

Plans for the refurbishment of the Children's Ward have been developed for submission to the NSW Department of Health.

A Master Development Control Plan has also been completed for submission to the NSW Department of Health. This plan outlines the long-term options for capital works development on the site. A number of changes have been proposed for the physical layout within the Watson building, to better accommodate the activities of the Allied Health teams.

The Hospital continues to benefit from the activity of the auxiliaries, general donations from members of the Southern Highlands community and fund-raising groups with specific targets.

Community Participation by Bowral & District Hospital remains a high priority, with eight community members providing valuable input into key committees such as the Clinical Advisory and Sector Executive Committees.

Overview of Major Facilities

Braeside Hospital

Hope Healthcare Chief Executive Officer Mark Newton
Chairman of Hope Healthcare Board Dr Roger Hooper

Category of facility and major services provided

Braeside Hospital at Prairiewood is a 72-bed sub-acute hospital adjacent to Fairfield Hospital and is one of three hospitals, a nursing home and community services that make up Hope Healthcare. Hope Healthcare is an affiliated health organisation and the hospitals are recognised health establishments, listed in Schedule 3 to the Health Services Act 1997.

The four service specialities provided from Braeside Hospital are: palliative care, rehabilitation, aged care psychiatry and community and aged services. Health services offered at Braeside Hospital are offered in a mix of inpatient, day hospital and community settings.

The Rehabilitation Unit is responsible for providing a service for inpatients and non-inpatients in the Liverpool and Fairfield areas. The Aged Care Psychiatry Unit provides inpatient services to residents in the Liverpool, Fairfield and Macarthur-Wingecarribee areas and community services to the Liverpool and Fairfield areas as well as hospital consultation services to Liverpool and Fairfield Hospitals.

Summary of activity

There were 468 patients admitted to the Hospital's Rehabilitation Unit as inpatients and there were 4,228 occasions of outpatient service. The Rehabilitation Day Hospital provided 2,003 occasions of service. In the Palliative Care Unit, 443 inpatients were admitted. There were 3,650 occasions of outpatient service and 2,294 occasions of service in the Palliative Care Day Hospital.

The Aged Care Psychiatry Unit had 101 inpatient admissions and 2,569 outpatient occasions of service.

Major goals and outcomes

The Hospital achieved successful accreditation from the Australian Council on Healthcare Standards (ACHS) and positive outcomes from the in-depth mental health review processes. Further development of the consumer feedback processes in palliative care was achieved, with a new format carer satisfaction survey produced, and refinement of bereavement information and education in conjunction with Area development.

The aggression management program was initiated in Aged Care Psychiatry, which involved training, installation of duress alarms and developing systems for ongoing monitoring of aggression.

Key issues and events

The Hospital developed a corneal donation project in palliative care in collaboration with the NSW Eye Bank. This program involved education and increased awareness of corneal donation amongst patients, caregivers and staff.

The Seniors Friendship Group was established for regular socialisation and support for people who have had an episode of mental illness; already demonstrating potential to assist rehabilitation and recovery.

Future direction within the Area network

In conjunction with SSWAHS palliative care services, the Hospital aims to participate as a lead site in the Palliative Care Clinical Trials Collaborative involving the Australian Department of Health and Ageing and Flinders University. This will provide links, mentorship and capacity building to develop internationally acclaimed levels of research skills and output in innovative areas of clinical palliative care research.

Overview of Major Facilities

Camden and Campbelltown Hospitals and Queen Victoria Memorial Home

General Manager Amanda Larkin

Category of facility and major services provided

Campbelltown Hospital is a major metropolitan hospital with 304 beds. Camden Hospital is a district hospital with 83 beds. Both hospitals operate under a common executive management structure and have networked services.

Camden and Campbelltown Hospitals provide a diverse range of services including: intensive care, cardiology, maternity, gynaecology, paediatrics, palliative care, respiratory and stroke medicine, surgery and emergency medicine and broad aged care services.

The Queen Victoria Memorial Nursing Home, which is licensed for 100 beds, also comes under the same administration as Camden and Campbelltown Hospitals.

Summary of business activity

Throughout the past year there were 24,264 inpatient admissions to Campbelltown Hospital and 7,109 to Camden Hospital. In the past year, 44,276 people presented to the Campbelltown Emergency Department (ED) and 11,673 people presented to Camden ED. There were 13,008 hospital admissions from ED. There were 2,630 babies born at Campbelltown Hospital – an increase of 9 per cent from the previous year. There were a total of 5,157 theatre procedures at Campbelltown Hospital and 4,748 at Camden Hospital.

The activity of Camden and Campbelltown Hospitals continued to grow – with an 11 percent increase in emergency presentations.

Major goals and outcomes

In 2006/07 renovations were completed for the Macarthur Clinical School, which saw its first group of medical students commence in March 2007. This was a great achievement for the Area Health Service and will greatly assist with the recruitment of clinical staff.

Refurbishment of the Surgical Ward was also completed, splitting the ward in two and increasing the bed capacity.

The construction of a Psychiatric Emergency Care Centre (PECC) on the Campbelltown Hospital site has commenced, which will greatly enhance the mental health services available to the Macarthur community.

SSWAHS continued to work closely with the Macarthur Community Council, with community representation on all Level one Committees.

Campbelltown Hospital opened 12 new surge beds significantly enhancing the Hospital's capacity to manage an increasing workload.

The commencement of the Campbelltown Midwifery Group Practice in November 2006 provided women in the Campbelltown area with continuity of midwifery care throughout their pregnancy, birth and post-natal period. The Camden Midwifery Group Practice continues to provide services for the Camden community.

Key issues and events

Additional ED specialists commenced working between Liverpool and Campbelltown Hospitals, providing essential specialist cover in the fast-growing Campbelltown ED.

An important development for Campbelltown Hospital has been the commencement of the first intake of medical students at the University of Western Sydney (UWS) Medical School in March 2007. Significant work was undertaken with the engagement of clinical staff as tutors and teachers for the School and the development of a Clinical School on the site of Campbelltown Hospital. The appointment of senior professorial staff has been a major development for the Hospital over the past twelve months.

Future direction within the Area network

The further growth of the UWS Medical School and the subsequent development of a larger Clinical School and research facilities are a major planned development for the Hospital.

Overview of Major Facilities

Canterbury Hospital

General Manager Gary Miller

Category of hospital and major services provided

Canterbury Hospital (CH) is a 215-bed metropolitan acute general hospital, providing services in general surgery and medicine, obstetrics and gynaecology, paediatrics, aged care, rehabilitation and palliative care.

Summary of activity

The Hospital treated over 16,000 patients during 2006/07. There were 1,661 births and more than 30,000 Emergency Department (ED) attendances.

Major goals and outcomes

The Hospital continued to improve patient progress through ED and patient wards through improved patient flow processes. In the past two years, the total number of patients waiting less than eight hours for a ward bed has increased by more than 85 per cent, despite an approximate 25 per cent increase in attendances to ED in the same period.

Key issues and events

Services for patients in ED were enhanced with the commencement of a Fast Track zone for patients with less complex medical problems and improvements to triage processes. The implementation of the Hospital's Fast Track zone has resulted in a 15 per cent increase in the number of patients being seen within benchmark times.

The Hospital maintained waiting times for elective surgery, with no patients waiting more than 12 months for their operation. It also reduced the number of category 1 patients waiting more than 30 days to zero at the end of June 2007.

The Hospital achieved a four-year accreditation from the Australian Council on Healthcare Standards (ACHS) following an organisation-wide review.

As part of International Nurses Day 2007, Ms Meera Kaanan, a registered nurse from the Hospital's Acacia Ward, was awarded the Inaugural Kevin Stewart Professional Development Scholarship. The Scholarship is to be an annual award, assisting nurses in furthering their professional development in areas relevant to nursing and midwifery. The Scholarship is named in memory of the late Kevin Stewart a former NSW Minister for Health and Chairman of the former Board of Canterbury Hospital from 1955 to 1976.

Future direction within the Area network

Canterbury Hospital will continue to provide quality healthcare to the local community including maternity services to the culturally and linguistically diverse population in the local area. Through the soon to be appointed Community Participation Coordinator, the Hospital is looking forward to an open dialogue with local residents and volunteers who play an important role within the Hospital.

Overview of Major Facilities

Community Health

Acting General Manager Sharyn O'Grady

Category of facility and major services provided

Community Health Service comprises child and family, community nursing and a number of specialist services: sexual assault, sexual health, child protection, multicultural health, women's health, community nutrition, HIV/AIDS and youth health. These services are provided across Sydney South West Area Health Service (SSWAHS) from 29 community health centres, schools and community outreach clinics to form a total of 138 facilities.

Summary of activity

There are 746 full time equivalent staff employed in community health.

During 2006/07 Community Health Services provided 604,646 individual occasions of service and 10,332 group occasions of service.

Major goals and outcomes

The *Community Health Strategic Plan 2007-2012* (draft) has been released for consultation. The Plan provides a Clinical Core Business Framework, which identifies the key clinical priorities for each community health service. The development of the Framework is a significant achievement and assists in ensuring that services are evidence-based and effective in meeting community need.

Community health nurses work with general practitioners to support people with chronic illness to remain in their home for as long as possible. They also provide a range of acute/post-acute interventions to prevent hospital admissions or reduce the length of stay. This is in partnership with local hospitals.

Nurse health home visiting is provided to parents of new babies within two weeks of birth. This universal platform supports sustained home visiting to targeted populations where additional support is

required. In 2007, nurses commenced sustained home visiting for Aboriginal teenage mothers, this model of care has lead to improved health for mothers and babies.

Key issues and events

Community Health Services was formally launched as a facility in August 2006.

The Campbelltown Community Health Centre was officially reopened at its new central Queen Street premises, providing improved access to a range of services.

Future direction within the Area network

In 2007/08 the new Community Health Services organisational structure will be implemented. Clinical streams with a local community presence are features of the new structure.

Overview of Major Facilities

Concord Repatriation General Hospital

General Manager Danny O'Connor

Category of facility and major services provided

Concord Repatriation General Hospital (CRGH) is a principal referral facility and a teaching hospital of the University of Sydney, offering a comprehensive range of specialty and sub-specialty inpatient and outpatient services.

Summary of activity

CRGH has 466 beds. Total bed days numbered 160,775 with an average length of stay of 3.6 days. Throughout the year there were 40,775 separations 10,783 theatre operations and 254,205 Non-Admitted Patient Occasions of Service.

Major goals and outcomes

In October 2006 Concord Hospital was surveyed by the Australian Council on Healthcare Standards (ACHS) panel. The Hospital was awarded overall Extensive Achievement for its commitment to improving performance across the whole organisation.

Concord Hospital also underwent Institute of Medical Education and Training (IMET) accreditation during March 2007. The Hospital received excellent feedback from the surveyors and was given three years full accreditation.

The 23 hour cardiology beds opened at Concord Hospital on the 13 August 2007 as part of an initiative of the statewide Cardiology Project. The four beds are designated for angioplasties, permanent pacemaker insertions and elective cardioversions.

Key issues and events

In November 2006 the inaugural Cardiovascular Computerised Tomography (CT) conference was held at the Hospital. Speakers from Germany and Canada joined Concord Hospital and SSWAHS staff in providing an extensive lecture program.

Results of some of the team's publications were presented at the conference.

In March 2007, Concord Hospital opened two fully integrated digital operating rooms dedicated to endoscopic and minimally invasive surgery (MIS).

In August 2006 the former NSW Minister for Health Hon John Hatzistergos MLC, launched the *NSW Healthy Eating Strategy* at Concord Hospital. This strategy will encourage the consumption of healthy foods and drinks by increasing their availability at hospital food outlets and vending machines used by staff and visitors.

Future direction within the Area network

Construction of the Mental Health Precinct will be completed in October/November 2007 and opened in March 2008 when mental health services relocate from Rozelle Hospital. The centre will be the largest mental health facility in NSW providing state-of-the art and innovative health care.

Accommodation will include 174 beds including the specialties of Acute Adult Intensive Care, Acute Adolescent Mental Health, Extended Care, Acute Psychiatrics, Psycho-geriatrics and Rehabilitation.

The Drug Health Services facility at the Hospital will also be opened in March 2008, incorporating a 24-bed inpatient and outpatient service.

The Asbestos Diseases Research Institute (ADRI) will develop new ways of screening, prevention, treatment and palliation for asbestos related diseases especially mesothelioma. The Institute will also provide community and professional education roles in Australia and the South-East Asian region.

The five-year Operating Theatres Capital Works Project commenced in December 2006 to maximise utilisation and improve patient flow. Stage 1 was completed in March 2007, with the opening of the Digital Operating Theatres. Stage 2 will commence in December 2007, with refurbishment to existing operating theatres.

Overview of Major Facilities

Department of Forensic Medicine

General Manager Mark Patterson

Category of facility and major services provided

The Department of Forensic Medicine (DOFM) offers a high quality service based on consumer needs. It provides forensic medicine services to the NSW State Coroner and statewide support for forensic medicine practitioners in all areas of autopsy-based and clinical forensic medicine.

DOFM aims to provide a prompt and efficient response to all who may require assistance and is the premier forensic medicine educational body for undergraduate and postgraduate students in NSW.

Its expertise includes disaster investigations, in particular, Disaster Victim Identification. DOFM expertise also includes aviation medicine, bereavement counselling, medical investigation of crime scenes, pre-trial and trial advice, provision of second opinions and presentation at medico-legal seminars.

Summary of activity

There has been a public perception against autopsy, with a consequent decrease in the number of autopsies being ordered.

Major goals and outcomes

- Performance of all adult non-coronial (Human Tissue Act) autopsies from Royal Prince Alfred Hospital, and all non-coronial HIV positive and suspected Creutzfeldt-Jakob disease autopsies for NSW.
- Provision of expert testimony in court as required
- Continuity of evidence services via the anatomical pathology laboratory.
- Continued training of forensic pathology and anatomical pathology registrars
- Availability of the DOFM facilities for various external organ donation and tissue processing organisations such as

the Lions NSW Eye Bank, the NSW Heart Valve Bank and the NSW Bone Bank for the purposes of tissue retrieval.

Key issues and events

Formal links with the University of NSW have been established.

Major challenges faced in attracting suitably qualified forensic pathologists and junior medical practitioners

DOFM has been conducting collaborative research into the following areas:

- Case control study of suicide and attempted suicide in young adults
- Cardiac and other harms of psycho-stimulant use.
- Genetic predisposition to sudden cardiac death in young people with Type 1 diabetes.
- Viewing the body after a sudden and unexpected death; the experience and effects on grief and trauma outcomes for the bereaved.

Future direction within the Area network

Develop short and longer term strategies to address critical workforce shortages and to address the appointment, training, accreditation and remuneration of specialist and non-specialist staff

Continue to meet the needs and expectations of the coronial justice system, including quality of service and standard turnaround times

Continue to meet the needs and expectations of the community, eg turnaround times until release for burial, cultural and spiritual considerations

Overview of Major Facilities

Fairfield Hospital

General Manager Anthony Schembri

Category of facility and major services provided

Fairfield Hospital is a 224-bed acute general hospital providing a wide range of hospital and community based health services, including: acute care services in medicine, surgery, obstetrics, paediatrics, geriatrics, rehabilitation and emergency medicine to the population of the City of Fairfield.

The Hospital currently provides a Neonatal unit supporting the obstetric service located at Liverpool Hospital.

Summary of activity

In 2006/07, service was provided to approximately 28,000 presentations in the Hospital's Emergency Department (ED) – an increase of 7.1 per cent from 2005/06. The number of inpatient admissions was 17,415; an increase of 3.6 per cent. The total number of individual occasions of service for 2006/07 was 32,046.

Major goals and outcomes

The establishment of a Stroke Unit within the Hospital's existing Medical Ward has resulted in improved care for patients admitted with a stroke.

The appointment of an additional Registrar for the Hospital's Sub Acute Rehab/Stroke has improved the medical registrar support for the organisation.

Echocardiography commenced after the purchase of the echocardiography machine, resulting in enhanced diagnostics for patients with heart disease and subsequent improved management.

Additional Telemetry Units for mobile cardiac monitoring have been purchased. Further improvements include the introduction of Trans Oesophageal Echocardiography (TOE) with stress testing services now also including the introduction of the Dobutamine Stress Test.

Proactive management of the Hospital's waitlist has resulted in no acute patients waiting for surgery for longer than 30 days and all long-wait patients being operated on

within 12 months. Joint Replacement Therapy patients requiring a higher level of care postoperatively are now nursed in a special unit within the Hospital's Orthopaedic Ward.

Radiology services have been further improved with the addition of a new and updated ultrasound machine. The updated ultrasound machine has enhanced the provision of improved services to patients attending the Hospital's Radiology Department.

The Hospital's junior paediatric staff complement now includes one Registered Medical Officer and two Registrars. As a result, the review of infants or children by a Registrar or Staff Specialist now occurs more frequently.

Further enhancement of services include the introduction of nitrous oxide sedation for children undergoing procedures, as well as the increased usage of spacers to ensure compliance with the preferred method of giving reliever medication to a child with mild or moderate acute asthma.

Activity continues to increase as a result of the increase in number of deliveries in maternity and admissions to the Children's Ward.

Key issues and events

Fairfield Hospital celebrated its 50 year reunion with a local community fete and reunion dinner dance.

Future direction within the Area network

Fairfield Hospital's existing 2 Slice Computed Tomography (CT) Scanner will be replaced with a 64 Slice CT Scanner by the end of 2007.

The Hospital will commission a 12-chair satellite Dialysis Unit to facilitate care for patients, and the development of the Hospital's elective endoscopic surgery capacity.

Overview of Major Facilities

Karitane

Chairman Board of Directors Professor Bryanne Barnett

Executive Manager Robert Mills

Category of facility and major services provided

Karitane is an affiliated health organisation staffed by child and family health professionals, to enhance parenting knowledge, skills and confidence for parents with children up to five years of age.

Karitane operates from four sites across Sydney – Carramar, Fairfield Heights, Liverpool and Randwick. Services include: an Education and Research Unit, a Residential Unit, 24 hour Care line, Toddler Clinic, Karitane Volunteer Program (KVP), a perinatal mood and anxiety disorders unit - Jade House – two Family Care Centres (FCC).

Summary of activity

During 2006/07 1,114 parents and children were admitted to Karitane's Residential Unit.

The Karitane Care line received 18,612 calls, the Liverpool and Randwick family care centres provided 3,602 occasions of service (OOS) combined and facilitated a total 204 parenting groups.

A total of 111 volunteers supported 113 families with home visiting; 1,682 maternity hospital visits were conducted and 4,564 participants attended our playgroups throughout the year.*

Throughout 2006/07, there were 3,168 occasions of service at Jade House and 612 parents and children attended the Toddler Clinic.

Major goals and outcomes

The newly developed Karitane Parenting Confidence Scale provided valuable information as well as outcome data in parental confidence.

The Clinical Practice Improvement Project - comprehensive and consistent bio-psychosocial assessments, was awarded

third prize in the 2007 SSWAHS Quality Initiative Activity poster competition.

A Perinatal Mental Health Clinical Nurse Consultant commenced in early 2007, providing increased expertise across the organisation.

Karitane continues to consult and collaborate on many projects, including the National Raising Children Website and the Juvenile Justice Mothers and Children's Project.

Key issues and events

In May 2007, Karitane partnered with the Australian Association of Maternal Child and Family Health Nurses and Tresillian to host the Partnership in Practice Child and Family Health Conference. The event was a huge success and attracted over 750 child and family health professionals from Australia and overseas.

In partnership with Iris Productions and SBS National Television (SBS), Karitane participated in a six-part documentary series, *Parent Rescue*, focusing on parenting issues. The series will air on SBS in September 2007 and will provide an interactive website via SBS for parents to gain valuable information in a range of languages.

Future direction within the Area network

Karitane's capital redevelopment program continued with a total cost of approximately \$4,500,000. NSW Health provided a \$1,000,000 grant for continued capital works for Karitane facilities.

Capital works on the Karitane Carramar site include an expanded education and research facility, a conference venue, outreach services and a purpose built mental health facility for Jade House and the Toddler Clinic.

Karitane will continue to expand its innovative programs, providing outreach education services to rural professionals and parents via preschools.

* the way that statistics are collected on volunteer services has changed this financial year

Overview of Major Facilities

Liverpool Hospital

General Manager Glenda Cleaver

Category of facility and major services provided

Liverpool Hospital is a tertiary referral hospital for south west Sydney and is networked with other hospitals in the western zone of the Sydney South West Area Health Service (SSWAHS).

The Hospital provides a comprehensive range of high level clinical services, including: medical, surgical, emergency medicine, intensive care, oncology, mental health, women's health and newborn care. The Hospital is a major trauma centre for NSW. There is a strong commitment to teaching and research across a wide range of disciplines within the Hospital.

Summary of activity

During 2006/07, Hospital admissions increased by 15.3 per cent to 74,833. There were 13,691 operations performed and 3,125 babies born. The number of presentations to the Emergency Department (ED) increased from 2005/06 by 10.5 per cent to 57,213 attendances. There were a total of 20,382 admissions to the Hospital from the ED.

Major goals and outcomes

Through effective management, the Hospital has continued to reduce the waiting list for elective surgery, despite the increase of trauma and ED presentations. An allocation of \$390 million by the NSW Government has enabled planning and redevelopment of Liverpool Stage 2 to commence during 2006/07.

Additional funding is enabling the provision of much needed resources, such as additional neonatal cots and the latest technology in the Picture Archiving Communication System (PACS) which enables electronic collection and storage of patient information and digital images – replacing “hard copy” X-ray films. PACS is expected to be installed across the next financial year.

The newly installed Siemens dual 64 slice CT unit significantly enhances service at Liverpool, increasing CT activities by 17.2 per cent. Fast trauma scans, detailed Oncology

scans and non-invasive cardiac imaging are now routine.

A midwifery-led model of care has been established in the birthing unit. The midwifery led care provides primary care through midwifery assessment and decision making for women who are assessed as having a low risk of complication in pregnancy.

The introduction of the after-hours General Practice (GP) Clinic within the Outpatients Department during 2006/07 has been beneficial in providing patients with improved access to GP services after hours.

Key issues and events

The Hospital has implemented a pilot program for nursing staff in the Hospital's Emergency and Trauma Department to conduct Focussed Abdominal Sonography in Trauma (FAST). FAST enables the quick detection of internal bleeding through ultrasound in patients suffering severe injury after major trauma. It improves patient flow by increasing the number of qualified staff available to perform this life-saving procedure.

A partnership between the Lions Club of the City of Liverpool and Liverpool Diabetes Health Service to publish a booklet to help patients with diabetes stay healthy.

A joint project by the Rotary Club of Liverpool Greenway and the Brain Injury Rehabilitation Unit at Liverpool has enabled the purchase of a wheel-chair minibus to provide patients with suitable transport to access the services and facilities of the local community.

Future direction within the Area network

The Stage 2 redevelopment will make Liverpool Hospital the largest hospital and tertiary referral centre in Australia. Phase 1 of the redevelopment project will provide the Hospital with a new Clinical Services Block (CSB), integrated refurbishments of existing clinical services, education enhancements, an extension of the Cancer Centre, engineering infrastructure, Central Energy expansion and a multistorey car park.

Overview of Major Facilities

Royal Prince Alfred Hospital

Executive Director Di Gill

Category of facility and major services provided

Royal Prince Alfred Hospital (RPA) is a principle provider of specialist healthcare and one of the leading medical teaching hospitals in Australia.

The wide range of services provided by RPA include: the National Liver Transplant Unit, renal dialysis and transplant services, emergency, trauma and intensive care services, medical imaging, cardiology and cardiothoracic surgery, Women's and Children's Health, the Institute of Rheumatology and Orthopaedics, respiratory medicine and cancer services, including the Melanoma Unit, Breast Cancer Institute and the Sydney Cancer Centre.

Summary of activity

RPA has a total of 724 beds, of which 471 are Emergency Department (ED) channel beds. The Hospital has an occupancy rate of 96 per cent. Total occupied bed days in 2006/07 numbered 260,701 with a daily average of 715. RPA had 54,962 ED attendances, 16,687 ED admissions and a total of 15,439 patients admitted to a hospital ward from the ED.

Major goals and outcomes

RPA has continued to place significant emphasis on processes and systems to improve patient flows throughout the Hospital. Emphasis has been placed on strategies to manage winter demand and increases in Hospital activity. Key initiatives by the Hospital during the 2006/07 period have focused on the ED, discharge planning, and Key Performance Indicator (KPI) reporting.

A 64-slice Positron Emission Tomography-Computed Tomography (PET-CT) scanner was commissioned by RPA in December 2006. The PET-CT scanner is the only machine of its kind in Australia and one of only 20 in the world. It combines state-of-the-art CT with the most advanced PET scanner in the world.

As at June 2007, RPA successfully maintained the NSW Health target of zero long wait patients. This result is due to ongoing implementation of strategies including: regular

reviews of the waiting list data, fortnightly review of any overdue cases by operating theatre nursing unit manager (NUM) and Chair Operating Theatre Management Committee, management of operating theatre allocations, regular liaison with individual surgeons with potential or actual waiting list problems and increased use of Extended Day Only and Day Only beds to maximise surgical throughput.

The capital works development program is continuing with Stage 2a construction of Laboratory Services completed. The Laboratories have moved from being dispersed throughout the campus to a new centralised location allowing them to work interdependently.

The Perioperative Unit (TPU) became operational in June 2007 and admits over 90 per cent of all patients for elective surgery. TPU has the ability to accommodate up to 20 Extended Day Only (EDO) beds, which assists with the bed management of the facility.

Key issues and events

RPA, along with all hospitals within Sydney South West Area Health Service will become smoke free as of 2 July 2007. To help inpatients quit smoking or manage nicotine withdrawal, RPA continues to offer free nicotine replacement therapy for the duration of the patient's hospital stay. Patients can also take advantage of free smoking cessation clinics.

In 2007 RPA will celebrate its 125 year anniversary with a series of community and clinical events throughout September including Fair Day, The RPA Anniversary Ball and Clinical Week.

Future direction within the Area network

A key objective for RPA is the networking of services across Sydney South West Area Health Service. RPA will assist with the development of clinical services at facilities within the Area Health Service. The Hospital is participating in a review of clinical directorates aiming to ensure alignment and uniformity of clinical services across the Area.

Overview of Major Facilities

Rozelle Hospital

Clinical Director Dr Victor Storm

Category of facility and major services provided

Rozelle Hospital is the largest of the mental health inpatient services in Sydney South West Area Health Service (SSWAHS).

Services include: adult acute units, an intensive psychiatric care unit, older persons' mental health, inpatient drug health, and rehabilitation and recovery services.

The site accommodates a number of non-government organisations, special projects, and mental health administration for the former Central Sydney Area Health Service and Bankstown Mental Health Service.

Summary of activity

Rozelle Hospital has a total of 168 available mental health beds plus 30 Drug and Alcohol beds. Total mental health bed days numbered 52,828 with a daily average of 141.9 inpatients.

Major goals and outcomes

Rozelle Hospital, along with the other components of North-East Cluster mental health services, achieved a four year accreditation from the Australian Council on Healthcare Standards, following an intensive organisation-wide survey in December 2006.

Key issues and events

The Hospital has continued to contribute towards reduction of access block in the South-West Cluster through provision of a 12-bed acute unit dedicated to clients from Liverpool and Campbelltown Hospitals. As new facilities come on line at Campbelltown Hospital, this role is expected to reduce over time.

Future direction within Area network

2006/07 is the last full financial year that Rozelle Hospital will provide clinical services in its current location. Construction of a new purpose-built 174-bed Mental Health campus collocated with Concord Hospital is proceeding on schedule.

In early 2008, inpatient services will transfer from Rozelle Hospital to the new facility, improving the environment in which staff provide quality mental health care to people within south west Sydney.

The modular design of the new units will enable different models of care to be provided than are currently possible at Rozelle.

Overview of Major Facilities

Tresillian Family Care Centres

General Manager David Hannaford
President of Council Bob Elmsie OAM

Category of facility and services provided

Tresillian is a community service across Sydney, providing positive and practical advice on caring for babies, for both parents and health professionals.

The majority of Tresillian's clients are first-time parents, with most queries relating to breastfeeding, baby's sleep and settling patterns, coping with twins or dealing with toddler behaviour. Many of the mothers who seek support and assistance from Tresillian also have complex mental health issues, including postnatal depression.

Summary of activity

During 2006/07, Tresillian's three residential units at Canterbury, Willoughby and Nepean assisted 4,880 mothers and babies referred from their local health professional.

Tresillian's three Day Stay Units at Wollstonecraft, Canterbury and Nepean assisted 4,828 mothers and babies. The Outreach teams at Wollstonecraft and Canterbury visiting 2,896 families in their own homes.

To help families cope during the early years Tresillian's Parents Help Line operates 24 hours, seven days per week. This service is free to all intra-state NSW callers. During 2006/07, Tresillian's Child and Family health professionals provided advice to 49,250 parents through the Parents Help Line.

Major goals and outcomes

There have been several major changes to services during 2006/07.

- In January 2007, the Tresillian Council approved the standardisation of Tresillian's residential services to a four-night, five-day residential program.
- Tresillian Canterbury and Nepean operate seven days a week and receive admissions daily. The revised operations have increased admissions

to the Service and significantly reduced waiting times for families.

- A centralised intake system for the Outreach, Day Stay and Residential Services across all four Tresillian Centres has been introduced to streamline referrals from health professionals. The system has been extremely successful in ensuring a more effective use of resources.

Key issues and events

In May 2007, Tresillian assisted in the organisation of the Partnership in Practice Child and Family Health conference in Sydney, a joint venture with the Australian Association for Maternal, Child and Family Health Nurses and Karitane. The event was a huge success and attracted over 750 Child and Family health professionals from Australia and overseas.

In February 2006, ninemsn funded a six month ground-breaking pilot program providing online advice for new mothers through messenger technology. The partnership proved highly successful, with ninemsn continuing to fund the service. New mothers can now contact a professionally trained Tresillian Child and Family Health Nurse for advice, 20 hours a week via ninemsn's leading instant messaging service. The service has been enormously popular with new parents, particularly those living in regional areas and younger mothers.

Future direction within the Area network

Tresillian health professionals have been involved in supporting parents and carers of children with a disability or chronic medical condition in inner Sydney through the MyTime initiative.

Tresillian has committed to further involvement in the MyTime support groups over the next three years.

Allied Health Services

Clinical Director Dr Katherine Moore

Summary of activity, including range of services provided

Allied health professionals across Sydney South West Area Health Service (SSWAHS) work in partnership with clients and their families to optimise physical and psychosocial function and develop healthy life skills through the professions of: physiotherapy, podiatry, psychology, speech pathology, social work, orthoptics, nutrition and dietetics, occupational therapy and orthotics, as well as the Health Care Interpreter Service.

These services improve quality-of-life for clients following chronic or acute episodes of illness. The Health Care Interpreter Services play a vital role in ensuring non-English speakers are not disadvantaged when accessing health services and facilities across SSWAHS.

Major goals and outcomes

Within and across each allied health profession, clinical networks have been established to review and instigate best practice and drive service improvements.

Some examples of network achievements include multidisciplinary tracheotomy pathways, which have been developed and implemented in a number of facilities, speech pathology competency packages for adult therapists in dysphagia, and modified barium swallow. The development of a psychosocial assessment tool for intellectually disabled persons, the review and development of occupational therapy protocols for the assessment and treatment of elective orthopaedic surgery patients, elective hip and knee replacements, trauma orthopaedic injury, and extensor tendon repair postoperative treatment were also achieved during the 2006/07 period.

Key issues and events

This year saw the implementation of new services including routine podiatry screening for people with renal disease, the use of functional electric stimulation on

stroke patients and the expansion of nutrition to aid in the identification of patients at risk of malnutrition.

The inclusion of lung cancer patients in the Royal Prince Alfred Hospital's pulmonary rehabilitation service was specifically adjusted to assist the management of fatigue and dyspnoea in this patient group.

Following the success of the first Tracheostomy Education Day in mid 2006, SSWAHS speech pathology staff were instrumental in writing, organising and delivering a statewide tracheostomy training day for speech pathologists in mid 2007, which received very positive feedback.

In conjunction with the NSW Cancer Council, a number of group programs were conducted to support people with cancer in the local south west Sydney communities. These programs included a Pancreatic Support Group, Cancer Support Group for Men and a Living with Cancer Education Program for Greek and Arabic speaking people.

SSWAHS Orthoptics has registered 25 patients with the Pfizer Eye Comply Patient Support program, which is designed to improve compliance rates for patients with glaucoma.

Future direction within the Area network

Work continues around the development of uniform evidence-based practice guidelines, further refinement of a SSWAHS wide clinical data set and the use of competency teaching and assessment programs in high risk clinical areas.

The Allied Health Scholarship will continue to provide incentives to clinicians to promote their work at national conferences, and positions SSWAHS as leaders in allied health practice.

Drug Health Services

Director Karen Becker

Summary of activity, including the range of services provided

Drug Health Services (DHS) operates at 23 sites across Sydney South West Area Health Service (SSWAHS), including nine hospitals and 17 community health facilities. Services include: the Opioid Treatment Program (methadone and buprenorphine clinics), counselling, specialist medical clinics, inpatient withdrawal management, perinatal and family program, court diversion, harm minimisation (including needle syringe programs), hospital consultation and liaison, tobacco cessation clinics and a range of associated projects that address key clinical issues such as Aboriginal health and co-morbidity.

Major goals and outcomes

The Redfern Harm Minimisation service developed a primary health care model of service delivery in late 2006. In addition to the core services, the new model offers a comprehensive package of enhanced services for the management of blood borne viruses such as HIV and Hepatitis C.

In the first nine months of implementation of the service, over 1,000 clients have received health consultations with over 220 clients registered in the clinic's treatment program. The comprehensive model contributes to statewide targets by providing a local level service in a high-risk community that is not otherwise available.

The Aboriginal Women's Group at Royal Prince Alfred Hospital (RPA) continues to operate on a weekly basis and is co-facilitated by the DHS Aboriginal Project Officer, a DHS counsellor and a volunteer. There has been regular attendance of an average of six to seven women a week and

has resulted in improved retention in treatment. Another key outcome continues to be case management and referral to other health and support services.

Key issues and events

The Magistrates Early Referral Into Treatment (MERIT) Court Diversion Program has developed a comprehensive plan to increase referrals for Aboriginal people. The Aboriginal community has higher levels of contact with courts in comparison to the general population yet was under-represented in the MERIT program. Over the past two years strategies have included: monitoring referrals, coordinating access, collaborating with Aboriginal community organisations and primary health care providers, establishing the Aboriginal Women's Support Group, and employment of Aboriginal clinicians.

The strategy has resulted in a total increase of 54 per cent in referrals of Aboriginal people from the Local Courts.

DHS continues to support provision of dedicated tobacco cessation clinics, through the three half-day clinics, which operate at RPA and Croydon Health Centre. These clinics provide assessment and 8–16 weekly 30-minute follow-up sessions. All DHS counsellors provide one-on-one tobacco cessation support. In 2006/07, 88 new clients attended the cessation clinics.

Future direction within the Area network

A major initiative for DHS during 2007/08 will be the expansion of drug and alcohol consultation and liaison services to hospitals, especially emergency departments, across SSWAHS.

Mental Health Services

Clinical Director Dr Victor Storm

Summary of activity, including the range of services provided

Mental Health Services for Sydney South West Area Health Service (SSWAHS) provides clinical inpatient and community-based services across the age range, including: perinatal, child and adolescent, early intervention, acute assessment and treatment, rehabilitation, community support, consultation/liaison, dietary disorders, and old-age psychiatry. Mental Health Services also conducts extensive education, training and research activities.

Mental Health Services has inpatient facilities at Campbelltown, Liverpool, Bankstown, Rozelle, and Camperdown. Community mental health services are collocated with other community health services at a large number of facilities across SSWAHS, ensuring clients have access to a range of specialist health services when required.

A new management structure for the Area Mental Health Service was implemented to fully integrate clinical governance and service provision across the Area.

Major goals and outcomes

A new 20-bed sub-acute Mental Health Unit at Campbelltown Hospital was opened during 2006/07. A major focus of this Unit is to provide services targeted at young adults. Construction of a six-bed Psychiatric Emergency Care Unit commenced at Campbelltown Hospital, adjacent to the Hospital's Emergency Department.

Construction of the new 174-bed mental health campus at Concord Repatriation General Hospital is progressing ahead of schedule. Planning is being completed for the transfer of clinical services from Rozelle Hospital to the new campus in early 2008.

Significant enhancement funding has been provided to the Area for new and expanded community mental health services including emergency services, services for the elderly, youth, co-morbid drug use and rehabilitation. The Housing and Accommodation Support Initiative (HASI) services have continued to expand in conjunction with non-government organisations and the NSW Department of Housing.

Key issues and events

Recommendations of the Emergency Department Clinical Services Redesign project are being implemented, and key performance indicator reports are being used to provide regular service reviews.

A redevelopment of the mental health information system is being implemented to provide an electronic medical record that will be accessible to all components of the service.

Rozelle Hospital and associated Community Mental Health Centres have successfully undertaken the EQuIP Organisation Wide Survey, achieving a four-year accreditation by the Australian Council on Healthcare Standards. A survey of all mental health services across SSWAHS will occur in June 2008 which will align accreditation processes for the entire mental health clinical stream.

Future direction within the Area network

To meet the current and projected population growth within the areas covered by SSWAHS, planning is underway to determine the service and facility requirements across the Area up to 2016.

Mental Health Services

Mental Health Services Performance Indicators

Community Care Hours ¹				
	Actual hours	Expected hours	Ambulatory Full Time Equivalent	% of expected
SSWAHS	137,210	562,156	510	24%
NSW				42%

Mental Health outcome measures recorded as per cent of target ²			
	Actual	Expected	%
SSWAHS	14,686	34,724	42%
NSW	106,714	166,956	64%

Inpatient Self Sufficiency ³		
	% own resident separations	% own resident separations from other areas
SSWAHS	89%	11%
NSW	93%	7%

Emergency Department Access Performance for Mental Health Admissions ⁴	
SSWAHS	56%
NSW	72%

28 day readmission Rate %	
SSWAHS	5.0%
NSW	10.7%

Notes:

1. The method of collection of community care hours is not readily available across Sydney South West Area Health Service. An upgrade of data capture is underway and expected to be in use by 2008.

2. Outcome collection occasions include only inpatient and ambulatory settings.

3. In-patient self sufficiency is the extent to which an area health service can provide the beds and range of in-patient bed types required to meet the needs of its population. In practice it is simply measured by the % of patients from our area being discharged from units in other areas and the % of patients discharged from our beds that are resident in other areas.

4. Emergency Department Access Performance is variable across the Sydney South West Area Health Service. The figure of 56 per cent is an aggregate and does not reflect the performance of individual Emergency Departments.

Figures derived from NSW Health Performance Report.

Nursing and Midwifery Services

Director Kerry Russell

Summary of activity, including the range of services provided

Nursing and Midwifery Services are responsible for the standard of nursing care across the area health service in acute facilities and community-based services. This encompasses recruitment and retention of staff, education, clinical practice and research for a workforce of approximately 10,800 nurses.

Major goals and outcomes

Nursing and Midwifery Services have had a successful year, particularly in relation to workforce matters. A number of significant achievements are highlighted as follows:

- Nursing & Midwifery vacancies have reduced from 400 in December 2004 to 150 as at June 2007
- Overseas recruitment continues to be successful with 470 nurses and midwives recruited since 2005 and a further 113 commencements expected in the near future. The retention rate is around 80 per cent for 12 months or longer with a number taking up permanent residency
- The Area have continued to focus on Leadership and Management development with a Mentoring Program and Clinical Supervision Program
- SSWAHS commenced a number of initiatives with universities, particularly the University of Notre Dame and the University of Tasmania (UTAS). Some of these initiatives include:
 - a co-badged BA Nursing Program with University of Notre Dame
 - provision of clinical placements for final year Danish nursing students in partnership with The Schools of Nursing in Denmark and UTAS.
- The Area was provided the highest number of clinical placement days in NSW at 370,000 representing 36 per cent of all Metropolitan placements in NSW
- SSWAHS has renewed a nursing conjoint appointment with the University of Tasmania and Juliet Sondermeyer has been re-appointed to the position

- Funding provided last year by Statewide Services to the Greater West Area Health Service has been extended to maintain the Rural Locum Relief Program. SSWAHS has a partnership with the Greater West AHS for the provision of nurses to relieve in rural and remote areas
- A Midwifery Caseload Model of Care was implemented at Camden Hospital and following a favourable evaluation of the model was introduced at Campbelltown Hospital
- SSWAHS became a Founding Partner of the International Virtual Nursing School (IVINURS) in partnership with the University of Tasmania and the Director of Nursing & Midwifery Services was elected to the IVINURS Board in May 2007

Key issues and events

Even though vacancies have reduced considerably, workforce continues to be a major issue for Nursing and Midwifery Services and the Area will continue to introduce strategies to recruit and retain staff and reduce the use of agency staff and overtime.

Future direction within the Area network

Future initiatives include, but are not limited to:

- Development of a clinical indicator database which will demonstrate nursing and midwifery outcomes
- Work in partnership with the University of Tasmania to:
 - finalise the development of an MBA (Health Sciences) and a Masters in Clinical Leadership and Supervision scheduled to commence in February 2008
 - finalise the Graduate Certificate (Specialty Nursing) courses that UTAS will run in partnership with SSWAHS
- Increase the number of BA Midwifery students across the SSWAHS through University of Technology Sydney
- Pursue opportunities for further partnerships with international organisations which may lead to future recruitment opportunities.

Oral Health Services

Area Clinical Director Associate Professor Sameer Bhole
General Manager Graeme Angus

Summary of activity, including the range of services provided

Sydney South West Oral Health Services (SSW-OHS) provides general dental services to eligible patients within SSWAHS, and on an inter Area fee-for-service basis to residents of the northern sector of South East Sydney Illawarra Area Health Service.

The services include Sydney Dental Hospital (SDH), a major teaching facility, with relationships with Sydney University, Newcastle University and TAFE for the training of dental officers, post graduate specialty degrees and the new Bachelor of Oral Health degree. Services also include continuing education courses and the training of dental auxiliaries and 17 community-based dental clinics located throughout the Area Health Service.

SDH also provides specialist treatment to people referred statewide for Paediatric Dentistry, Orthodontics, Periodontics, Oral Surgery and Diagnostic Imaging, Prosthodontic, Endodontics and Implantology.

The Special Care Dental Unit of SDH provides care to patients with chronic mental health conditions, the elderly and an outreach service to nursing homes.

SSW-OHS, including SDH, provided 163,201 occasions of service (OOS) to adults and 60,668 OOS to children. There were 47,771 occasions of specialist service provided, as well as 13,802 OOS relating to dentures. SSW-OHS has 469.9 full time equivalent staff.

Major goals and outcomes

SSW-OHS, including SDH, underwent Stream-wide EQuIP Version 4 accreditation process in early 2007 and was awarded four years accreditation with six Extensive Achievements.

The Demand Management Program was implemented to manage the demand for Adult Services. A standardised appointment schedule for all community clinics was implemented so clinicians have the opportunity to carry out a varied case mix. This has also allowed SSW-OHS to amalgamate waiting lists and offer patients a course of general care at any clinic across the Area, rather than limiting patients to only attend clinics closest to their home.

SSW-OHS have signed a Memorandum of Understanding (MOU) with the University of Newcastle to have student placements from the new Bachelor of Oral Health degree.

SSW-OHS have also signed a MOU with the Sydney Children's Hospital at Randwick.

Key issues and events

Beginning 2007, the NSW Overseas Trained Dentists program commenced with ten participants receiving clinical training. This program is in partnership with rural area and Westmead Oral Health Service and aims to increase the public dental workforce.

The Marrickville Community Oral Health Clinic opened in October 2006 and currently provides adult and child services in a four chair clinic.

Future directions within the Area network

SSW-OHS aims to expand the Demand Management program to Child Services and utilise enhancement funding to provide expanded child oral health services.

SSWAHS will carry out a child oral health survey in 2007/08.

SSW-OHS will open a new four chair dental clinic in the high demand area of Ingleburn; as well as expanding the Special Care department presence in Community clinics.

Population Health

Director Associate Professor Peter Sainsbury

Summary of activity, including range of services provided

Population Health delivers evidence-based and innovative programs to improve the health of the people of SSWAHS, reduce health inequities and address gaps in services.

Population Health incorporates the Health Promotion Service, the Public Health Unit, the Research, Evidence Management and Surveillance Service, the HIV/AIDS and Related Programs Unit, the Multicultural HIV/AIDS and Hepatitis C Service, and the Centre for Health Equity Training, Research and Evaluation.

Major goals and outcomes

Population Health led a Health Impact Assessment of the construction phase of the Liverpool Hospital redevelopment. The positive and negative health impacts arising during construction were identified. The recommendations, including a monitoring and evaluation plan, were accepted by the redevelopment's Executive User Group.

The Central Sydney Walk to School Research Program (2004-2007) has implemented a multi-strategic program to reduce car journeys and increase the number of students (aged 10-12 years) who walk to and from school. Across the 24 participating primary schools the program reduced car journeys to and from school by eight per cent.

Staff provided support through the Health Promoting Schools 'Buddy' Program to 28 primary schools across Sydney South West for physical activity, mental health or nutrition. Effective and sustainable outcomes across all areas of the Health Promoting Schools Framework were achieved.

The Multicultural HIV/AIDS and Hepatitis C Service developed the *Everybody's*

Business audiovisual resource to assist in HIV/AIDS and Hepatitis C education for people from Culturally and Linguistically Diverse (CALD) backgrounds. The third edition was developed in 2007.

The Public Health Unit has contributed to plans for responding to an influenza pandemic and other disasters.

Key issues and events

The Health Promotion Service has been awarded \$650,358 from NHMRC to conduct a research project entitled *Early intervention to prevent childhood obesity among a disadvantaged population: a home-based randomised Controlled Trial*.

To prevent cervical cancer, the Public Health Unit has administered 38,000 doses of Human Papilloma Virus vaccine to over 20,000 schoolgirls in years 10, 11 and 12.

Future directions

Priorities during 2007/08 will include the further development of strategies to improve the health of children, and reduce overweight and obesity, tobacco consumption and infectious diseases.

Research, Evidence Management and Surveillance will produce an epidemiological profile for SSWAHS. This will include data from the 2006 Census and the most recent information on the health status and health service utilisation of SSWAHS residents.

Population Health will continue to conduct health impact assessments and develop its focus on the relationship between urban design and health.

Quality Clinical Indicators

Clinical indicators (CIs) are rate-based figures which can show where we are performing particularly well and can serve as a model for others. When we are performing at a suboptimal rate, compared to national or past data, CIs can act as an alert for further investigation or review of clinical practice to improve the quality of care provided to our patients. The former Central Sydney Area Health Service (eastern zone SSWAHS) has published in its annual report since 2002/03 a selection of CIs that have either a state or national comparison. We have continued the reporting this year and have included some western zone indicators where they collect the same indicator.

Adult Renal Transplantation

Numerator: Number of patients/grafts surviving at one year

Denominator: Number of renal transplant patients/grafts

***SWRS:** State Wide Renal Services

Over the last eight years the Statewide Renal Services (SWRS) transplant unit has had excellent outcomes compared to data for Australia and New Zealand (derived from the ANZDATA Registry). Patient survival has been superior to national figures except for the year 2000. Graft survival at 12 months has been consistently higher than nationally except for the year 2000 when patient death with functioning grafts was unusually high and in 2002 when the rates were the same. Graft survival figures count patient deaths as a graft loss. The results of SWRS are benchmark at one year follow-up. This is particularly pleasing considering the high proportion of patients who are high risk either immunologically for rejection or more commonly medically because of co-morbidities.

Year	% Survival at One Year			
	SWRS* (CSAHS) patients	Australian/NZ patients	SWRS (CSAHS) grafts	Australian/NZ grafts
1998	98% (n=59)	95%	96% (n=59)	91%
1999	100% (n=51)	95%	98% (n=51)	90%
2000	92% (n=52)	97%	91% (n=52)	94%
2001	97% (n=62)	96%	96% (n=62)	93%
2002	98% (n=61)	98%	95% (n=61)	95%
2003	100% (n=66)	98%	98% (n=66)	92%
2004	97% (n=70)	96%	96% (n=70)	90%
2005	98% (n=64)	Not available	98% (n=64)	Not available
2006	97% (n=69)	Not available	95% (n=69)	Not available

Adult Liver Transplantation (ANLTU) survival rates

Both patient survival and graft survival are measured as a patient can have more than one liver graft.

Numerator: Number of patients/grafts surviving at one year

Denominator: Number of liver transplant patients/grafts

***ANZLTR:** Australian and New Zealand Liver Transplant Registry

Year	% Survival At One Year			
	RPAH patients	ANZLTR* patients	RPAH grafts	ANZLTR* grafts
1999	89 (n=28)	93 (n=117)	87 (n=31)	90 (n=124)
2000	90 (n=39)	92 (n=151)	83 (n=42)	90 (n=157)
2001	82 (n=27)	86 (n=125)	79 (n=28)	80 (n=135)
2002	100 (n=43)	96 (n=151)	96 (n=47)	94 (n=157)
2003	97 (n=38)	94 (n=143)	93 (n=41)	92 (n=150)
2004/2005	88 (n=50)	NA	87 (n=52)	NA
2005/2006	97 (n=33)	NA	89 (n=36)	NA
2006 / 2007	95% (n=44)	NA	90% (n=48)	NA

Quality Clinical Indicators

Obstetrics

Numerator: Number of deliveries / interventions for year

Denominator: Number of babies delivered for year

2005**						
Hospitals	Normal delivery	Forceps vaginal	Vacuum extraction	Vaginal breech	Elective caesarean	Emergency caesarean
Canterbury Hospital	68.4	1.0	7.9	0.3	12.8	9.7
RPAH	60.6	2.7	7.9	0.5	13.9	14.4
Camden	Nil	Nil	Nil	Nil	Nil	Nil
Fairfield	74.6	0.4	5.7	0.2	12.3	6.8
Liverpool	68.3	1.1	7.0	0.6	13.6	9.4
Campbelltown	74.8	0.7	2.8	0.3	12.4	9.0
Bankstown-Lidcombe	76	1.1	5.6	0.2	10.9	6.2
Bowral	60.2	4.0	14.4	0.3	12.2	8.9
SSWAHS Rate	67.4	1.6	7.2	0.4	13.3	10.1
NSW statewide rate*	61.2	3.1	7.1	0.4	16.2	11.9

*NSW statewide rate published in the NSW Public Health Bulletin

**2006 data will not be available until December 2007

2004						
Hospitals	Normal delivery	Forceps vaginal	Vacuum extraction	Vaginal breech	Elective caesarean	Emergency caesarean
Canterbury Hospital	59.9	0.9	8.1	0.2	10.4	10.4
RPAH	62.3	2.7	8.2	0.6	14.4	11.8
Camden	89.5	2.8	1.5	0.2	1.3	4.6
Fairfield	78.7	0.4	6.4	0.2	9.3	4.9
Liverpool	69.2	1.1	6.1	0.8	11.9	10.9
Campbelltown	68.7	0.3	5.7	0.5	13.5	11.3
Bankstown-Lidcombe	70.7	1.8	7.6	0.3	11.6	8.0
Bowral	64.3	4.1	14.5	0.3	9.3	7.5
SSWAHS Rate	68.1	1.7	7.7	0.5	12.4	9.7
NSW statewide rate*	62.1	3.3	7.0	0.4	15.3	11.8

*NSW statewide rate published in the NSW Public Health Bulletin

Quality Clinical Indicators

2003							
Hospitals	Normal delivery	Forceps vaginal	Vacuum extraction	Vaginal breech	Elective caesarean	Emergency caesarean	
Canterbury Hospital	71.1%	1.6%	6.3%	0.1%	10.4%	10.4%	
Royal Prince Alfred Hospital	61.9%	2.0%	7.7%	0.5%	14.2%	13.4%	
Fairfield	76.2% (n=1378)	1.3% (n=24)	6.4% (n=115)	0.6% (n=10)	9.2% (n=167)	6.4% (n=115)	100% (n=1809)
Liverpool	71.6% (n=2220)	0.7% (n=21)	6.1% (n=190)	0.8% (n=24)	11.3% (n=349)	9.5% (n=296)	100% (n=3100)
Campbelltown	69.5 (n=1404)	0.2 (n=5)	6.6 (n=133)	0.2 (n=5)	13.1 (n=265)	10.3 (n=209)	100% (n=2021)
Camden	85.0% (n=453)	5.1% (n=27)	0.4% (n=2)	0.2% (n=1)	1.3% (n=7)	8.1% (n=43)	100% (n=533)
Bankstown-Lidcombe	73.8% (n=1339)	1.9% (n=35)	5.8% (n=106)	0.9% (n=16)	10.6% (n=193)	6.9% (n=126)	100% (n=1815)
Bowral	61.5% (n=402)	4.7% (n=31)	14.1% (n=92)	0.3% (n=2)	11.5% (n=75)	8.0% (n=52)	100% (n=645)
NSW Statewide Rate*	62.8% (n=53424)	3.4% (n=2875)	6.8% (n=5788)	0.4% (n=371)	15.1% (n=12820)	11.5% (n=9744)	100% (n=85032)

*NSW statewide rate published in the NSW Public Health Bulletin

2002							
Hospitals	Normal delivery	Forceps vaginal	Vacuum extraction	Vaginal breech	Elective caesarean	Emergency caesarean	Total
Canterbury Hospital	70.6% (n=1017)	2.3% (n=33)	8.3% (n=119)	0.1% (n=1)	10.1% (n=145)	8.7% (n=125)	100% (n=1440)
Royal Prince Alfred Hospital	62.3% (n=2198)	1.8% (n=63)	9.2% (n=325)	0.7% (n=24)	13.3% (n=468)	12.8% (n=452)	100% (n=3530)
Fairfield	77.8% (n=1422)	1.0% (n=18)	7.9% (n=145)	0.3% (n=6)	8.0% (n=146)	4.9% (n=90)	100% (n=1827)
Liverpool	74.0% (n=2194)	1.1% (n=33)	6.7% (n=198)	0.9% (n=26)	9.2% (n=273)	8.1% (n=241)	100% (n=2965)
Campbelltown	74.5% (n=1943)	0.7% (n=18)	5.1% (n=134)	0.5% (n=13)	10.6% (n=276)	8.6% (n=223)	100% (n=2607)
Bankstown-Lidcombe	75.9% (n=1335)	1.3% (n=22)	7.6% (n=133)	0.6% (n=11)	8.6% (n=151)	6.1% (n=108)	100% (n=1760)
Bowral	63.1% (n=386)	3.6% (n=22)	14.7% (n=90)	1.0% (n=6)	9.6% (n=59)	8.0% (n=49)	100% (n=612)
NSW statewide rate*	64.2% (n=54271)	3.6% (n=3034)	6.9% (n=5855)	0.4% (n=353)	13.9% (n=11720)	11.0% (n=9335)	100% (n=84587)

*NSW statewide rate published in the NSW Public Health Bulletin

2001							
Hospitals	Normal delivery	Forceps vaginal	Vacuum extraction	Vaginal breech	Elective caesarean	Emergency caesarean	Total
Canterbury Hospital	75.3% (n=1140)	2.1% (n=32)	7.1% (n=107)	0.2% (n=3)	6.6% (n=100)	8.7% (n=132)	100% (n=1514)
Royal Prince Alfred Hospital	65.8% (n=2315)	2.0% (n=69)	6.7% (n=237)	0.5% (n=17)	13.9% (n=489)	11.2% (n=393)	100% (n=3520)
Fairfield	77.8% (n=1434)	1.3% (n=24)	5.2% (n=95)	0.4% (n=8)	9.8% (n=181)	5.5% (n=101)	100% (n=1843)
Liverpool	72.3% (n=2156)	2.0% (n=59)	6.9% (n=207)	1.0% (n=30)	8.7% (n=259)	9.0% (n=269)	100% (n=2980)
Campbelltown	75.5% (n=1954)	0.9% (n=23)	5.3% (n=137)	0.3% (n=8)	9.9% (n=256)	8.1% (n=210)	100% (n=2588)
Bankstown-Lidcombe	74.9% (n=1342)	1.5% (n=27)	5.2% (n=93)	0.6% (n=11)	9.5% (n=170)	8.3% (n=148)	100% (n=1791)
Bowral	64.7% (n=450)	6.8% (n=47)	11.5% (n=80)	0.6% (n=4)	9.2% (n=64)	7.2% (n=50)	100% (n=695)
NSW statewide rate*	65.4% (n=55206)	4.0% (n=3398)	6.5% (n=5499)	0.5% (n=383)	13.0% (n=10986)	10.5% (n=8894)	100% (n=84379)

*NSW statewide rate published in the NSW Public Health Bulletin Supplement Vol 13, No S-4, Dec 2002 - NSW Mothers & Babies 2001.

Quality Clinical Indicators

Neonatal Intensive Care Unit

In the RPA and Liverpool Neonatal Intensive Care Units (NICU), the survival rate of babies is monitored and compared to the rates for other NICU's from the New South Wales Health Neonatal Intensive Care Unit Study (NICUS). There is a consistently high survival at the 28-31 week range, where numbers are high.

Numerator: Number of babies born at a particular gestational age, surviving to discharge from hospital

Denominator: Number of babies born at a particular gestational age

* 2006/2007 data not available at publication

2003 – 2006: Percentage survival of premature babies born at different gestational ages

	24/25 weeks	26/27 weeks	28/29 weeks	30/31 weeks
Royal Prince Alfred	61.0%	81.2%	93.2%	99.1%
Liverpool	57.1%	85.7%	96.2%	99.4%
NICUS	60.2%	84.9%	93.1%	97.5%

Orthopaedics: Post operative infection following total hip replacement

It is important to minimise infections after surgery. SSWAHS has been able to keep the infection rate under the national average but the Area still strives for no infections. To eliminate any bias in data collection, the infection control department collects the infection rate figures.

Numerator: Number of total hip replacement patients with late evidence of infection within 12 months post discharge following primary total hip replacement

Denominator: Number of patient undergoing total hip replacement

ACHS: Australian Council on Healthcare Standards

	Jan - June 2001	2001/02	2002/03	2003/04	2004/05	2005/06
Royal Prince Alfred Hospital	0%	0.33%	2.9%	1% as at Aug 2004	0.6% (Jan-June 2005)	0%
Concord Hospital	0%	0%	0%	0% as at Aug 2004	1.5%	1.1%
Fairfield Hospital				4.7% (October 2003-June 2004) *	3% (Jan 2005-June 2005) *	0%
ACHS National Aggregate Rate 2000	0.9%	0.9%	Not available	Not available		

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

Please note that this numerator only includes patients that are managed by the Facilities' orthopaedic team. It does not include patients that present to other hospitals

Quality Clinical Indicators

Day of surgery admission rates

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

- it avoids unnecessary accommodation at hospital prior to operation
- it means more effective bed utilization, where hospitals can treat more patients and consequently there is shorter waiting times
- the use of preadmission clinics better prepares patients for surgery
- a decreased time in hospital means less risk to infection

The SSWAHS DOSA rate has been steadily increasing over time and it is now above the state target of 80 per cent and above the state average of 87.4 per cent.

	SSWAHS rate	NSW Health target	NSW Health statewide rate
2005/06	90.5%	80%	91%
2006/07	95%	90%	92%

Laboratory Services – availability of urgent haemoglobin results after hours

It is important that laboratory test results are made available to hospital staff as soon as possible so that decisions can be made about patient care. After hours, we are able to supply urgent haemoglobin results to staff within 60 minutes in 95.8 per cent of cases, which is more efficient than the national aggregate.

Numerator: Number of urgent haemoglobin validated report results with a turn-around-time of less than 60 minutes, after hours.

Denominator: Number of requests for urgent haemoglobin results received by the lab after hours.

*ACHS: Australian Council of Healthcare Standards

Rate	Jan-June 2003	July-Dec 2003	Jan-June 2004	July-Dec 2004	Jan-June 2005	July-Dec 2005	Jan-June 2006	July-Dec 2006	Jan-June 2007
Royal Prince Alfred Hospital		95.7%	98.3%	97.4%	96.8%		96.5%	97.37%	97.4%
Sydney West Area Pathology Services	98.5%	98.4%	99.1%	95.7%	98.9%	98.1%	89.0%	97.0%	96.8%
Concord Hospital							95.8%	98.34%	96.9%
ACHS National Aggregate	90.8%	93.4%	96.0%	57.4%	89.9%	89.6%	Not available	96.0%	Not available

Allied Health Services – percentage of clients who rated improvement in voice quality following speech pathology treatment

Numerator: Total number of voice patients who rated an actual improvement in voice quality following speech pathology intervention

Denominator: Total number of voice patients completing treatment and voice outcome scales
n= Royal Prince Alfred Hospital, Concord Repatriation General Hospital, Campbelltown(2006/07)

Benchmark (Sydney Voice Interest Group)	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
80%		83.3%	87.5%	88%	88%	93%	100%

Quality Clinical Indicators

Allied Health Services - Total knee joint replacement surgery

Numerator: Total number of total knee replacement (TKR) patients who achieve 80° active knee flexion and -5° active knee extension by Day 7, or discharge*.

Denominator: Total number of patients receiving physiotherapy following TKR surgery.

SSWAHS and benchmarks	2002/03	2003/04	2004/05	2005/06	2006/07
Canterbury Hospital	76%	76%	77%	70%	62%
Concord Hospital	79%	64%	N/A	85%	63.2%
Royal Prince Alfred Hospital	76%	76.5%	78.5%	81%	81%
Whitlam Joint Replacement Centre			75%	85%	69%
NSW Physiotherapy Rate	70%				

Action taken to improve rate:

- Over the last year, it has been more difficult for physiotherapy staff to achieve this CI, due to a reduction in the length of stay (particularly from when this CI was first developed approximately 10 years ago)
- Reduction in the length of stay has required more intensive physiotherapy input over a shorter time to produce the same outcomes for patients

Asset Management Services

Capital Works

Royal Prince Alfred Hospital

Stage 2a of the RPA Hospital redevelopment was completed in June 2007. All services have now relocated to the new facility. This provides the final link to the clinical services component of the level 3 "hot floor".

Stage 2b of the program will commence by late 2007, heralding the final phase of construction on the RPA Hospital eastern campus. The renovation of the Victoria Pavilion will complete the refurbishment of Laboratory Services and provide a new outpatient pharmacy on Level 5, giving access to outpatient pharmacy services on the Eastern Campus.

Purchase and installation of a fourth Linear Accelerator as part of the NSW Health Radiotherapy State Wide Strategy was completed in June 2007. This machine will reduce patient waiting times for radiotherapy treatment, improving outcomes for this patient group.

Concord Repatriation Hospital

Construction is well advanced on the new mental health precinct at Concord with completion expected by the end of 2007. Planning for the relocation of mental health and drug health services from the Rozelle Hospital site is well underway with the expectation that all clinical services will be relocated by March 2008. The new 174 bed complex will provide inpatient services as well as extended care and rehabilitation services within a new purpose built environment.

SSWAHS will provide land adjacent to the ANZAC research facility at Concord Hospital for the construction of the Asbestos Research Facility. Planning is well underway between ANZAC and the Asbestos Diseases Board, with the new building to provide the opportunity for expansion of the ANZAC facility and a future of collaborative research on site.

Campbelltown Hospitals

Construction of the new Psychiatric Emergency Care Centre (PECC) is underway and completion is expected in January 2008. The Centre will provide a purpose-built environment for the assessment and triage of mental health patients attending the Emergency Department.

Liverpool Hospital Stage 2

Stage 2 of the Liverpool Hospital redevelopment continues to reach predicted milestones with Phase 1 of the project tendered in May 2007.

Design of the new facility continues with schematic design and special review groups well advanced. The new building will accommodate additional inpatient, critical care, ambulatory care, procedures and diagnostic services and includes extensions to the education facilities of the Hospital.

Rozelle Hospital

Development consent was received in June 2007 to complete the final component of the Iron Cove Bay Run. This project will improve the amenity for the local community by providing a seamless purpose-built combined walk/cycle way around the Iron Cove Bay perimeter. Construction of the final part of this track is now underway. This project is jointly funded by SSWAHS and the NSW Department of Infrastructure Planning and Natural Resources.

Redfern

Planning is well advanced for the refurbishment and construction of a new Community Health Centre on the former Redfern Courthouse and Police Station site. The redevelopment, which will be overseen by NSW Health and the Redfern Waterloo Authority, will provide community nursing, post acute care services, mental health and sexual health services in a centralised location for Redfern/Waterloo LGA residents.

Corporate Services

Summary of business activity

Non-clinical support services in SSWAHS are managed by Corporate Services and include workforce and risk management, occupational health and safety (OHS) and rehabilitation, procurement and tendering, contract management, overseeing complex investigations, and administrative and legal services.

Major goals and outcomes

In 2006/07 Corporate Services staff continued to review and improve the services they provide to support frontline staff. Following the service amalgamations in 2005/06, both managers and staff continued to work tirelessly to achieve a broad range of improvements, some examples of which are listed below:

Human Resources: HR extensively reviewed policies/procedures and progressed the implementation of consistent HR business processes.

HR Systems and Payroll Services:

Development of a WZ Human Resource Information System (HRIS) Database and the development of a WZ Kronos Error Reporting System facilitated greater control and accuracy of payroll processing. Payroll Services were merged and operations consolidated at Concord Hospital. Business practices were reviewed, resulting in the implementation of uniform administrative processes for finance, superannuation, overpayments, staff mobility, end of financial year procedures; uniform pay cycles across the Area; an Area-wide system enabling staff to salary sacrifice their SASS and SSS Superannuation contributions; *Romulus* to improve pay processing for resident medical officers; and *SeQoya* for salary packaging Area-wide.

Food Services: Food Production for the EZ was consolidated at RPA and planning for further efficiencies in the WZ continued. The Area-wide food menu was nutritionally assessed and refined. Food Services Managers were trained as auditors to facilitate compliance with NSW Food Authority standards. Existing patient satisfaction surveys were reviewed and an Area-wide approach developed. The centralised procurement of food services products resulted in significant savings.

Supply Services: Supply Services worked on initiatives for the Area and HealthSupport: developing the *Health Item Catalogue*; providing goods and services expenditure data for strategic sourcing reviews; participating in the statewide review of warehousing; and implementing *Risk Shared Savings Initiatives*, for example Travel, Stationery, InTheShed, and other NSW Health or State Contracts Control Board contracts.

Engineering Services: Continued to: support clinical departments by providing an efficient and effective maintenance program; and monitor and facilitate compliance with statutory requirements and building standards, including fire safety; contractor obligations and electrical testing / tagging.

Shared Services Program: Participated in the NSW Health Shared Services Program; and facilitated transfer of the linen services to HealthSupport. Due diligence for the Food Services transfer was undertaken and planning commenced for other affected services.

Waste Management: Facilities monitor performance through the collection of indicators for clinical waste, sharps waste, general waste, recycling and OHS incidents related to waste management.

Energy Management: Area-wide energy and water consumption audits continued. SSWAHS continued to work with Sydney Water's *Every Drop Counts* program. Successful energy savings initiatives at RPA will be rolled out, with emphasis on cooling towers and air-conditioning systems.

Key issues and events

Human Resources: A centralised recruitment process was implemented with the establishment the HR Recruitment Transaction Unit. This included implementation of an electronic recruitment system within five months. Savings were returned to clinical services.

Patient Transport Services: Services were consolidated and amalgamated. The *Transport for Health* Plan was developed and implementation commenced.

Corporate Services

Future direction

Progressive implementation of the Shared Services initiatives with HealthSupport; for which the Area commenced a review of relevant business processes and the development of risk minimisation strategies.

Financial Services

Summary of business activity

The Finance Department operates to ensure that SSWAHS financial resources and assets are managed efficiently and effectively through appropriate planning, coordination and monitoring. The development and maintenance of Area-wide consistent financial and accounting policies and procedures is vital to ensure and enhance quality control in financials and operations.

Major goals and outcomes

SSWAHS has continued to benefit from the efficiency gains derived from the implementation of the single Oracle Financials System 11i in September 2005. Oracle 11i provides an integrated general ledger, a single chart of accounts, a centralised accounts payable, fixed asset and sundry debtor systems. The processing of both the Eastern and Western Zone payroll interface was centralised in December 2006.

Key issues and events

The revaluation of the land and building for SSWAHS was carried out and was completed during the year. The revaluation result was reflected in the 2006/07 Annual Financial Statement.

The 2006/07 Fringe Benefits Tax (FBT) information was processed using the Simplifier software and the result was forwarded to NSW Health for the consolidation of a single NSW Health FBT return.

Medicare online bulk billing was successfully implemented for several facilities within SSWAHS in June 2007.

The Varis software interface between the Radiation Oncology data base and the Hosbil system was implemented. It enables the electronic bulk billing to be sent directly to Medicare Australia instead of to the patients.

A standard uniform Hosbil revenue report has been made available to all Staff Specialists within SSWAHS.

Future Direction

The Financial Services Department will continue to place a high priority on the provision of quality budget and financial management information systems for all stake holders.

As facilities and clinical group services continue to review and consolidate their cost centre structures, Finance will work closely with them to implement the required changes.

During 2007/08, the current SSWAHS chart of accounts will be mapped with the State health standard chart of accounts. All aspects of the proposed transfer of financial transaction activities to Shared Services will be reviewed.

Implementation of the State Clinical Costing System is tentatively planned to take place in the next financial year.

Implementation of Medicare online billing will be rolled out to the remaining facilities within SSWAHS.

Following the completion of system testing, it is planned to implement the On Line Clinicians billing system in 2007/08. The system will enable electronic billing at various rates for non inpatient services (private patients, Department of Veteran Affairs patients and bulk billing patients).

Information Management & Technology Division

Summary of business activity

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

Major goals and outcomes

Integration of the former CSAHS/Eastern Zone (EZ) and SWSAHS/Western Zone (WZ) continued. The Electronic Medical Record (eMR) system continued to be enhanced and extended, allowing delivery of results reporting and the implementation of electronic ordering across the entire Area.

Specific technology projects included:

- Implementation of an Area-wide anti-SPAM, anti-virus, Internet, email, desktop and security strategies
- Consolidation of Data Centre services
- Network design and implementations at Liverpool and RPA Hospitals
- Consolidation of the Area Internet and facility/departmental Intranet services.

Specific eMR projects included:

- Commenced implementation of electronic discharge referrals (eDRS) in WZ and continued to develop service specific eDRS templates
- Implemented FirstNet at Concord Hospital Emergency Department and commenced the planning phase of the FirstNet implementation Area-wide
- Extended existing Person Management (PM), scheduling and clinical documentation build to WZ community based mental health services
- Implemented a clinical documentation project to allow electronic collection of RPA Hospital medical oncology information into the SSWAHS eMR
- Reviewed the development of a Rheumatology Ambulatory eMR
- Reviewed and incorporated cardiology reporting requirements
- Implementation of Mental Health-Outcome Assessment Tools (MH-OAT) triage and discharge referral power

forms for adults, children and adolescents

- Reviewed and developed research and outcomes databases/datamarts
- Alignment with NSW Health State Base Build (SBB) initiatives.

Key issues and events

The further roll-out of the SSWAHS eMR system across the Area has required significant infrastructure upgrades and enhancements. This has led to the redesign of core systems and network components. The implementation of Area-wide desktop and gateway services has led to much improved systems and services associated with SPAM, email, anti-virus and general desktop management.

Laboratory services at RPA have been migrated into their new premises and network services for other building works are well advanced. Infrastructure work associated with the Liverpool Hospital redevelopment has commenced.

Future direction

Additional eMR functionality will continue to be piloted and enhanced Area-wide. New technology solutions will be designed and implemented to increase the availability of the eMR system.

- Area-wide roll out of FirstNet
- Implement EZ build to WZ community nursing, including Home and Community Care (HACC) mandatory reporting
- Implementation of the electronic medication management pilot in two adult wards at Concord Hospital as part of a collaborative initiative between SSWAHS, the Children's Hospital at Westmead and Health Technology
- Further development of an eDRS distribution methodology for General Practitioners and other external agents
- Upgrade of existing Picture Archiving and Communication System (PACS) at RPA Hospital and implementation of PACS at Liverpool Hospital

Internal Audit Department

Summary of business activity

Internal auditing is an independent, objective, assurance and consulting activity designed to add value and improve the operations of SSWAHS. It helps SSWAHS accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving effectiveness of risk management, control and governance processes.

Major goals and outcomes

The Internal Audit Department (IAD) provides an independent review of hospital systems, operations, activities, policies and procedures, and where warranted, recommends cost effective controls and solutions.

IAD certifies the Sydney South West Area Health Service's Corporate Governance Statement as a true and fair account of the corporate governance arrangements within the organisation, on an annual basis, in a time frame set by the NSW Department of Health.

Key issues and events

A consolidated audit plan continues to review all financial and related operations of major risk within the Area Health Service.

Dedicated resources have now been established within IAD for two officers to undertake special investigations on a full time basis.

The NSW Health Audit Working Party is an elected committee of NSW Health Auditors, charged with the development of audit programs, the dissemination of information and the provision of guidance on Health related issues. This year the Party is focusing on developing a stream of clinical audit programs. It is envisaged that the first of these clinical audit programs will be disseminated to all NSW Area Health Service Audit Departments by 2008.

Future direction

The advent of shared services throughout NSW will fundamentally change the focus of current audit procedures. As the new financial and operational structures emerge, IAD will need to reassess and adjust review processes. This process will be ongoing until the shared services protocols are firmly set in place.

Public Affairs and Marketing

Summary of business activity

The Public Affairs and Marketing Department promotes the corporate identity of SSWAHS and the work being carried out at the Area's facilities for the benefit of patients, staff and the wider community. This is undertaken through media articles, events and an internal newsletter. The Department is the first point of contact for the media.

Public Affairs and Marketing's expertise includes internal and external communication strategies, media advocacy, specialised promotion campaigns, corporate publications, event management and government liaison.

Major goals and outcomes

The community was kept informed of new clinical initiatives and services, additional funding and progress on the capital works being undertaken across SSWAHS.

Public Affairs and Marketing successfully focussed on expanding its coverage in the 18 local newspapers which cover the Area Health Service to promote the beneficial work undertaken within the local communities by the SSWAHS facilities and workforce.

The *Healthtalk* internal newsletter, was redesigned and is available in an online version.

Key issues and events

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

- Opening of the Macarthur Clinical School at Campbelltown Hospital - the inaugural Clinical School of the University of Western Sydney, by the Premier of NSW.
- Announcement of the \$390 million first phase of the Liverpool Hospital Stage 2 redevelopment
- Construction of the new mental health precinct at Concord Hospital.
- Commissioning of two fully digital operating rooms dedicated to minimally invasive surgery at Concord Hospital, which were officially opened by the NSW Health Minister Reba Meagher.

- Acquisition of the 64 slice CT scanners and PET-CT scanner at Liverpool hospital and the dual source CT scanner at Concord Hospital.
- The promotion of scientific research including the work of Professor Clive Harper, Director of Neuropathology, for his groundbreaking research into alcohol related brain damage; a trial to help people get off the drug ice (crystal meth or methamphetamine), a study to help researchers identify new diets for young women battling with their weight; the trial of a new medication (Baclofen) in the management of alcohol problems and a study which has shown that repeated computer imaging of skin lesions safely identifies melanomas before they can be recognised by other methods.
- Winning of the prestigious Director General's Award at the Baxter 2006 NSW Health Awards by Bankstown Hospital for its Fast Track service.
- Participation in a Channel 10 documentary *The Greatest Gift* with the aim of encouraging more Australians to come forward as organ donors
- Communication and support for public health issues and campaigns, including providing information to the public about a salmonella outbreak in a local food outlet and regular updates on reported cases of meningococcal disease
- Production of communication strategy for the Area Health Service Advisory Council (AHAC).

Future directions

- In 2007/08 Public Affairs and Marketing will promote the launch of the Area Health Service becoming a smoke free zone, the Area Strategic Plan, Royal Prince Alfred Hospital's 125 year anniversary and the redevelopment of Liverpool Hospital.
- A major focus of 2007/08 will be to support the objectives of the Area's Strategic Plan. Public Affairs and Marketing will develop and implement a communication strategy focussing on prevention and encouraging people to adopt a healthy lifestyle.

Workforce Profile

Summary of business activity

In 2006/07 SSWAHS has been focused on the key areas of workforce management and workforce development in line with State Health Plan Strategic Direction 6 – Build a sustainable workforce.

Recruitment and Retention

During 2006/07 the SSWAHS workforce increased by 17,116 Full Time Equivalent (FTE) and the proportion of clinical staff was 66 per cent of our workforce.

A major recruitment change has been the establishment of the centralised Recruitment Unit and the introduction of e-recruitment. A website, designed to be the key connection point, was launched at the same time.

A major new recruitment initiative has been the development of the Healthwise Careers Fairs program with local schools and the development of the SSWAHS Working In Health promotional DVD. The fairs target students from year 9 upwards and provide information about working in health, what students need to do in terms of tertiary training and, crucially, are a point of connection with SSWAHS staff.

Medical Education

The key development for SSWAHS medical education has been the commencement of the new medical school at the University of Western Sydney and the teaching links that have been established with Campbelltown Hospital.

Centre for Education and Workforce Development

In the past year the Centre for Education and Workforce Development (CEWD) has provided 65,224 occasions of training to the SSWAHS workforce.

Apart from the core training programs provided throughout the year, the Centre has worked to develop new initiatives in leadership and management development. These include:

- Working with the Clinical Redesign Unit and Accenture to deliver change management training supporting all clinical redesign projects and to develop a plan for knowledge and skills transfer over the next year
- Expansion of clinical supervision training for nursing staff

- Development with the University of Tasmania of a Graduate Certificate, Graduate Diploma and Masters in Clinical Leadership and Clinical Supervision
- Provision of leadership training for registrars in collaboration with the NSW Institute of Medical Education and Training.

Other key CEWD initiatives in 2006/07 included:

- Expansion of the Vocational Education and Training (VET) in Schools program to five hospitals. There are 56 year 11 and 12 students enrolled in the program
- 146 staff have completed traineeships in clinical support services such as pharmacy, allied health and dental assisting. The staff have received nationally recognised qualifications at Certificate III and IV level
- Continued expansion of e-learning.

Workforce Performance

The key performance outcomes have been:

- Increase in staff and the proportion of clinical staff
- Net separation rate of 1.4 per cent
- Reduction in average annual sick leave to 54.6 FTE hours
- Provision of 65,224 occasions of training to CEWD staff

Future directions

In 2007/08 there will be a focus on:

- Career promotion
- Leadership and management capabilities program
- Clinical supervision program
- E-learning
- VET in Schools expansion
- Language and communication skills training program
- Medical training networks
- Aboriginal and Torres Strait Islander workforce development and implementation of the new national Aboriginal Health Worker Training Package
- Staff health
- Workforce performance measures and data collections
- Continued skills development for our human resource and Centre for Education and Workforce Development staff.

Executive Reports

Mike Wallace **Chief Executive**

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

Significant achievements in reporting year: See Chief Executive report on page 5.

Paul Gavel **Director of Strategic Workforce Planning and Development**

Key responsibilities: Oversees the Area's workforce development, workforce planning and strategic workforce management processes.

Significant achievements in reporting year: see Workforce Planning and Development overview on page 98.

Dr Peter Kennedy **Director of Clinical Governance**

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

Significant achievements in reporting year: see Clinical Governance report on page 17

Dr Greg Stewart **Director of Population Health, Planning and Performance**

Key responsibilities: The Director of Population Health, Planning and Performance (PPP) is responsible for developing the strategic directions of the Area, through Strategic Healthcare Services and Population Health Planning; and for measuring and improving performance across the Area, specifically through the Clinical Services Redesign Program. The

position manages Aboriginal Health Services and Population Health Services which include health protection, health promotion and health surveillance and intelligence. The position is also responsible for counter disaster management and planning, and the Area's consumer participation agenda.

Significant achievements in reporting year:

- Finalisation and consolidation of the PPP management structure. Establishment of a PPP Executive
- Finalisation and approval of the SSWAHS Strategic Plan by NSW Health
- Development of the SSWAHS Healthcare Services Plan
- Development of strategic plans for Community Health and Aged Care Services
- Provision of ongoing planning support for the Liverpool Hospital redevelopment
- Overseeing the successful development and implementation of three large Clinical Redesign Projects, including the Performance Framework and Culture Project, by the Performance Monitoring, Analysis and Clinical Redesign Unit
- Development of an Executive Management reporting system
- Finalisation of the Area Flu Pandemic Plan and Area Health Plan (disaster preparedness and response plan)
- Relaunch of the whole-of-Area Consumer Participation Framework and support to grow the Area Consumer/Community Council (CCC)
- Undertaking of Health Impact Assessments for the construction phase of the Liverpool redevelopment and for urban development in Greater Western Sydney
- Implementation of a successful school-based cervical cancer immunisation program
- Planning for a transition from the Central/Eastern Breastscreen Service to an Area-based SSWAHS Breastscreen Service

Executive Reports

Jan Whalan **Director of Corporate Services**

Key responsibilities: the Director of Corporate Services manages a diverse portfolio which includes information technology, finance, shared corporate services and Area Health Service corporate services such as engineering, fleet, legal, workforce and risk management, complex investigations, procurement, tendering and contract management.

Significant achievements in reporting year: see Corporate services report on page 92.

Kerry Russell **Director of Nursing and Midwifery Services**

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

Significant achievements in reporting year: See Nursing and Midwifery Services report on page 82.

Candy Cheng **Chief Financial Officer**

Key responsibilities: The Chief Finance Officer is responsible for the management of the SSWAHS financial resources through the development and implementation of financial management systems for budget control and performance measurement. The chief finance officer also provides prompt and appropriate advice to the chief executive and senior executive on budget and finance matters.

Significant achievements in reporting year: see Financial Services report on page 94.

Dr Victor Storm **Area Clinical Director of Mental Health**

Key Responsibilities: The Area Clinical Director Mental Health is responsible for setting the strategic direction of the Area Mental Health Service. This includes the establishment of Area-wide clinical and corporate governance structures, provision of effective management of clinical and corporate issues through informed risk management, embedding of continuous improvement processes and the building of organisational capacity. The Area clinical director also builds cooperative and collaborative relationships with a range of strategic partners.

Significant achievements in reporting year:

- Development of a draft Mental Health Service Plan
- Development of an Area-wide bed management and patient flow system. The system aims to enhance services to Emergency Departments to reduce bed blockage
- Development and implementation of an Area senior management structure
- Full commissioning of an extra 14-bed inpatient unit at Liverpool Hospital
- Opening of a 20-bed sub-acute unit at Campbelltown Hospital
- Full commissioning of a Psychiatric Emergency Care Centre (PECC) in the Liverpool Hospital Emergency Department.

Marion Downey **Acting Director of Public Affairs and Marketing (since September 2006)**

Key responsibilities: the Director of Public Affairs and Marketing is responsible for all media and communication activities across SSWAHS. These activities include acting as a first point of contact for media; informing the community of health initiatives and services; communicating to staff internally; as well as managing events and VIP visits.

Significant achievements in reporting year: see Public Affairs and Marketing report page 97.

Staff Profile

Number of full time equivalent (FTE) staff employed by SSWAHS as at 30 June 2007

* Data provided by NSW Health

Sydney South West Area Health Service	June 04	June 05	June 06	June 07
Medical	1,584	1,544	1,638	1,771
Nursing	6,367	6,573	6,968	7,127
Allied Health	1,398	1,403	1,475	1,532
Other Prof. and Para professionals	773	632	628	616
Oral Health Practitioners & Therapists	281	274	272	270
Corporate Services	755	679	600	558
Scientific and technical clinical support staff	1,111	1,240	1,258	1,273
Hotel Services	1,639	1,606	1,597	1,486
Maintenance and Trades	239	224	208	201
Hospital support workers	2,118	2,158	2,151	2,192
Other	82	78	90	90
Total	16,348	16,411	16,885	17,116
Medical, nursing, allied health, other health professionals and oral health practitioners as a proportion of all staff	64	64	65	66

Notes:

1. FTE calculated as the average for the month of June, paid productive and paid unproductive hours.

2. As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities have not transferred to the Crown and as such are not reported in the Annual Report as employees.

3. Includes salaried (FTEs) staff employed with Health Services and the NSW Department of Health. All non-salaried staff such as contracted Visiting Medical Officers are excluded.

Equal Employment Opportunity

Equal Employment Opportunity (EEO) concerns ensuring the workplace is free from all forms of harassment and discrimination. Programs of affirmative action are provided for employees who are traditionally disadvantaged in the workplace: Aboriginal and Torres Strait Islander people, women, people whose language first spoken as a child was not English, and people with a disability requiring an adjustment.

Sydney South West Area Health Service (SSWAHS) believes equity is a fundamental right of every employee. By applying equal employment opportunity principles to every aspect of work life the Area is supporting good management practice and observing the legislation governing these principles, the Anti-Discrimination Act, 1977.

The Area continues to promote the principles and practices of EEO in its application of conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.

Achievement of last year's EEO planned outcomes for SSWAHS

Development of the SSWAHS Aboriginal and Torres Strait Islander Strategy is proceeding. The focus is on recruiting increasing numbers of Aboriginal and Torres Strait Islander staff and retaining them in the organisation. Workforce development issues and areas of attention have been identified and actions put

in place to address issues and establish personal development plans.

EEO Planned Outcomes for 2007/08

For SSWAHS the priority will be to work towards achieving our Aboriginal and Torres Strait Islander employment target and to implement the new Aboriginal Health Training Package. Our work on conducting skill needs analysis will continue.

Cultural competency training has also been identified as an area where further work will be undertaken to strengthen the existing programs that are available.

Statistics 2006/07

The statistical information for the following tables (salary levels and employment type) was obtained from a report generated by the Premier's Department from the Workforce Profile data, for the period 1 July 2006 to 30 June 2007. The salary levels are those used for the EEO statistical data 2006/07 period. These figures are adjusted annually by the Office of the Director of Equal Opportunity in Public Employment (ODEOPE) to reflect industry-wide wage increases granted to various groups of employees.

Equal Employment Opportunity

SSWAHS percentage of total staff (head count) by salary level – 2006/07

	<\$33,910	\$33,910 to \$44,537	\$44,538 to \$49,791	\$49,792 to \$63,006	\$63,006 to \$81,478	\$81,479 to \$101,849	>\$101,849 (non SES)	>\$101,849 (SES)	Total	Estimate range (95% confidence level)
Total staff (number)	261	5,789	1,780	5,183	3,617	1,552	895		19,077	
EEO respondents	(193) 74%	(3,912) 68%	(1,197) 67%	(3,665) 71%	(2,430) 67%	(932) 60%	(556) 62%	0	(12,885) 68%	
Men	(39) 15%	(1,490) 26%	(396) 22%	(840) 16%	(852) 24%	(674) 43%	(573) 64%	0	(4,864) 25%	
Women	(222) 85%	(4,299) 74%	(1,384) 78%	(4,343) 84%	(2,765) 76%	(878) 57%	(322) 36%	0	(14,213) 75%	
Aboriginal people and Torres Strait Islanders	(10) 5.2%	(89) 2.3%	(13) 1.1%	(32) 0.9%	(17) 0.7%	(3) 0.3%	(1) 0.2%	0	(165) 1.3%	1.2% to 1.4%
People from racial, ethnic, ethno-religious minority groups	(39) 20%	(741) 19%	(232) 19%	(952) 26%	(546) 23%	(262) 28%	(156) 28%	0	(2,946) 23%	22.5% to 23.3%
People whose language first spoken as a child was not English	(80) 41%	(1,546) 40%	(442) 37%	(1,327) 36%	(699) 29%	(268) 29%	(134) 24%	0	(4,496) 35%	34.3% to 35.2%
People with a disability	(5) 3%	(106) 3%	(30) 3%	(105) 3%	(79) 3%	(27) 3%	(13) 2%	0	(365) 3%	2.7% to 3.0%
People with a disability requiring work-related adjustment	0	(29) 0.7%	(4) 0.3%	(27) 0.7%	(18) 0.7%	(6) 0.6%	(2) 0.4%	0	(86) 0.7%	0.6% to 0.7%

Equal Employment Opportunity

SSWAHS percentage of total staff (head count) by employment type – 2006/07

	Perm. Full-time	Perm. Part-time	Temp. Full-time	Temp. Part-time	Contract (SES)	Contract (non SES)	Training Positions	Retained Staff	Casual	Total
Total staff	11,300	4,812	2,365	366	0	15	222	0	3,863	22,943
Respondents	(7,970) 71%	(3,223) 68%	(1,259) 53%	(206) 56%	0	(1) 7%	(174) 78%	0	(1,171) 30%	(14,056) 61%
Men	(3,275) 29%	(553) 11%	(975) 41%	(69) 19%	0	(7) 47%	(39) 18%	0	(1,100) 28%	(5,966) 26%
Women	(8,077) 71%	(4,259) 89%	(1,390) 59%	(297) 81%	0	(8) 53%	(183) 82%	0	(2,763) 72%	(16,977) 74%
Aboriginal people and Torres Strait Islanders	(120) 1.5%	(28) 0.9%	(8) 0.6%	0	0	0	(9) 5.2%	0	(15) 1.3%	(180) 1.3%
People from racial, ethnic, ethno-religious minority groups	(1,839) 23%	(626) 19%	(397) 32%	(48) 23%	0	(1) 100%	(35) 20%	0	(225) 19%	(3,171) 22%
People whose language first spoken as a child was not English	(2,939) 37%	(916) 28%	(519) 41%	(49) 24%	0	(1) 100%	(72) 41%	0	(370) 32%	(4,866) 32%
People with a disability	(229) 3%	(102) 3%	(24) 2%	(7) 3%	0	0	(3) 2%	0	(17) 1%	(382) 3%
People with a disability requiring work-related adjustment	(56) 0.7%	(20) 0.6%	(7) 0.6%	(3) 1.5%	0	0	0	0	(2) 0.2%	(88) 0.6%

Equal Employment Opportunity

Trends in the Representation of EEO Groups

EEO Group	% of total staff				
	Benchmark or Target	2004	2005	2006	2007
Women	50%		74%	74%	75%
Aboriginal people and Torres Strait Islanders	2%		1.5%	1.4%	1.3%
People whose first language was not English	20%		34%	34%	35%
People with a disability	12%		3%	3%	3%
People with a disability requiring work-related adjustment	7%		0.7%	0.7%	0.7%

Trends in the Distribution of EEO Groups

EEO Group	% of total staff				
	Benchmark or Target	2004	2005	2006	2007
Women	100		90	90	89
Aboriginal people and Torres Strait Islanders	100		75	75	75
People whose first language was not English	100		92	92	92
People with a disability	100		100	102	101
People with a disability requiring work-related adjustment	100		95	97	99

Notes:

1. Staff numbers are as at 30 June 2007
2. Excludes casual staff
3. A Distribution Index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than in the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels. The Distribution Index is automatically calculated by the software provided by ODEOPE.
4. The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.

Occupational Health and Safety

SSWAHS has a commitment to managing occupational health and safety (OHS). OHS policies and programs identify, assess and prevent work related injuries and illnesses. Specific risk management strategies have been implemented to minimise the risks from identified hazards. Manual handling and security issues remain a high priority.

OHS committees at each facility encourage consultation and participation in OHS activities. OHS training is provided for OHS committee members and managers to assist them to meet their OHS responsibilities. OHS training for all employees includes manual handling, minimisation of aggression, infection control, fire safety and other specific training as required to work safely.

SSWAHS continues to review and improve OHS policies and programs to establish Area-wide integration (as part of the amalgamation process).

Workers compensation performance

SSWAHS continues to support effective workers compensation management and workplace-based rehabilitation. Injured employees are offered specific programs of suitable duties to assist their return to work. There is ongoing review of claims and discussions with legal advisors and the fund manager to monitor costs and ensure any issues are quickly and economically resolved.

Workers compensation performance is measured by comparing claim rates and costs with NSW Health average claim rates and costs for each financial year. Figures are shown for the last three financial years as at 30 June 2007. Claims are recorded in the financial year in which they occurred. Data for the 2006/07 year is not yet complete as claims may have occurred during 2006/07 but not been reported by 30 June 2007.

SSWAHS	2004/05	2005/06	2006/07
SSWAHS Claims	1401	1377	1212
SSWAHS Claim rate/100 equivalent full-time	8.4	8.2	6.9
NSW Health claim rate/100 equivalent full-time	8.1	8.1	6.8
SSWAHS Claim cost/equivalent full-time (\$)	\$760	\$603	\$498
NSW Health claim cost/equivalent full-time (\$)	\$789	\$615	\$437

* Data from NSW Treasury Managed Fund as at 30 June 2007

Claim rates for SSWAHS are greater than the NSW Health average for the fund years 2004/05 to 2005/06 but are showing relative improvement.

Claim costs increase as claims develop over time so that claims made in 2004/05 have accrued more cost than claims made in more recent years. This must be taken into account when comparing claim costs over time.

Claim costs for SSWAHS are better than the NSW Health average for the fund years

2004/05 and 2005/06 but greater than NSW Health average in 2006/07. This is due to one very large claim.

There is variation in performance between SSWAHS facilities.

Occupational Health and Safety

	Claim Rate/100 FTE			Claim Cost/FTE		
	2004/05	2005/06	2006/07	2004/05	2005/06	2006/07
Area Mental Health	10.7	10.0	8.5	\$1399	\$746	\$893
Area Services	4.7	5.3	3.3	\$444	\$354	\$197
Balmain Hospital	10.6	7.8	8.4	\$230	\$1735	\$619
Bankstown Hospital	14.6	13.3	8.2	\$1321	\$516	\$497
Bowral Hospital	11.8	12.3	6.2	\$1332	\$595	\$585
Canterbury Hospital	7.1	7.0	5.9	\$484	\$276	\$170
Community Health	7.7	4.3	7.7	\$878	\$301	\$679
Concord Hospital	9.0	8.2	6.1	\$633	\$644	\$351
Fairfield Hospital	8.7	16.0	8.4	\$1285	\$925	\$580
Forensic Medicine	9.1	2.2	10.9	\$273	\$0	\$478
Liverpool Hospital	8.5	8.8	6.7	\$600	\$1016	\$341
Macarthur Health Service	11.8	11.7	11.1	\$1588	\$1054	\$2019
Population Health	3.1	4.6	3.1	\$237	\$204	\$138
Royal Prince Alfred Hospital	7.1	7.0	6.8	\$539	\$392	\$271
Sydney Dental Hospital	6.6	6.7	11.3	\$956	\$190	\$411
SSWAHS	8.4	8.2	6.9	\$760	\$603	\$498
NSW Health	8.1	8.1	6.8	\$789	\$615	\$437

* Data from NSW Treasury Managed Fund as at 30 June 2007

The high claim cost at Macarthur Health Service in 2006/07 is due to one very large claim.

Manual handling injuries remain the most frequent type of claim within the health industry. Specific strategies to reduce these injuries include risk assessments, development of safe work practices in consultation with staff, manual handling training, provision of lifting equipment and consideration of manual handling requirements as part of the design and procurement process.

Manual Handling Claims	2004/05	2005/06	2006/07
SSWAHS Claim rate/100 equivalent full-time	2.98	3.21	2.56
NSW Health claim rate/100 equivalent full-time	3.42	3.46	2.92
SSWAHS claim cost/equivalent full-time (\$)	321	296	266
NSW Health claim cost/ equivalent full-time (\$)	412	337	223
SSWAHS average claim cost (\$)	10,762	9,225	10,389
NSW Health average claim cost (\$)	12,053	9,727	7,625

* Data from NSW Treasury Managed Fund as at 30 June 2007

The high SSWAHS average claim cost in 2006/07 is due to one very large claim.

Sydney South West Area Health Service was not prosecuted for any breach of Occupational Health and Safety legislation during 2006/07.

Teaching and Training Initiatives

Sydney South West Area Health Service (SSWAHS) is one of the leading providers of health education and training in Australia. Training and development initiatives at SSWAHS are a key aspect of its investment in its workforce; with the programs and courses offered aimed at building skills and enhancing individual and organisational, ability and performance. Training extends across all health occupations, both clinical and non-clinical. Clinical training covers both university placements and postgraduate vocational training.

Centre for Education and Workforce Development

The Centre for Education and Workforce Development (CEWD) provides in-house workforce development programs. The Centre is a registered training organisation and the majority of programs offered lead to nationally recognised qualifications.

In 2006/07 CEWD provided 65,224 occasions of training to the SSWAHS workforce.

Apart from the core training programs provided throughout the year, CEWD has worked to develop new initiatives in leadership and management development. These include:

- Working with the Clinical Redesign Unit and Accenture to deliver change management training supporting all clinical redesign projects and to develop a plan for knowledge and skills transfer over the next year.
- Expansion of clinical supervision for nursing staff. CEWD has conducted a number of clinical supervision workshops, built a pool of clinical supervisors and is establishing clinical supervision groups across the Area.
- Negotiations have taken place with the University of Tasmania to develop a Graduate Certificate, Graduate Diploma and Masters in Clinical Leadership and Clinical Supervision. It is expected that these postgraduate courses will commence in 2008.
- Provision of leadership training for registrars throughout SSWAHS in collaboration with the NSW Institute of Medical Education and Training

Other significant initiatives include:

- 146 staff have completed traineeships in clinical support services such as pharmacy, allied health, dental assistance and other support roles, and have received nationally recognised qualifications at Certificate III and IV level.
- A blended approach to learning through the development of e-learning. There are a number of new courses, both clinical and non-clinical, available online and many under development.
- Expansion of professional development opportunities for allied health staff through annual scholarships.

Allied Health

Allied health students are accepted from universities within Sydney for fieldwork placement throughout SSWAHS. Graduate training placements are provided for several disciplines. Allied health in-service programs also operate, providing an opportunity for specialised clinical education.

Nursing and Midwifery education and professional development

SSWAHS is committed to continuing professional development for nurses and midwives. More than 200 clinical enhancement and professional development programs are offered throughout the year. Overall nursing education provided 10,039 occasions of training.

- Over the past 12 months 216 trainee enrolled nurses (TEN's) have been employed within SSWAHS and of these 11 are of Aboriginal descent.
- Vocational Education and Training (VET) in Schools Program is being delivered at five hospital sites (Bankstown, Bowral, Camden, Campbelltown and Fairfield) with 56 year 11 and 12 students enrolled in Certificate III in Aged Care Work. The program will expand to Royal Prince Alfred (RPA) and Canterbury Hospitals. Eighty per cent of past students are working in nursing or undergoing nursing related studies, 86 per cent are in health related work or study.

Teaching and Training Initiatives

- Nine Aboriginal nursing and midwifery cadets have been provided in SSWAHS.
- 410 new graduate nurses were employed across SSWAHS and provided with professional development throughout their transitional period.
- The Graduate Certificate in speciality nursing saw 48 students graduate in 2006. There are currently 99 staff enrolled in the different specialities. Of these, 47 are completing a Graduate Certificate for mental health nursing.

Medical education

Our network of undergraduate and graduate medical education has links to the Universities of Sydney, New South Wales and Western Sydney and our hospitals at RPA, Concord, Bankstown, Liverpool and Campbelltown.

The key development for SSWAHS in medical education has been the commencement of the new medical school at the University of Western Sydney and the teaching links that have been established with Campbelltown hospital.

Junior Medical Officers

The intern year of vocational medical training is focused at RPA, Liverpool, Concord, Bankstown and Campbelltown hospitals.

Vocational medical training is moving towards a networked basis. In 2006/07 networks for basic physician, basic surgery and psychiatry training were in operation. These networks provide the opportunity for a broad range of clinical training experiences to be gained throughout SSWAHS hospitals.

Research

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

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

Project	Facility/Researchers	Funding	Duration	Description
Hip Fracture Intervention Study	Balmain Hospital N Singh	NHMRC \$800,000	5 years	A randomised controlled trial into treatment post hip fracture
GREAT2DO	Balmain Hospital N Singh	Diabetes Australia \$50,000	3 years	Randomised controlled trial of weight lifting in diabetes
Improving adherence with hip protectors	Bankstown Hospital Aged Care and Rehabilitation Unit ID Cameron SE Kurrle S Quine P Sambrook L March D Chan	NHMRC 2005: \$265,350 2006: \$141,125	2 years	Cohort study to improve the adherence of hip protectors in elderly people.
Gudaga Mark II Healthy Babies Study	Campbelltown Hospital and CHETRE (UNSW) E. Comino, P Craig, E.Harris, M Harris, L.Jackson Pulver, B.Jalaludin, et al	NHMRC \$1.3million	5 years	Prospective study of health and development of Aboriginal infants in the Macarthur Region
Therapy Outcomes for Culturally and Linguistically Diverse Preschoolers	Community Health Speech Pathology Community Health Fairfield: R. Basso, S. Luntz Centre for Health Equity, Training, Research and Evaluation (CHETRE): E.Comino, Senior Research Fellow	In house	Sept 03 – June 07	Through a retrospective audit, data was collected on children aged 0-4 years referred for speech therapy. Results of the data indicated that all clients benefited significantly from therapy.
Protein biomarkers and colorectal cancer	Concord Hospital S Clarke E L Bokey M Baker M Molloy M McKay P Chapuis L Horvath B Lin C Chan M Kohonen-Corish G Robertson P Beale I Christopherson C Soon Lee A Hong M Solomon	NSW Cancer Institute Translational Research Grant \$3,745,000	5 years	The use of novel protein biomarkers in predicting clinical outcomes in patients with localised and metastatic colorectal cancer

Research

Project	Facility / Researchers	Funding	Duration	Description
Cortisone and bone forming cells	Concord Hospital M Seibel H Zhou C Dunstan Z Krozowski	NHMRC \$455,250	3 years	The effects of cortisone on bone forming cells
Case-control studies of suicide and attempted suicide in young people in urban and rural NSW	Department of Forensic Medicine R Taylor M Dudley G Carter J Duflou S Morrell	NHMRC \$802,000	4 years	Investigating antecedents and risk factors. Collaborative research involving School of Public Health University of Sydney, University of Newcastle, University of NSW and Department of Forensic Medicine, Glebe.
Investigating the viral hypothesis for the aetiology of prostate cancer.	Department of Forensic Medicine J Lawson P Russell M Orde N Whittaker	In-house and Komen Foundation (US) US\$ 300,000	4 years	Investigating the possible role of viral infection in the development of prostatic malignancy.
A comparison of outcomes between land –and–water based exercise following total knee replacement.	Fairfield Hospital Tyson Russel (Masters candidate) Dr Justine Naylor (Supervisor)	South West Sydney Health Research Foundation \$25 000	2 years	Randomised trial comparing the efficacy of land and water based rehabilitation following total knee replacement. Current status – patient recruitment and intervention completed. Study is in write up phase.
Mechanisms for ageing changes in the hepatic sinusoid	General Geriatric and Rehabilitation Medicine (GGRM) Le Couteur, Fraser Cogger Muller Harris Sullivan	NHMRC Project # 352342 \$407,750	2 years	This project investigates some of the mechanisms responsible for the age-related changes we observe in the endothelium of the liver blood vessels. The role of vascular endothelial growth factor and its receptors; hypoxia and altered caveolin-1 expression are being examined.

Research

Project	Facility / Researchers	Funding	Duration	Description
A clinical trial of manipulative therapy and/or non-steroidal anti-inflammatory drugs (NSAIDs) for significant acute low back pain	GGRM C Maher J Latimer A McLachlan R Day C Cooper	NHMRC Project 352576 \$516,314	3 years	This is a community based clinical trial that explored the role of physiotherapy and pharmacological interventions in the management of acute lower back pain. The findings highlighted the important role of simple analgesia and advice in acute low back pain. This research has been accepted for publication in the <i>Lancet</i> .
Concord Health and Ageing Male Project	General, Geriatric and Rehabilitation Medicine Cumming Handelsman Sambrook Seibel Creasey Waite Naganathan Le Couteur	NHMRC \$1,800,000	5 years	CHAMP is a longitudinal epidemiological study involving 1705 men living in the community near Concord Hospital. The study is mainly concerned with dementia; falls, osteoporosis and fractures; functional dependence; and urinary symptoms.
Neuropsychological Rehabilitation: Increasing community participation	Liverpool Hospital Brain Injury Unit , R Tate S McDonald B Wilson A Hodgkinson G Simpson K Ferry	NHMRC \$96,000	4 years	To test the efficacy of a neuropsychological intervention versus leisure skills program and a wait-list control in increasing community participation among people with traumatic brain injury (TBI) who are unable to return to work.
Comparison of clinical outcomes for people with Acquired Brain Injury who complete Transitional Living versus Community-based Rehabilitation Programs	Liverpool Hospital Brain Injury Unit K Hopman R Tate A McCluskey	Greater Metropolitan Clinical Taskforce Brain Injury Rehabilitation Program Directorate \$20,000	3 years	Comparison of clinical outcomes obtained by clients who complete transitional living programs and those that receive home and community based therapy services. The study is multi-centre and assessor blinded with a matched sample design.
Cancer Trials NSW Support Grant	Macarthur Cancer Therapy Centre A/Prof Stephen Della-Fiorentina	NSW Cancer Council \$35,200	1 year	To provide salary for research staff to facilitate recruitment to NSW Cancer Council approved clinical trials.

Research

Project	Facility / Researchers	Funding	Duration	Description
RADAR Trial	Macarthur Cancer Therapy Centre A/Prof Martin Berry	Trans Tasman Radiation Oncology Group (TROG) \$237.60	1 year	A randomised trial investigating the effect on biochemical (PSA) control and survival of different durations of adjuvant androgen deprivation in association with definitive radiation treatment for localised carcinoma of the prostate.
SOFT Trial	Macarthur Cancer Therapy Centre A/Prof Stephen Della-Fiorentina	ANZ Breast Cancer Therapy Group \$2000	1 year	A phase III trial evaluating the role of ovarian function suppression and the role of exemestane as adjuvant therapies for premenopausal women with endocrine responsive breast cancer.
TEXT Trial	Macarthur Cancer Therapy Centre A/Prof Stephen Della-Fiorentina	ANZ Breast Cancer Therapy Group \$4000	1 year	A phase III trial evaluating the role of exemestane plus GnRH analogue as adjuvant therapy for premenopausal women with endocrine responsive breast cancer.
AZURE Trial	Macarthur Cancer Therapy Centre A/Prof Stephen Della-Fiorentina	Cancer Council Victoria \$2000	1 year	Does adjuvant Zoledronic acid reduce recurrence in patients with high risk localised breast cancer?
MA 20 trial	Macarthur Cancer Therapy Centre Dr George Papadatos	National Cancer Institute Canada Therapy Group \$3600	1 year	A Phase III Study of Regional Radiation Therapy in Early Breast Cancer.
Psychosocial and mental health policy in countries emerging from conflict and natural disaster	Mental Health Psychiatry Research and Teaching Unit A Zwi D Silove J Ritchie A Bunde-Birouste	UNSW Faculty of Medicine Research Grant \$92,666.66	3 years	Analysis of policy and program responses
The effectiveness of oral appliances in the treatment outcomes in Obstructive Sleep Apnoea (OSA)	Orthodontics Dept of Sydney Dental Hospital P Cristulli A Darendeliler H Gotsopoulos	NHMRC Project Grant \$298,809.00	3 years	The aim of this project is to directly compare the health benefits achievable with these therapies, taking into account patient compliance and preference.

Research

Project	Facility / Researchers	Funding	Duration	Description
A randomised trial of early childhood sustained home visiting in a disadvantaged community (MECSH Project)	Population Health Centre for Health, Equity, Training, Research and Evaluation (CHETRE) E Harris C McMahon S Matthey G Vimpani TM Anderson VA Schmied	Australian Research Council (ARC) \$416,490	5 years	Home visiting programs comprising intensive and sustained professional home visits over the entire first two years of life (SPHV) show promise as interventions to promote child health and family functioning, and ameliorate disadvantage.
Nutrition and rehabilitation in advanced cancer patients	Royal Prince Alfred Hospital (RPA) P Glare	NHMRC \$225,991	3 years	This project aims to evaluate a multidisciplinary "cancer nutrition rehabilitation program" model of caring for patients with cachexia.
Transmission of <i>Pseudomonas aeruginosa</i> : clinical and molecular studies	RPA Hospital B Rose P Bye	Australian Cystic Fibrosis Research Trust \$82,214	1 year	This project will evaluate how and why people with cystic fibrosis get lung infections with <i>Pseudomonas aeruginosa</i> .
Case –control study of stillbirth ≥ 32 weeks gestation	RPA Hospital H Jeffery A Gordon J Morris	Stillbirth Foundation \$75,000	3 years (1 st year)	This project aims to investigate stillbirth, especially the death of apparently well babies.
Home Visiting Intervention project	Tresillian C Fowler N McMahon Kowalenko	Intervention Parenting Fund Grant, Department of Families, Community Services and Indigenous Affairs \$648,000	7 years	This program aims to improve parent-child relationships, optimise children's cognitive and emotional development, and to enhance family functioning. This is achieved by providing at least 10 home visits to selected mothers identified at risk until their infants are 12 months old. The mother/infant dyad will enter the Program when the infants are from 3 to 4 months old.

Official Overseas Travel

Name/Title/ Department/Facility	Countries visited (including cities)	Purpose of Travel	Source of Funds
Sponsorship			
NUBE, Vanessa. Programme Coordinator, Diabetes Centre, RPA	Beijing, China	2nd Beijing International Forum on Diabetes and Related Diseases 2006	Sponsorship - Diabetes Centre 306 Hospital, Beijing
KEARNEY, Christopher. Senior Radiation Therapist, RPA	Noumea, New Caledonia	Visits to numerous medical facilities	Sponsorship - Australian Institute of Radiology
GALLAGHER, Kerri. Senior Hospital Scientist, Immunology, RPA	Lubeck, Germany	Euroimmun AG Training Programme: Autoimmunity in Practice	Sponsorship - Euroimmun AG(Immunology RPAH SP&T CC 79062 - 2821.69)
WANG, Chuanmin. Senior Hospital Scientist, Transplantation, RPA	1. Boston, USA. 2. Washington DC, USA	1. World Transplantation Congress 2006. 2. Frederick Cancer research and Development Centre	Sponsorship - \$2500.00 sponsored Council of TSANZ, (Transplant Services SP&T C 91175 - \$3100.00)
LLOYD, Melissa. Clinical trials Nurse, Medical Oncology, CRGH	Budapest, Hungary	20050203 Investigators Meeting	Sponsorship - Amgen
BOOTH, Jeremy. Senior Hospital Scientist, RPA	Las Vegas, USA	On-Board Imaging training for new linear accelerators	Sponsorship - Varian Medical Systems (Part of contract)
PEREZ, Mario. Senior Hospital Scientist, Radiation Oncology, RPA	Las Vegas, USA	Eclipse IMRT Administration Physics Course	Sponsorship - Varian Medical Systems (Part of contract)
CLARIDGE, Elizabeth. Hospital Scientist, Radiation Oncology, RPA	Las Vegas, USA	Eclipse IMRT Administration Physics Course	Sponsorship - Varian Medical Systems (Part of contract)
SECCOMBE, Leigh. Scientific Officer, Thoracic Medicine, CRGH	Chicago, USA	Oxygen Delivery at Altitude Working Group - American College of Chest Physicians	Sponsorship - American College of Chest Physicians
FOSTER, Christabel. Medical Educator, Women and Babies, RPA	Dien Bien Phu, Vietnam	Facilitate Workshop on Infant Mortality and Morbidity	Sponsorship - HOC Mai Australia Vietnam Foundation
SHIMADRY, Brian. CNC, Emergency, CRGH	Singapore	Nihon Kohden BSM-4100 Series Bedside Monitors, CNS-9700 Series Central Monitoring and NetKonnnect and Gateway Server	Sponsorship - Nihon Kohden
TRAN, Mick. Biomedical Engineer, Radiation Oncology, RPA	Las Vegas, USA	Clinac Technical Maintenance 1 Low C Course	Sponsorship - PP SP&T Fund, CC79016 (Part Sponsored Varian Systems)
HETHERINGTON, Julie. Nurse Unit Manager, Endocrinology and Metabolism, RPA	1. Southampton, UK. 2. London, UK	1. Society for Endocrinology Endocrine Nurse Training Course. 2. Study Meetings with London Endocrine Units	Sponsorship - \$2500.00 funded by ENSA and indicated amount Endocrinology RPAH SP&T Fund, CC79037
ASGHARI, Gholamreza. Registrar, Cancer Services, LHS	San Francisco, USA	2006 Gastrointestinal Cancers Symposium	Sponsorship - (Cancer Services SP&T, C 75914 - \$1800.62) Sponsor \$500 Merck, Sharpe and Dhome
FOOTE, Deborah. Dietician, Diabetes Centre, RPAH	Hanoi, Vietnam	International Diabetes Foundation Educators Training Course	Sponsorship - International Diabetes Federation
NATTRESS, Kathryn. CNC, Gynaecologic Oncology, RPAH	Santa Monica, USA	11th Biennial Meeting of the International Gynaecologic Cancer Society	Sponsorship - NSW Cancer Institute

Official Overseas Travel

Name/Title/ Department/Facility	Countries visited (including cities)	Purpose of Travel	Source of Funds
QUAGGIOTTO, Melissa. Registered Nurse, Medical Oncology, RPA	Lisboa, Portugal	Novartis Investigators Meeting	Sponsorship - Novartis
SIDOM, Mark. Registrar, Cancer Therapy, LHS	Singapore	Faculty of Radiation Oncology 2006 Meeting	Sponsorship - Varian Systems Award (Berry and Partners SP&T)
TURNER, Leo. CNC, Andrology Department, CRGH	Geneva, Switzerland	A25165 Tu+ NetEn Investigators Meeting	Sponsorship - World Health Organisation
WOO, Albert. Clinical Trials Nurse, Sydney Cancer Centre, RPA	St Julians, Malta	Radiant (OSI-774-302) Investigators Meeting	Sponsorship - OSI Pharmaceuticals
NEVILLE, Stephen. Senior Hospital Scientist, SWAPS, LHS	Hong Kong, China	Parasitology Workshop	Sponsorship - Hospital Authority and Department of Health Hong Kong
HEYMAN, Joanne. Dietician, Nutrition and Dietetics, RPA	1. London, UK. 2. Newcastle, UK	1. Royal Free Hospital UK, 2. Liver Transplant Symposium	Sponsorship - (A.W. Morrow , Gastro and Liver Centre SP&T CC 92106 - \$1358.00) A.W. Baird Travel Fellowship and Uni of Syd
AROCHE. Jorge. STARTTS, FHS	Berlin, Germany	IX IRCT International Symposium on Torture	Sponsorship - STARTTS SP&T CC JV012, Sponsored: IRCT
SO, Katrina. CRC, Urology, CRGH	Singapore	18th Video Urology Congress	Sponsorship - Singapore Urological Association
MCCLENNAN, Susan. Senior Hospital Scientist, Endocrinology, RPA	Copenhagen, Denmark	42nd EASD Annual Meeting	Sponsorship - Novo Nordisk (Endocrinology RPAH SP&T, CC79037)
BOOTH, Jeremy. Senior Medical physicist, RPA	Las Vegas, USA	Varian Systems EIP Eclipse - Physics and Administration Training	Sponsorship - Varian Systems as part of Contract
MORETH, Daniel. Senior Radiation Therapist, RPAH	Las Vegas, USA	Varian Systems Eclipse IMRT Operations Course	Sponsorship - Varian Systems as part of Contract
POXON, Valerie. HSM4, SSWAHS Cancer Registry, Liverpool Hospital	Las Vegas, USA	National Cancer Registrars Annual Education Conference	Sponsorship - Sydney Cancer Institute
KERR, Louise. Clinical Trail Coordinator, Institute of Haematology, RPAH	Berlin, Germany	Investigator Meeting for MPR Study	Sponsorship - Cellegene
MORALES, Johnny. Senior Medical Physicist, Radiation Oncology, RPAH	Las Vegas, USA	Varian Systems Portal Dosimetry Training	Sponsorship - Varian Systems
FERRIE, Suzie. Dietition, Nutrition and Dietetics, RPAH	Jakarta, Indonesia	Frensenius Kabi Advanced Nutrition Course Asia 2007	Sponsorship - Pharmatel Frensenius Kabi
ROBERTSON, Graham. Senior Scientist, Microbiology, CRGH	Hong Kong, China	Joint NSW Health/Hong Kong Hospital Authority Short Course in Parasitology	Sponsorship - Hong Kong Hospital Authority
GRENNER, Robin. Neurosciences CNC, RPAH	Copenhagen, Denmark	NovoNordisk FAST ICH Trial Results Meeting	Sponsorship - NovoNordisk
GEBBIE, Chantal. CNC, Medical Oncology, CRGH	Berlin, Germany	MK-0683 Protocol 056 1st Line NSCLC Investigators Meeting	Sponsorship - Merck, Sharpe and Dohme
CLARIDGE, Elizabeth. Hospital Scientist, Radiation Oncology, RPAH	Minneapolis, USA	APPM Annual Meeting 2007	Sponsorship - NSW 2007 Radiation Oncology Medical Physicists Postgraduate Scholarship (NSW Health)

Official Overseas Travel

Name/Title/ Department/Facility	Countries visited (including cities)	Purpose of Travel	Source of Funds
SCHWEIZER, Nadia. CNC/Case manager, Neuroscience, RPAH	Istanbul, Turkey	Rivaroxaban in Atrial Fibrillation Investigator Meeting	Sponsorship - Paraxel International Pty Ltd
AROCHE, Jorge. Director STARTTS, Fairfield Hospital	Opatija, Croatia	10th European Conference of Traumatic Stress	Sponsorship - STARTTS SP&T CC 75021 (\$3100.00 - Flights sponsored by Friends of Starts)
HOL, Gordana. Clinical Psychologist, STARTTS, Fairfield Hospital	Opatija, Croatia	10th European Conference of Traumatic Stress	Sponsorship - STARTTS SP&T CC 75021 (\$3100.00 - Flights sponsored by Friends of Starts)
LONG, Georgina. Registrar, Medical Oncology, Liverpool Hospital	1. Houston, USA. 2. Philadelphia, USA. 3. Chicago, USA	1. Visit University of Texas, 2. Oncology Research Exchange. 3. ASCO AGM Conference	Sponsorship - GlaxoSmithKline
YAVOR, Robyn. Neurosciences CNS, RPAH	Portland, USA	Vestibular Applications of the Omnimax Human repositioner	Sponsorship - Vesticon
RAYMENT, Glenda. CNC Renal Medicine, Liverpool Hospital	Taipei, Taiwan	IMI01-075 Investigator meeting	Sponsorship - Bristol-Squibb
GRUDZINSKAS, Katherine. CNS, Diabetes Education CRGH	Chicago, USA	American Diabetes Association Annual Meeting	Sponsorship - Eli Lilly Australia
WALKER, Carol. Patient Safety Officer, Clinical Governance, SSWAHS	London, UK	23rd International Conference ISQua	General Fund - Clinical Governance General Fund, CC JB108
PATCHETT, Chris. EAP Manager, RPAH	Auckland, New Zealand	2006 Joint Conference of the APS and NSPsS	General Fund - EAP General; Fund CC12126
BURGESS, Graham. Deputy Director, Public Health Unit, SSWAHS	Dublin, Republic of Ireland	9th World Congress on Environmental Health	General Fund - Public Health Unit General Fund, CC89463

Special Purpose and trust funds (including self funded travel)			
BUTTURINI, Tania. Radiation Therapist, Liverpool Hospital	Vienna, Austria.	ESTRO Teaching Course on Brachytherapy in Gynaecological Malignancies	Berry and Partners SP&T, CC 75910
GALLAGHER, Kerri. Senior Hospital Scientist, Immunology, RPAH	Lubeck, Germany	Euroimmun AG Training Programme: Autoimmunity in Practice	Immunology RPAH SP&T CC 79062 (All other costs sponsored)
WOOLCOCK, Jane. Registrar, Obstetrics and Gynaecology RPAH	1. Lisbon, Portugal. 2. Edinburgh, UK	1. XV World Congress on the ISSHP. 2. Research Discussuion Edingurgh Infirmary.	Obstetrics and Gynaecology RPAH SP&T CC 79031
WANG, Chuanmin. Senior Hospital Scientist, Transplantation, RPAH	1. Boston, USA. 2. Washington DC, USA	1. World Transplantation Congress 2006. 2. Frederick Cancer research and Development Centre	Transplant Services SP&T C 91175 (\$2500.00 sponsored)
BISHOP, Alex. Senior Hospital Scientist Gastroenterology, RPAH	Boston, USA	World Transplantation Congress 2006	Gastroenterology SP&T RPAH CC79066
WISEMAN, Elke. Gastroenterology Registrar, RPAH	Cape Town, South Africa	Schering AG/ICON Investigators Meeting	Personally Funded
BALDACCHINO, Rowena. Neurophysiology Technologist, LHS	Auckland, New Zealand	ANTA and NZSNT Conference 2006	Neurophysiology Liverpool Hopsital SP&T CC 75832
JONES, Anita. Neurophysiology Technologist, LHS	Auckland, New Zealand	ANTA and NZSNT Conference 2006	Neurophysiology Liverpool Hopsital SP&T CC 75832

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BRIDGE, Catherine. Neurophysiology Technologist, LHS	Auckland, New Zealand	ANTA and NZSNT Conference 2006	Neurophysiology Liverpool Hopsital SP&T CC 75832
CONSTANTINO, Maria. Data Manager, Endocrinology, RPAH	Capetowen, South Africa	IDF International Diabetes Foundation Conference	Endocrinology RPAH SP&T CC79037
MIN, Danqing. Senior Hospital Scientist, Endocrinology, RPAH	Capetowen, South Africa	IDF International Diabetes Foundation Conference	Endocrinology RPAH SP&T CC79037
COSSA, Gavina. Scientifica Officer, Respiratory Unit, CRGH	Munich, Germany	European Respiratory Society's Annual Congress 2006	Respiratory Unit RPAH SP&T CC 79523
PERERA, Nimalie. Registrar, Biochemistry, RPAH	Christchurch, New Zealand	2006 RCPA Chemical Pathology Course	Biochemistry RPAH Pre GST SP&T Fund CC 79033
RALSTON, Anna. Principal Hospital Scientist, Radiation Oncology, RPAH	Seoul, South Korea	World Congress on Medical Physics and Biomedical Engineering 2006	Radiation Oncology RPAH SP&T CC 79016
SUCHOWERSKA, Nataka. Principal Hospital Scientist, Radiation Oncology, RPAH	Seoul, South Korea	World Congress on Medical Physics and Biomedical Engineering 2006	Radiation Oncology RPAH SP&T CC 79016
LAU, Annie. Radiatiion Therapist, Cancer Therapy Centre, Liverpool Hospital	Vienna, Austria	ESTRO Course on Brachytherapy in Gynaecological Malignancies	Berry and Partners SP&T, CC 75910
SONG, Guangli. Medical Physicist, Cancer Therapy Centre, Liverpool Hospital	Vienna, Austria.	ESTRO Course on Brachytherapy in Gynaecological Malignancies	Berry and Partners SP&T, CC 75910
MCLEAN, Amy. Respiratory Medicine, RPAH	Munich, Germany	European Respiratory Society Annual Congress 2006	Respiratory Medicine RPAH SP&T, CC79018 and 79024
DAVISKAS, Evangelia. Senior Hospital Scientist, Respiratory Medicine, RPAH	Munich, Germany	European Respiratory Society Annual Congress 2006	Respiratory Medicine RPAH SP&T, CC79018 and 79024
KELAHHER, Brendon. Deputy Manager, Aboriginal Health Service, SSWAHS	Edmonton, Canada	International Indigenous Council for HOSW (5th Gathering)	Aboriginal Health SP&T, CC75060
MOLYNEAUX, Lynda. RN, Diabetes Centre, RPAH	Capetowen, South Africa	IDF International Diabetes Foundation Conference	Endocrinology RPAH SP&T CC79037
GILMORE, Simon. Deputy Director, National Poisons Directory, RPAH	San Francisco, USA	North American Congress of Clinical Toxology 2006	National Poisons Register SP&T CC82106
SORENSEN, Nicole. Medical Radiation Scientist, Nuclear Medicine, CRGH	Athens, Greece	Annual Congress of the European Association of Nuclear Medicine 2006	Nuclear Medicine CRGH SP&T CC79515
BHOLE, Sameer. Area Clinical Director Dental Services, SSWAHS	Shenzhen, China	FDI 2006 Shenzhen Annual World Dental Congress	SSWAHS Oral Health General Fund CCJR001 - Dental Specialists Determination
MATTHEY, Stephen. Research Director, ICAMHS Area Mental Health	Keele, UK	Marce Society International Biennial Scientific Meeting	Post Natal Distress Prevention SP&T CC 75097
FOOTE, Deborah. Dietician, Diabetes Centre, RPAH	Capetown, South Africa	IDF International Diabetes Foundation Conference	Endocrinology RPAH SP&T CC79037

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FOSTER, Christabel. Medical Educator, Women and Babies, RPAH	1. Genoa, Italy. 2. Reims, France.	1. Association for Medical Education in Europe Annual Conference 2006. 2. American Memorial Hospital and Institute Alix-Champagne	Endocrinology RPAH SP&T CC79037
THORNTON, Charlene. CNC, Women and Babies, RPAH	Lisbon, Portugal	IX International Society for the Study of Hypertension in Pregnancy World Congress	N/A
TRAN, Mick. Biomedical Engineer, Radiation Oncology, RPAH	Las Vegas, USA	Clinac Technical Maintenance 1 Low C Course	PP SP&T Fund, CC79016 (Part Sponsored Varian Systems)
THOMPSON, Greme, Clinical Superintendent, Respiratory Medicine, CRGH	Salt Lake City, USA	Chest 2006 Conference	Respiratory Medicine SP&T Fund, C79523
HETHERINGTON, Julie. NUM, Endocrinology and Metabolism, RPAH	1. Southampton, UK. 2. London, UK	1. Society for Endocrinology Endocrine Nurse Training Course. 2. Study Meetings with London Endocrine Units	Endocrinology RPAH SP&T Fund, CC79037 (also funded by ENSA)
FISHER, James. Dental Specialist, SDU	Wailea Maui, Hawaii, USA	International Congress on Maxillofacial Rehabilitation	Maxillofacial Prosthetics SDU General Fund - Dental Staff Specialists Determination
WHITE, Tracy. Research Psychologist, ICAMHS, Area Mental Health	1. Keele, UK. 2. Sussex, UK	1. Marce Society International Biennial Scientific Meeting. 2. Postnatal PTSD Research Seminar	Post Natal Distress Prevention SP&T CC 75097
TAY, Kevin. Registrar, Radiology, RPAH	Christchurch, New Zealand	RANZCR Annual Scientific Meeting	Radiology CRGH SP&T Fund CC 79519
FINDLAY, Merran. Senior Dietician, RPAH	Wellington, New Zealand	8th Annual Scientific Meeting Australia and NZ Head and Neck Society	Radiation Oncology RPAH SP&T CC 79016
CARISTO, Vincent. Registrar, Nuclear Medicine, CRGH	Chicago, USA	Radiological Society of North America 92nd Scientific Assembly and Annual Meeting	Nuclear Medicine CRGH SP&T CC79515
POPP, Hazel, Senior Hospital Scientist, RPAH	Miami Beach, USA	AB Annual Meeting and TXPO 2006	Institute of Haematology SP&T
PATEL, Virendra. Medical Physics, LHS	Philadelphia, USA	48th Annual Meeting ASTRO	Berry and Partners SP&T, CC 75910
SO, Karina. CRC, Urology Support Services, CRGH	Christchurch, NZ	36th Annual Meeting NZ Continence Association of the Continence Foundation for Aust	Nursing Conference CRGH SP&T, CC34532
ASGHARI, Gholamreza. Registrar, Cancer Services, LHS	San Francisco, USA	2006 Gastrointestinal Cancers Symposium	Cancer Services SP&T, C 75914 (Sponsor \$500 Merck, Sharpe and Dhorne)
ROACH, Elaine. Senior Hospital Scientist, RPAH	Orlando, USA	Cerner Health Conference 2006	Microbiology RPAH SP&T
TWENTYMAN, Tania. Radiation Therapist, Cancer Therapy, LHS	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910
VOYSEY, Renee. Radiation Therapist, Cancer Therapy, LHS	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910
GUPTA, Sandeep. Physiotherapist, RPAH	Fiji	2006 ASICS Conference of Science and Medicine	Self Funded
HOLZHAUSER, Derek. Senior Analyst, Pathnet Support, RPAH	Orlando, USA	Cerner Health Conference 2006	LIS SP&T Fund, C81406

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SIDOM, Mark. Registrar, Cancer Therapy, LHS	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910 (Sponsor: Varian Systems Award)
PRASAD, Shivani. Radiation Therapist, Cancer Therapy, CCORE, LHS	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910
WONG, Karen. Research Fellow, Cancer Therapy, CCORE, LHS	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910
KUCHARSKA, Ewa. Radiation Therapist, Cancer Therapy, CCORE, LHS	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910
KENNY, Patricia. HSM, CHERE, UTS/RPAH	Lisbon, Portugal	International Society for Quality of Life Research Conference	CHERE General Fund, CC10961 (Note: General Fund for CHERE is reimbursed by UTS) Count as SP&T Monies
PADA, Surinda. Registrar, Microbiology, LHS	Kuala Lumpur, Malasia	Asia Pacific League of Associations for Rheumatology	Dr Iain Gosbell SP&T, CC 76921/76925
KAADAN, Nasreen. OIS Administrator, Cancer Therapy, LHS	Philadelphia, USA	1. Radiation Oncology Regional Training Workshop. 2. Impac Users Meeting. 3. ASTRO 48th Annual Meeting	Berry and Partners SP&T, CC 75910
STANZIONE, Adam. Computer Support, Cancer Therapy, LHS	Philadelphia, USA	1. Radiation Oncology Regional Training Workshop. 2. Impac Users Meeting.	Berry and Partners SP&T, CC 75910
CASSAPI, Lynette. A/Directgor Radiation Therapy, Cancer Therapy, LHS	Philadelphia, USA	1. Radiation Oncology Regional Training Workshop. 2. Impac Users Meeting. 3. ASTRO 48th Annual Meeting	Berry and Partners SP&T, CC 75910
CONTRONEO, Angela. Social Worker, RPAH	Venice, Italy	8th World Congress of Psycho-Oncology	Medical Oncology SP&T CC 79071, and Sydney Cancer Centre SP&T CC 81593 & 81547
GILL, Diane. Executive Director, RPAH	Cambridge, USA	Managing Hospital Operations Programme Fall 2006	Executive Unit RPAH SP&T Fund CC 81054
MCCORMACK, Samuel. Registrar, Radiology, RPAH	Christchurch, New Zealand	1. Cardiac CT for Radiologists Master Course, 2. RANZCR 57th Annual Scientific Meeting	Radiology RPAH SP&T Fund CC 814578
PRATAP, Satendra. Technical Officer, Nneurology, RPAH	Kuala Lumpur, Malaysia	1. Asian and Oceania Epilepsy Congress 2006. 2. Study Day University of Kuala Lumpur	Neurology RPAH SP&T Fund CC 71019 & 81314
BOSERIO, Janet. CNS, Nneurology, RPAH	Kuala Lumpur, Malaysia	1. Asian and Oceania Epilepsy Congress 2006. 2. Study Day University of Kuala Lumpur	Neurology RPAH SP&T Fund CC 71019 & 81314
O'CONNELL, Annmaree. NUM, Nneurology, RPAH	Kuala Lumpur, Malaysia	1. Asian and Oceania Epilepsy Congress 2006. 2. Study Day University of Kuala Lumpur	Neurology RPAH SP&T Fund CC 71019 & 81314
ESTALL, Vanessa. Registrar, Cancer Therapy, Liverpool Hospital	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910
SIDOM, Mark. Registrar, Cancer Therapy, Liverpool Hospital	Singapore	Faculty of Radiation Oncology 2006 Meeting	Berry and Partners SP&T, CC 75910

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COX, Keith. CNC, Oncology, RPAH	Toronto, Canada	14th International Conference on Cancer Nursing	Sydney Cancer Centre RPAHSP&T CC 81547, Medical Oncology RPAH CC 79070
BERG, Gayle. NM Clinical Practice, Policy and Performance, SSWAHS	London, UK	Visit 'Steamplicity' to assess catering	SP&T (CEs)
SINCLAIR, Stephen. Exec Officer to Director Clinical Operations, SSWAHS	London, UK	Visit 'Steamplicity' to assess catering	SP&T (CEs)
GAO, Kan. Data Manager, Head and Neck Department, RPAH	Wellington, New Zealand	Aust and NZ Head and Neck Society 8th Annual Scientific Meeting	Sydney Head and Neck Cancer Institute RPAH SP&T CC 81855
O'CONNELL, Susan. RN, Gynaecologic Oncology, RPAH	Santa Monica, USA	11th Biennial Meeting of the International Gynaecologic Cancer Society	Sydney Cancer Centre RPAH SP&T CC 81593
ZAHMAN Wini, RN Gynaecologic Oncology, RPAH	Santa Monica, USA	11th Biennial Meeting of the International Gynaecologic Cancer Society	Sydney Cancer Centre RPAH SP&T CC 81593
MURTO, Ruth. CNS/CNE Gynaecologic Oncology, RPAH	Santa Monica, USA	11th Biennial Meeting of the International Gynaecologic Cancer Society	Sydney Cancer Centre RPAH SP&T CC 81593
WARNER, Janice. IT Support Officer, Cancer Therapy, Liverpool Hospital	Las Vegas, USA	Oncology Management 'Under the Hood' IMPAC LSN and Pheripherals Course	Berry and Partners SP&T, CC 75910
PATANJALI, Nitya. Registrar, Radiation Oncology, RPAH	Singapore	Faculty of Radiation Oncology 2006 Meeting	Radiation Oncology RPAH SP&T C79016
HEYMAN, Joanne. Dietician, Nutrician and Dietics, RPAH	1. London, UK. 2. Newcastle, UK	1. Royal Free Hospital UK, 2. Liver Transplant Symposium	A.W. Morrow , Gastro and Liver Centre SP&T CC 92106(\$2550.00 A.W. Baird Travel Fellowship and Uni of Syd)
BROWN, Ross. Principal Hospital Scientist, Haematology, RPAH	Orlando, USA	ASH 48th Annual Meeting and Exposition	Haematology RPAH SP&T CC79065
CATALANO, Alberto. Hospital Scientist, Institute of Haematology, RPAH	Orlando, USA	ASH 48th Annual Meeting and Exposition	Haematology RPAH SP&T CC79065
ROSE, Barbara. Senior Hospital Scientist, Sydney Cancer Institute, RPAH	Wellington, New Zealand	ANZ Head and Neck Society 8th Annual Scientific Meeting	Sydney Cancer Institute RPAH SP&T CC 81855
AROCHÉ, Jorge. STARTTS, FHS	Berlin, Germany	IX IRCT International Symposium on Torture	STARTTS SP&T CC JV012, Sponsored: IRCT
GREER, Tracy. Respiratory CNS, Respiratory Dept, CRGH	Auckland, New Zealand	Thoracic Society of ANZ Annual Scientific Meeting 2007	Respiratory RPAH SP&T CC 85297
WADE, Kerrie. Respiratory CNS, Respiratory Dept, CRGH	Auckland, New Zealand	Thoracic Society of ANZ Annual Scientific Meeting 2007	Respiratory RPAH SP&T CC 85297
TRAN, Nham. Hospital Scientist, Sydney Cancer Institute, RPAH	Wellington, New Zealand	ANZ Head and Neck Society 8th Annual Scientific Meeting	Sydney Cancer Institute RPAH SP&T CC 81855
SANDILLA, Jessica. Registrar, Sydney Cancer Institute, RPAH	Wellington, New Zealand	ANZ Head and Neck Society 8th Annual Scientific Meeting	Sydney Cancer Institute RPAH SP&T, CC 81855
PATEL, Rajan, Fellow, Sydney Cancer Institute, RPAH	Wellington, New Zealand	ANZ Head and Neck Society 8th Annual Scientific Meeting	Sydney Cancer Institute RPAH SP&T, CC 81855

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SECCOMBE, Liegh. Scientific Officer, Thoracic Medicine, CRGH	Auckland, New Zealand	ANZSRS 2007 Annual Scientific Meeting	Respiratory Function Unit CRGH SP&T, CC 79523
MCCLENNAN, Susan. Senior Hospital Scientist, Endocrinology, RPAH	Copenhagen, Denmark	42nd EASD Annual Meeting	Note: Sponsor Novo Nordisk covered rest of funds. Endocrinology RPAH SP&T, CC79037
MARTIN, Richard. Fellow, Sydney Cancer Institute RPAH	Wellington, New Zealand	ANZNS 8th Annual Scientific Meeting	Sydney Cancer Institute RPAH SP&T, CC 81855
NORVAL, Jeni. Hospital Scientist, Respiratory and Sleep, RPAH	Auckland, New Zealand	ANZSRS 2007 Annual Scientific Meeting	Respiratory Investigation Unit SP&T CC 79018
CAMPS, John. Hospital Scientist, Respiratory and Sleep, RPAH	Auckland, New Zealand	ANZSRS 2007 Annual Scientific Meeting	Respiratory Investigation Unit SP&T CC 79018
BOOTH, Jeremy. Senior Medical Physicist, Radiation Oncology, RPAH	Rotarua, New Zealand	TROG Annual Meeting 2007	Radiation Oncology RPAH SP&T CC 79016
ROGERS, Peter. Senior Scientific Officer, Respiratory Function, CRGH	Auckland, New Zealand	ANZSRS 2007 Annual Scientific Meeting (and Research Data Collection)	Respiratory Function unit SP&T CC 79523
FRANKLIN, Janet. Senior Dietitian, Metabolism and Obesity Services, RPAH	Budapest, Hungary	15th Annual European Congress on Obesity	Metabolism and Obesity RPAH SP&T CC 79037
KARET, Barbara. Thoracic Medicine, CRGH	Auckland, New Zealand	ANZSRS 2007 Annual Scientific Meeting, TSANZ 2007 ASM	Respiratory Function unit CRGH SP&T CC 79523
HENDERSEN, David. Senior Hospital Scientist, PET and Nuclear Medicine, RPAH	Aachen, Germany	17th International Symposium on Radiopharmaceutical Sciences	PET and Nuclear Medicine, RPAH SP&T CC79046
PRAHALATH, Sellappa, CMO, Campbelltown Hospital	Singapore	Recruitment Interviews for Sri lankan Doctors	Emergency Campbelltown SP&T CC 76014
JOVANOVIC, Valerie. NM, Campbelltown Hospital	Singapore	Recruitment Interviews for Sri lankan Doctors	Emergency Campbelltown SP&T CC 76014
GILES, Alan. Staff Specialist, Campbelltown Hospital	Singapore	Recruitment Interviews for Sri lankan Doctors	Emergency Campbelltown SP&T CC 76014
FISHER, Jim. Dental Specialist, SDU	Indianapolis, USA	Maxillofacial Prosthetics Intensive hands-On Training and Patient Demonstration for Orbital Prosthetics	Maxillofacial Prosthetics SP&T CC 87756, Dental Specialists Determination(Not considered General Funds)
LIST, Ingrid. Dental Technician, SDU	Indianapolis, USA	Maxillofacial Prosthetics Intensive hands-On Training and Patient Demonstration for Orbital Prosthetics	Maxillofacial Prosthetics SP&T CC 87756
HAQUE, Al. Senior Hospital Scientist, Radiation oncology, RPAH	Como, Italy	ESTRO Teaching Course - Modern Brachytherapy Techniques	Radiation Oncology RPAH SP&T CC 79016
KWONG, Carolyn. Radiation Therapist, Radiation Oncology, RPAH	Rotorua, New Zealand	TROG Annual meeting 2007	Radiation Oncology RPAH SP&T CC 79016
BROWN, Ross. Principal Hospital Scientist, RPAH	Kos, Greece	11th International Myeloma Workshop	Haematology RPAH SP&T CC79065

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FERRIE, Susan. Dietitian, RPAH	Tokushima, Japan	Present lectures at Tokushima University Medical and Dental hospital	Personal Expense
PAGE, Joanne. Deputy Chief Radiation Therapist, RPAH	Rotarua, New Zealand	TROG Annual Meeting 2007	Radiation Oncology RPAH SP&T CC 79016
FRANCIS, Kate. Radiation Therapist, RPAH	Rotarua, New Zealand	TROG Annual Meeting 2007	Radiation Oncology RPAH SP&T CC 79016
LOVETT, Aimee. Radiation Therapist, RPAH	Rotarua, New Zealand	TROG Annual Meeting 2007	Radiation Oncology RPAH SP&T CC 79016
HALLIDAY, Mark. Physiotherapy, CRGH	Queesnstown, New Zealand	10th International Conference in Mechanical Diagnosis and Therapy	N/A Personal Funding
GILBERT, Anna. RN, New Born Care, Liverpool Hospital	Hawaii, USA	4th nationalAdvanced Practice Neonatal Nurses Conference	New Born Care Liverpool Hospital SP&T CC 75521
WILLIAMSON, Belinda. RN, New Born Care, Liverpool Hospital	Hawaii, USA	4th nationalAdvanced Practice Neonatal Nurses Conference	New Born Care Liverpool Hospital SP&T CC 75521
CHO, Gui-Ae. Senior Hospital Scientist, Liverpool Hospital	Montreal, Canada	Monte Carlo Techniques in RT Delivery and Verification	Liverpool CTC SP&T CC 75910
STREIT, Justine, RMO, RPAH	Wellington, New Zealand	ANZHNS 8th Annual Scientific Meeting	Sydney Cancer Institute RPAH SP&T, CC 81855
PATEL, Rajan. Fellow, Sydney Cancer Institute, RPAH	San Diego, USA	American Head and Neck Society Annual Meeting	Sydney Cancer Institute RPAH SP&T, CC 81855
PATEL, Rajan. Fellow, Sydney Cancer Institute, RPAH	Amsterdam, Netherlands	International Academy of Oral Oncology	Sydney Cancer Institute RPAH SP&T, CC 81855
POLIS, Sue. CNC Research, Drug Health, RPAH	Barcelona, Spain	42nd Annual meeting of the European Association for the Study ofn the Liver	Drug Health Services RPAH SP&T CC 82407
WILLIAMS, Paul. Principle Hospital Scientist, RPAH	Chicago, USA	American Diabetes Society 67th Scientific Sessions	Endocrinology Laboratories RPAH SP&T CC 79037
LEE-BOGNAR, Eleanor. Physiotherapist, RPAH	Christchurch, New Zealand	International Continence Society 36th Annual Meeting	Nil Cost - Private Funding
WU, Huiling. Senior Hospital Scientist, RPAH	San Francisco, USA	American Transplant Congress	Renal Medicine RPAH SP&T CC 72071
CRAFT, Melissa. Honours Student, RPAH	San Francisco, USA	American Transplant Congress	Renal Medicine RPAH SP&T CC 72071
NILSSON, Sven. Biopreparedness Officer, Area Counter Disaster Unit, Population Health	Amsterdam, The Netherlands	1. Urban Search and rescue Course, 2. 15th World Conference on Disaster and Emergency Medicine	Area Admin SP&T CC 75058
POULOS, Victor. Principle Scientific Officer, RPAH	Rotterdam, The Netherlands	Porphyryns and Porphyrias 2007	Biochemistry RPAH SP&T CC 79033
LIM, Yu Suk. Hospital Scientist, RPAH	Providence, USA	Society of Imaging Informatics in Medicine Annual Meeting 2007	PET and Nuclear medicine SP&T CC 79046
LOUGHNAN, Georgina. Physiotherapist, RPAH	Cluj Napoca, Romania	6th International Prada-Willi Syndrome Scientific Conference and 1st Romanian Prada-Willi and Rare Disorders Conference	Metabolism and Obesity RPAH SP&T CC 79037
HUDSON, Gaye. Area Counter Disaster Coordinator, Population Health SSWAHS	Amsterdam, Netherlands	Urban Search and Rescue Medicine Course, Observer Emergotrain Exercise, 15th World Conference on Disaster and Emergency Medicine	Area Administration SP&T CC 75058

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LUO, Connie. RN, Diabestes Centre, RPAH	San Diego, USA	ADA 67th Annual Meeting and Scientific Sessions	Endocrinology RPAH SP&T CC 79037
BROOKS, Belinda. Nurse Practitioner, Diabestes Centre, RPAH	San Diego, USA	ADA 67th Annual Meeting and Scientific Sessions	Endocrinology RPAH SP&T CC 79037
WONG, Jencia. Medical Officer, Diabestes Centre, RPAH	San Diego, USA	ADA 67th Annual Meeting and Scientific Sessions	Endocrinology RPAH SP&T CC 79037
BIGGS, Heather. Medical Radiation Scientist, CRGH	Prague, Czech Republic	8th International Conference of Nuclear Cardiology	Nuclear Medicine CRGH SP&T CC 79515
NICHOLLS, Caroline. Dietitian, Burns Unit, CRGH	Maastricht, Netherlands	Advanced Course in Clinical Nutrition 2007	Burns Unit CRGH SP&T CC 85257
MCCLINTOCK, Colin. Registrar, RPAH	Rio de Janeiro, Brazil	World Congress of Nephrology	Renal Medicine RPAH SP&T CC 79074, 79100 and Kerry Packer Fund
FIOR-CHAPMAN, Jeniffer. Registrar, RPAH	Rio de Janeiro, Brazil	World Congress of Nephrology	Renal Medicine RPAH SP&T CC 79074, 79100 and Kerry Packer Fund
HILLMAN, Ken. Clinical Academic, Liverpool Hospital	1. Pittsburgh, USA. 2. Rochester, USA. 3. Portland, USA	1. 3rd International Conference on rapid response Tem Systems for Safety, 2. Visit the Mayo Clinic, Rochester, USA, 3. Visit Portland University.	Area Critical Care Liverpool SP&T CC 75651
GOOZEE, Gary. Director Medical Physics, Liverpool Hospital	Toronto, Canada	International Conference on the use of Computers in Radiation Therapy	Liverpool CTC SP&T CC 75910
SUCHOWERSKA, Natalka. Principal Hospital Scientist, Radiation Oncology, RPAH	Shandong Province, China	PTCOG Educational Workshop and General Meeting	Radiation Oncology RPAH SP&T CC 79016
BOLTON, Thyra. EN, Diabetes Centre, RPAH	1. Noordwijk, Netherlands. 2. London/Preston, England	1. 5th International Symposium of the Diabetic Foot. 2. Visit Foot Clinics at Kings College and Manchester Hospital	Endocrinology RPAH SP&T CC 79037
MCGILL, Margaret. CNC2, Manager, Diabetes Centre, RPAH	San Diego, USA	ADA 67th Annual meeting and Scientific Sessions	Endocrinology RPAH SP&T CC 79037
SUCHOWERSKA, Natalka. Principal Hospital Scientist, Radiation Oncology, RPAH	San Francisco, USA	1. SFRO and ICCR Conferences and Visit Stanford University Medical Physics Research Facility	Radiation Oncology RPAH SP&T CC 79016
FRATER, Clayton. Chief Nuclear Medicine Scientist, CRGH	1. Washington DC, USA. 2. London, UK. 3. Manchester, UK.	1. SNMs 54th Annual Meeting. 2. St Guys Hospital. 3. UKRC 2007	Nuclear medicine CRGH SP&T CC 79515
MCLENNAN, Susan. Senior Hospital Scientist, Endocrinology, RPAH	Chicago, USA	ADA 67th Annual Meeting and Scientific Sessions	Endocrinology RPAH SP&T CC 79037
DONG, Joanna. Physiotherapist, Liverpool Hospital	Vancouver, Canada	15th International WCPT Congress	Liverpool Physiotherapy SP&T 75524
NELSON, Vinod. Senior Hospital Scientist, Liverpool Hospital	Delft, The Netherlands	15th International Conference on Solid State Dosimetry	Liverpool CTC SP&T CC 75910
BRAMMAH, Susan. Hospital Scientist, Electron Microscope Unit, CRGH	Anaheim, USA	AUA 2007 Annual Meeting	Electron Microscope Unit RPAH SP&T CC 79533
EBERL, Stefan. Principal Hospital Scientist, PET, RPAH	Washington, USA	Society of Nuclear Medicine 54th Annual Meeting	PET and Nuclear medicine RPAH SP&T CC 79046

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ARPADI, Virginia. Senior Clinical Neuropsychologist, Bankstown Hospital	Washington DC, USA	International Conference on Prevention of Dementia	ACPS Bankstown SP&T CC 76504
PERROTT, Ruth. Director of Physiotherapy SSWAHS East, RPAH	Vancouver, Canada	World Conference of Physical Therapy 2007	Self Funded
BRITTON, Warwick. Clinical Academic, RPAH	Rio de Janeiro, Brazil	Visit Fiocruz Laboratory, 13th International Congress of Immunology	Clinical Immunology RPAH SP&T CC 79062
GUITERA, Pascale. Research Fellow, Dermatology, RPAH	Buenos Aires, Argentina	21st World Congress of Dermatology	Dermatology RPAH SP&T CC 92089
GIRGIS, Seham. Senior Research Fellow, REMS, Population Health	Auckland, New Zealand	Oceania Tobacco Control Conference	REMS SP&T CC 75337
PHAIR, Rebecca. CNS, CRGH	Istanbul, Turkey	11th Annual Conference for Movement Disorders	N/A Personal Funding
DENTICE, Ruth. Physiotherapist, RPAH	Antalya, Turkey	30th European Cystic Fibrosis Conference	N/A Personal Funding
SETH, Devanshi. Senior Hospital Scientist, RPAH	Chicago, USA	Research Society on Alcoholism Meeting 2007	Research Unit Drug Health RPAH SP&T CC 82407
TAN, Kris. Senior Hospital Scientist, RPAH	San Diego, USA	AACC 2007 Annual Meeting	Endocrinology Laboratories RPAH SP&T CC 79037
WILLIAMS, Paul. Principle Hospital Scientist, RPAH	San Diego, USA	AACC 2007 Annual Meeting	Endocrinology Laboratories RPAH SP&T CC 79037
AROCHÉ, Jorge. Director STARTTS, Fairfield Hospital	Opatija, Croatia	10th European Conference of Traumatic Stress	STARTTS SP&T CC 75021 (Flights sponsored by Friends of Starts)
HOL, Gordana. Clinical Psychologist, STARTTS, Fairfield Hospital	Opatija, Croatia	10th European Conference of Traumatic Stress	STARTTS SP&T CC 75021 (Flights sponsored by Friends of Starts)
ALVARO, Frank. Principal Hospital Scientist, SWAPS, Liverpool Hospital	San Diego, USA	2007 AACC Annual Meeting	SWAPS SP&T Fund CC 76911
LIN, Hsin Che Robert. Senior Radiation Therapist, RPAH	Seoul, South Korea	12th World Conference on Lung Cancer	Radiation Oncology RPAH SP&T CC 79016
MOLONEY, Fergal. Honorary Medical Officer, Dermatology, RPAH	Buenos Aires, Argentina	21st World Congress of Dermatology	Dermatology RPAH SP&T CC 92075
CELERMAJER, David. Clinical Academic, RPAH	Christchurch, New Zealand	CSANZ 2007 35th Annual Meeting	Cardiology RPAH SP&T CC 92075
SCOTMAN, Gwen. Consumer Consultant, Area Mental Health Service	Hong Kong, China	2007 World Mental Health Congress of the World Federation for Mental Health	Mental Health SP&T, CC 75562
DAMIAN, Diona. Clinical Academic, Dermatology, RPAH	Beunos Aires, Argentina	21st World Congress of Dermatology	Dermatology RPAH SP&T, CC 92089
LYONS, James. Senior Hospital Scientist, Sydney Cancer Centre, RPAH	1. Washington DC, USA. 2. Smithfield	1. National Institute of Health. 2. Epithelial Differentiation and Keratinisation Conference	Dermatology RPAH SP&T CC 92089
MOORE, Melissa. Registrar, Medical Oncology, CRGH	Chicago, USA	2007 ASCO Annual Meeting	Dermatology RPAH SP&T CC 85291
JENKINS, Mary. RN, Midwife, CRGH	Auckland, New Zealand	ASGC 2007	Molecular Medicine SP&T CC95753

Official Overseas Travel

Name/Title/ Department/Facility	Countries visited (including cities)	Purpose of Travel	Source of Funds
Dental staff specialists - dental officers determination			
SANDERSON, William. Dental Specialist, SDU	New Deli, Bir, Dharamsala, Kathmandu - India; Pokhara, Nepal	Negotiate dental treatment for Tibetan refugees and conduct patient assessments.	Specialist Support General Fund CC 49241 - Dental Specialists determination (not considered General Funds)
STEPHEN, Soni. Dental Specialist, Sydney Dental Hospital	Hong Kong, China	IAPD 2007 Scientific Meeting	Paediatric Dentistry General Fund CC 49212
SANARES, Anna. Dental Specialist, Sydney Dental Hospital	Hong Kong, China	IAPD 2007 Scientific Meeting	Paediatric Dentistry General Fund CC 49212
SAUNDERSON, William. Dental Specialist, SDH	Fukuoka, Japan	12th Meeting of the International College of Prosthodontists	Specialist Support General Fund CC 49241 - Dental Specialists determination (not considered General Funds)
OPREA, Natalie. Dental Specialist, SDH	Nelson, New Zealand	New Zealand Society of Hospital and Community Dentistry 2007 Conference	SDU General Fund, CC 49111
POWERS, John. Dental Specialist, SDH	Dubai, United Arab Emirates	FDI World Dental Congress 2007	SSW Oral Health Service General Fund CC 49811
BHOLE, Sameer. Area Clinical Director Dental Services, SSWAHS	Ho Chi Minh City, Vietnam	minimal Intervention Dentistry - Internation Network (MID-IN) Inaugural Meeting	SSWAHS Oral Health Services, General Fund, CC 49811
BHOLE, Sameer. Dental Specialist, Area Oral Health Service	Dubai, United Arab Emirates	FDI World Dental Congress 2007	SSW Oral Health Service General Fund CC 49811
Medical Physicists professional development - CPD fund			
HILL, Robin. Principal Hospital Scientist, Radiation Oncology, RPAH	Minneapolis, USA	49th AAPM Annual Meeting	Medical Physics, Radiation Oncology, CC21451
BOOTH, Jeremy. Senior Hospital Scientist, Radiation Oncology, RPAH	Stanford, USA	1. Stanford IGRT Course. 2. Site Visit Stanford University	Medical Physics, Radiation Oncology, CC21451

Area Health Advisory Council

The role of the Area Health Advisory Council (AHAC) is to give health consumers and local communities – as well as clinicians including: doctors, nurses and allied health professionals – a strong voice in health decision making. The Council does this by providing advice to the Chief Executive and through broad consultation with community throughout the year.

Area Health Advisory Councils have been established for each of the eight new area health services under the Health Services Amendment Bill 2004.

During the last twelve months, the Sydney South West AHAC has provided advice to the Chief Executive on a range of strategic projects including the Area Workforce Plan, Corporate Strategic Plan and other service specific plans developed by SSWAHS.

During this period, the Council has also developed its workplan which includes projects in the areas of end-of-life care, maternal and child health and mental health. A communication strategy has also been developed to assist the Council in engaging with local community stakeholders including local government and the media.

The Council has also continued in its participation in a research project funded by the Australian Council on Healthcare Standards. The project is evaluating the role and outcomes of community participation in healthcare delivery. Members hope this project will assist in the development of an evidence base for the importance of community engagement in health.

In 2006/07 the AHAC has visited a number of health facilities across the Area including Canterbury Hospital, Bowral and District Hospital, Croydon Health Centre, Royal Prince Alfred Hospital, Fairfield Hospital, Braeside Hospital and Corella Lodge. These site visits allow the AHAC to

become familiar with the health issues in local communities. Future visits will also provide an opportunity for members of local community networks to meet with Council members.

During the last year, the Council launched its website. The site, accessed via www.sswahs.nsw.gov.au, provides the minutes and reports of the Council, member profiles and opportunities for the community to contact the AHAC.

Council Members

Professor Jeremy Wilson
Chair, Executive Clinical Director,
SSWAHS

Sister Alison Bush AO
Clinician, Camperdown

Mr Harry Collins OAM
Community Representative, Panania

Ms Dell Cotter
Community Representative, Ambarvale

Dr Roger Garsia
Clinician, Camperdown

Mrs Sandra Gav
Community Representative, Ashfield

Ms Sue McClelland
Community Representative, Bankstown

Dr John Meadth
General Practitioner, Concord

Mrs Adriana Navarro
Community Representative, Liverpool

Associate Professor Mark Sheridan
Clinician, Liverpool

Dr Amanda Walker
Clinician, Campbelltown and Camden

Mr Darryl Wright
Tharawal Aboriginal Corporation, Airds

Community Participation

Community Participation Unit

The SSWAHS Area Community Participation Unit aims to develop a culture supportive of community and consumer participation.

Local Health Participation Groups

The Community Participation Framework is a living document that underpins the work of the Community Participation Unit (CPU). The peak committee is the Consumer Community Council. It has a total membership of 28 people and is run by the community for the community. Over the past 12 months members have been actively involved in a broad range of activities across the Area, including holding community forums. They have also advised the Area on strategy and better ways of consulting with the large and growing community.

A recent partnership project with the University of NSW has been assisting with the planning and future development of the Area's model of participation. An in-depth study, it involved interviews with community representatives and health service staff.

SSWAHS community representatives have a diversity of experience and interest which has helped forge stronger links with senior staff at the Area Health Service and local hospital level. This is especially evident in facilities with community participation coordinators such as Macarthur, Wingecaribee and Fairfield. These links have included committee membership on the Area Health Advisory Council, Clinical Council, Quality Council and Area planning committees. Representatives contribute in fields as varied as: maternity services, obesity and disabilities.

The CPU has been upgrading and maintaining communication via its web page www.sswahs.nsw.gov.au/sswahs/community. The CPU is committed to improving access to information and presenting it in a user-friendly high quality manner. In addition to all main documents and the quarterly newsletter, the website also allows for community input.

Patient feedback

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

in place at SSWAHS to facilitate community participation.

All facilities have a patient representative. This position is well promoted at each facility to ensure patients and carers know who to approach with suggestions, complaints and compliments. Complaint statistics are collected and regularly reported to the Clinical Quality Council and NSW Health for inclusion in the statewide database.

Community/Consumer Representatives are included in many committees and partnership activities throughout the Area. Consumer forums featuring key speakers are also held to improve dialogue between SSWAHS and the community.

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

An exciting new initiative is the Patient Experience Interview. These interviews allow recent consumers to share insights about their experience of SSWAHS. The information is used to help improve services, particularly customer service.

Fundraising and Sponsorship

Balmain Hospital

Balmain Hospital and the Strong Clinic received donations and bequests for specific purposes totalling \$19,069.38. The Hospital Auxiliary donated close to \$9,000 throughout the year.

Bankstown Hospital

Bankstown Hospital participated in the Inter Hospital Mini Olympics, raising around \$20 000. The Hospital also was the recipient of a number of generous donations including the Bankstown Hospital Auxiliary, \$20 745, and Lion Club Yagoona, \$5, 500. Streetworx made an impressive \$15,000 donation to the paediatric ward.

Bowral and District Hospital

The Centenary Scholarship Fund provided scholarships to the value of \$750 per year for four students engaged in health-related courses of study.

Camden and Campbelltown Hospital

The community of Macarthur continue to provide wonderful support to the hospitals. Some key supporters of the health service include:

- Kids of Macarthur Health Foundation
- Paul Wakeling Motors Wheels for Life
- 24 Hour Fight Against Cancer
- Camden Bowling Club
- Badgerys Creek Progress Association Incorporate

Canterbury Hospital

Canterbury Community Health Nursing Team raised \$1,221 for the Cancer Council by holding the Biggest Morning Tea. The Annual Foundation Ball raised more than \$30,000 for operating theatre equipment.

Community Health

Can Assist (Wingecarribee) helpfully contributed \$15,000 for after hours nursing services for terminally ill clients. The Fairfield Laotian Group donated a television and DVD for Aged Day Care and the Liverpool Seniors Network provided \$500 to Lurnea and Hoxton Park Aged Day Care.

Concord Repatriation General Hospital

Concord Hospital has continued to enjoy strong support from its local community, receiving a total of \$881,236.63 from donations and fundraising activities. The City of Canada Bay Council supports fundraising activities such as the Hospital's annual Opera Night at Rivendell and Christmas lights. Volunteers organised a charity golf day to raise funds.

Fairfield Hospital

Fairfield Hospital organised a number of successful fundraising activities over the year including the 50th Anniversary Fete, WJRC Trivia night and stalls. The two most successful events were the Mayoral Appeal and WJRC Ball, generating \$75, 003.14 and \$57, 000.00 respectively.

Karitane

The inaugural Karitane Charity Golf Day raised \$18,976 to purchase new cots throughout all of Karitane. The major sponsor, AMP Foundation, matched the funds raised dollar for dollar up to \$10,000. The Gold sponsors of the Golf Day included Bayer, Benson Smash Repairs, Bonn Electrics, Downer Engineering, Liverpool Catholic Club, McArdle Legal, McDonald's, Mounties, NRMA and Weston, Woodley & Robertson. Karitane would also like to thank the many companies that donated prizes for the event.

Liverpool Hospital

The major fundraising event at Liverpool Hospital was the Food Services Christmas Fair which raised \$12,076. The Child Care Centre Chocolate Drive raised \$2,880. Fundraising efforts throughout the hospital and child care centre raised \$19,908.

Royal Prince Alfred Hospital

The RPA Foundation processed a total of \$621,827.72 including general donations to RPA.

The volunteer craft stall and book stall have both been extremely successful in fundraising. A portion of the money raised is used in the Wish List Program (a volunteers services initiative). Hospital departments can request a machine or

Fundraising and Sponsorship

item that will enhance their section's administration of patient care.

Tresillian

The Gidget Foundation, a group of fundraisers dedicated to raising money to promote awareness of post natal depression, organised a luncheon at Pavilion in the Park in the Domain. The foundation raised just under \$5,000, which they generously donated to Tresillian towards the Gidget Scholarship. The group have been aiming at raising \$100,000 to fund an annual scholarship for a Tresillian Child and Family Health Nurse

to undertake studies in mental health. The first scholarship is expected to be awarded in November 2007.

Tresillian is extremely grateful to major sponsor, Johnson & Johnson, who continue to provide in excess of \$50,000 per year in sponsorship funds. Tresillian is also grateful to Emap, who have generously sponsored the printing and production of the corporate brochure, and to Kimberly-Clark who continue to sponsor the printing and production of *The Tresillian Crier* newsletter.

Donations and Bequests

Thank you to the following individuals and organisations for providing \$5,000 or more in support during 2006/07.

ABC Tissue Products Pty Ltd
Badgerys Creek Progress Association Inc
Balmain Hospital Auxiliary
Bankstown Hospital Auxiliary
Bankstown Trotting Recreational Club
Barnwell Park Golf Club
Bayer Australia Ltd
Bayer Health Care Australia
Belmore Returned Services and Community Club
Mr. Paul Bertuzzi
Bowral Crafts Unlimited
Bowral Hospital Auxiliary
Bulldogs Leagues Club
Busby Auxiliary
Cabravale Diggers
Campsie R.S.L Club
Can Assist (Wingecarribee)
Canterbury Hospital - Pink Ladies
Canterbury Hurlstone Park RSL
Central Hotel Moss Vale
Mr Alan Cook
Estate of Dorothy Caton
Estate of Kathleen Mabel Clout
Estate of Marjorie Norma Eldridge
Estate of Maurice Charles Kindon
Estate of Hovsep Mazlounian
Estate of Gwenneth Nellie McLaren
Estate of Sybil Millington
Estate of William Joseph Parrott
Estate of Guinevere Stuart Sacre
Estate of Maureen Alice Sandblom
Estate of Constance Uphoff
Estate of Eugene John Varley

FIP Electrical Pty Ltd
Mrs Freda Jane Gamble
Global Orthopaedic Technologies
IBM Building Society
Italian Affairs Committee
John Bronger Chemist Works
Mr John William Kaldor
Johnson & Johnson
K K K K
Lin Corporation
Lions Club of Revesby Inc
Lions Club of Yagoona
Liverpool Catholic Club
Liverpool Multicultural Organisation
Moorebank Chipping Norton Auxiliary
Mounties
Philip Bushell Foundation
Pratt Foundation
Sir Robert and Lady Molly Askin
Rotary Club of Liverpool West Inc.
Sanofi-Aventis Australia Pty Ltd
Smithfield RSL (Leo McCarthy Memorial) Club
Southern Highlands Renal
Springett Family Donation
Streetworx
Ms Su Chin Lee
Mrs M Thompson
United Hospital Auxiliary
Western Suburbs Soccer Club (Canada Bay Club)
Wyeth Australia Pty Ltd
Zimmer Australia

Ethnic Affairs Priority Statement

Awards

SSWAHS Community Health received the top award in the poster category (government) of the 2007 Multicultural Health Communications Award. The poster entitled *Six Tips to Good Ear Care* was translated into the three Pacific Communities languages: Samoan, Tongan and Fijian. The accompanying brochure, in Samoan and Tongan, was highly commended.

The project was a joint undertaking between the Macarthur Child and Family Health Nursing Team, Macarthur Multicultural Health Service, Macarthur Diversity Services, Quota International of Campbelltown and the local Pacific community.

Quitting is hard, but you can do it! - Tips to help you stop smoking won the 2007 Multicultural Health Communication Award in the brochure (government) category. The booklet is for Chinese speaking smokers who are ready to quit. It is the work of the Chinese Australian Tobacco and Health Network with SSWAHS Multicultural Health - Central being one of the partners.

The Arabic Tobacco Control's campaign *ma' Feesh Cigara* won one of the Community Relations Commission National Multicultural Marketing Awards.

Physical activity

A support group of middle aged Arabic speaking Muslim women has been established to achieve holistic health through regular physical activity sessions (hydrotherapy), health education and increased social interactions at Liverpool.

A Fitter and Stronger class for Greek and Italian speaking men has commenced in Canada Bay. Another eight classes are running in the community, mainly Canterbury and Marrickville, for five language groups.

In 2006, *Quit now, ask your pharmacist how* was launched as Phase 2 of Arabic Tobacco Control's aim to encourage smokers to quit.

A Breast Cancer Support Group for Culturally And Linguistically Diverse (CALD) women was established during the implementation of the Making a New Mould Project funded by NBCC at Fairfield. This group continues to meet on a fortnightly basis beyond the life of that project and is supported by the Assyrian Multicultural Health Worker. All group

activities are planned and coordinated as per the needs of the group.

Future Direction

Fairfield Nutrition Promotion Project will address nutrition issues within the whole community of postcode 2165 by supporting existing services to deliver early childhood nutrition messages and support for families.

The main focus of this project will be to improve the nutritional status of children and their families by addressing maternal health nutrition.

Issues such as: breastfeeding, inappropriate consumption of milk, and inappropriate use of bottles, managing iron deficiency anaemia will be included.

A partnership has been established with NSW Refugee Health Service and a MOU has been agreed upon to provide relevant services.

Continue physical activity opportunities for CALD communities, young and old, as part of an overall health improvement and falls prevention strategy.

Non-Government Organisations

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

Name of organisation	Program area	Service description	Funding 2006/07
Aboriginal Medical Service Redfern	Aboriginal Health	Connections Aboriginal Men's Health Program	\$25,000
Bankstown City Aged Care	Aged and Disabled	Dementia-specific adult day care	\$216,615
Diabetes Australia, NSW	Aged and Disabled	Community based awareness strategies regarding Type 2 Diabetes	\$20,900
Ella Community Centre	Aged and Disabled	Centre-based day programs for people who are frail, aged or have mild dementia	\$56,100
Families in Partnership	Aged and Disabled	Support and advocacy group for families and carers of children with disabilities	\$82,100
Headway Adult Development Program	Aged and Disabled	Health education and welfare services for people with an acquired brain injury in south west Sydney	\$85,121
Motor Neurone Disease Association	Aged and Disabled	Provision and promotion of support for people living with Motor Neurone Disease, their families and carers	\$83,875
Scleroderma Association of NSW Inc	Aged and Disabled	Community education and awareness on Scleroderma	\$22,900
Stroke Recovery Association	Aged and Disabled	Telephone counselling and information, volunteer run Stroke Recovery Clubs, advocacy and education services	\$105,300
Vision Australia	Aged and Disabled	Statewide specialist low vision services	\$198,600
Cabramatta Community Centre	AIDS	Needle and Syringe Program in Cabramatta central business district	\$58,425
Community Restorative Centre	AIDS	HIV / AIDS education and support for families and partners of prisoners	\$49,050
Family Planning NSW	AIDS	Health education and promotion services targeting people with HIV and intellectual disability, culturally and linguistically diverse (CALD) communities and youth	\$212,300
Gay and Lesbian Counselling Service of NSW	AIDS	Telephone and referral service for gay men and lesbians	\$5,000
Haemophilia Foundation of NSW Inc	AIDS	Harm minimisation program integrated into generalist haemophilia services	\$81,400
Leichhardt Women's Community Health Centre - HIV/AIDS	AIDS	Counselling and health education for women with gay/bisexual male partners	\$50,100
Stanford House	AIDS	Short to medium term crisis accommodation and respite for people with AIDS	\$157,200
The Gender Centre Inc	AIDS	Statewide HIV and Infectious Diseases Service for people with gender issues	\$214,100
We Help Ourselves - HIV/AIDS	AIDS	Harm minimisation program for residential drug and alcohol services	\$113,500
Youth Accommodation Association	AIDS	HIV education project for homeless young people and staff who work with them	\$137,100

Non-Government Organisations

Bankstown Women's Health Centre	Carers	Workshops for women carers and ongoing support network	\$18,500
Chinese Australian Services Society	Carers	Information, training workshops, referral and support services for carers of people with Cantonese, Mandarin and Korean speaking backgrounds	\$36,300
Ethnic Child Care Family and Community Services Cooperative	Carers	Consultation, support and training for carers from CALD backgrounds	\$32,500
Family Resource and Network Support (FRANS)	Carers	Training program on educational, emotional and practical support for carers	\$29,850
Headway Adult Development Program	Carers	Training and support groups for carers of people with an acquired brain injury	\$32,166
Macedonian Australian Welfare Association	Carers	Support for carers in the Macedonian community in Sydney	\$50,000
Newtown Neighbourhood Centre	Carers	Multicultural carers support service	\$50,000
Roselands Sports and Aquatic Centre	Carers	Education and support groups for carers looking after a person with a physical disability or mental illness	\$20,000
Lifeline Macarthur (CS)	Community Services	24 hour telephone counselling and suicide crisis intervention service	\$69,200
Lifeline Sydney - Uniting Church in Australia Property Trust NSW for Wesley Mission	Community Services	24 hour telephone counselling and suicide crisis intervention service	\$58,200
Melanoma Foundation and Melanoma and Skin Cancer Research Institute (MASCRI)	Community Services	NSW network for the treatment of melanoma	\$557,000
NSW Centre for Perinatal Health Services Research	Community Services	Outreach education program to country and outer metropolitan hospitals to improve the standard of perinatal health care	\$18,725
Quest for Life Centre	Community Services	Support programs for people recovering from life threatening illness or trauma	\$167,100
Southern Highlands Bereavement Care	Community Services	Counselling, prevention, education, and consultation for bereaved people	\$52,500
Sydney Indo-Chinese Refugee Youth Support Group	Community Services	Assists young refugees with health and settlement issues	\$64,900
Thalassaemia Society of NSW Inc	Community Services	Information and counselling services for people affected by Thalassaemia and other hereditary blood disorders	\$40,125
Barnardos Australia	Drug and Alcohol	Marrickville - Street work programs	\$98,300
Barnardos Australia	Drug and Alcohol	Canterbury - Street work programs	\$94,000
The Building Trades Group of Unions	Drug and Alcohol	Workplace drug and alcohol safety and education program	\$131,800
The Building Trades Group of Unions	Drug and Alcohol	Drug and alcohol residential rehabilitation service for the construction industry	\$200,000
Cabramatta Community Centre	Drug and Alcohol	Drug and alcohol health promotion focusing on young people	\$137,700

Non-Government Organisations

Co.As.It	Drug and Alcohol	Italian-specific drug and alcohol counselling	\$55,100
Community Restorative Centre	Drug and Alcohol	Transition and aftercare services for Magistrates Early Referral into Treatment (MERIT) clients with drug and alcohol issues	\$86,600
Cyrenian House - Alcohol and Drug Foundation of NSW	Drug and Alcohol	Drug and alcohol day rehabilitation program for men and women	\$140,100
The Fact Tree Youth Services	Drug and Alcohol	Youth service with drug and alcohol counselling, referral and group work	\$110,200
Family Drug Support	Drug and Alcohol	24 hour telephone support, information and referral for family and friends of drug dependent persons	\$256,600
Guthrie House Cooperative Ltd	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children	\$164,380
Kathleen York House - Alcohol and Drug Foundation	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children	\$162,660
Leichhardt Women's Community Health Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women	\$70,500
Mission Australia – South West Youth Services	Drug and Alcohol	Education and prevention to minimise harm associated with young people and drug use	\$106,900
Odyssey House McGrath Foundation	Drug and Alcohol	Therapeutic community for drug and alcohol and problem gamblers, residential medicated detoxification, outreach	\$947,950
South West Alternative Program	Drug and Alcohol	Education, assessment and referral for Non English Speaking Background (NESB) communities in Cabramatta / Fairfield	\$170,200
St Vincent De Paul Society - Maryfields Recovery Centre	Drug and Alcohol	Drug and alcohol day rehabilitation service	\$256,900
Sydney Women's Counselling Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women	\$132,600
We Help Ourselves	Drug and Alcohol	Drug and alcohol residential therapeutic communities for men and women	\$976,105
Youth Solutions	Drug and Alcohol	Drug and alcohol health promotion focusing on young people	\$311,800
Youth Unlimited	Drug and Alcohol	Prevention of drug and alcohol abuse focusing on young people	\$52,500
Greater Inner West Community Transport Service	Health Related Transport	Transports clients to appointments at Canterbury and Concord Hospitals	\$16,500
Inner West Community Transport Service	Health Related Transport	Transports clients to appointments at Concord Hospital	\$16,500
The Settlement - Muralappi	Innovative Services for Homeless Youth	Awareness and understanding of health and cultural issues amongst the Aboriginal community and young people at risk of homelessness	\$44,800
After Care Association Administration	Mental Health	Administration and financial support to the After Care Association	\$91,700
After Care Association Ashfield / Parramatta	Mental Health	Supported accommodation and residential support for people with a mental illness	\$92,500

Non-Government Organisations

After Care Association Biala	Mental Health	Supported accommodation and residential support for people with a mental illness	\$167,800
After Care Association Psychological Support Service	Mental Health	Psychological support services for people with a mental illness	\$80,300
Co.As.It	Mental Health	Linguistically and culturally appropriate counselling service for the Italian community	\$126,900
GROW Community – Dual Diagnosis	Mental Health and Drug and Alcohol	Residential rehabilitation service for those with a psychiatric disorder or dual disorder	\$566,000
GROW in NSW	Mental Health	Self-help groups to assist people with mental health problems	\$433,800
The Richmond Fellowship of NSW	Mental Health	Supported accommodation services for people with a mental illness	\$697,500
Bankstown Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Bankstown area	\$331,730
Benevolent Society of NSW - Centre for Women's Health	Women's Health	Services for older women, women experiencing domestic violence, Aboriginal women and women with disabilities in the Macarthur area	\$1,317,900
Centacare Services	Women's Health	Group activities and practical outreach support for pregnant women and mothers aged 16 to 25 years	\$33,300
Dympna House	Women's Health	Statewide specialist child sexual assault counselling, information, education and resource centre	\$376,800
Family Planning NSW - Fairfield Multicultural Services	Women's Health	Reproductive and sexual health services for people of CALD backgrounds and cross cultural training to service providers	\$436,925
Family Planning NSW – Women's Health Grant	Women's Health	Statewide organisation providing a range of reproductive and sexual health services	\$5,938,400
Immigrant Women's Health Service	Women's Health	Health prevention and information services for NESB immigrant and refugee women in the Fairfield area	\$279,841
Leichhardt Women's Community Health Centre	Women's Health	Traditional, alternative and preventative health strategies for women in relation to sexual, reproductive, emotional and social issues	\$564,900
Liverpool Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Liverpool area	\$598,350
NSW Rape Crisis Centre	Women's Health	Statewide 24 hour telephone crisis intervention, support counselling and referral service for women who have experienced sexual violence	\$919,994
Older Women's Network Inc	Women's Health	Age appropriate activities to promote health and well being in older women	\$108,162
Sydney Women's Counselling Centre	Women's Health	Counselling and referral services for women who experience a variety of mental health and social issues such as depression, anxiety and domestic violence	\$241,900
WILMA Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Macarthur area	\$367,600
Women's Incest Survivors Network	Women's Health	Bi-monthly newsletter for women who were sexually assaulted as children, information provision, community education and networking	\$8,748
Total NGO Program Funding 2006/07			\$21,793,497

Non-Government Organisations

Third Schedule Funding to NGOs (Not included in NGO Program)

Name of Organisation	Funding program	Service Description	Funding 2006/07
Benevolent Society of NSW – Central Sydney Scarba	Third Schedule	Tertiary child protection services to families in central Sydney and the inner west	\$436,000
Benevolent Society of NSW – South West Sydney Scarba	Third Schedule	Tertiary child protection services to families in the Campbelltown and Liverpool LGAs	\$447,000

Contract grants to NGOs (Not included in NGO Program)

Name of Organisation	Funding program	Service Description	Funding 2006/07
After Care Association	Housing and Accommodation Support Initiative (HASI)	Low level disability support for people with mental illness living in public housing	\$370,800
NEAMI	HASI	High level disability support for people in Department of Housing accommodation	\$2,459,445
New Horizons	HASI	Very high level disability support to people living in Department of Housing accommodation	\$939,600
Illawarra Disability Trust	Mental Health	Non-clinical support to people with mental illness in Wingecarribee and Campbelltown areas	\$120,782
New Horizons	Mental Health	Prevocational rehabilitation in Miller	\$74,000
New Horizons	Supported Accommodation	Non-clinical support to people with mental illness in Bankstown and Liverpool areas	\$157,718
Total contract grants to NGOs			\$4,122,345

In addition to the services listed above, Health Services Planning has involved NGOs in community consultations for NSW Health's *Future Directions* and the SSWAHS Community Health, Disability and Maternity Services Plans.

Volunteers

Balmain Hospital

The Ladies Auxiliary has continued to raise monies to assist in providing equipment for patient care. Volunteers have provided assistance in inpatient areas and the Centre for STRONG Medicine. An education day for members of the auxiliary and volunteers was provided to update them on occupational health and safety issues, fire prevention and falls risk.

Auxiliary Office Bearers

President: Jean McLaren OAM

Secretary: Joyce Duncan OAM

Treasurer: Maisie Hardy OAM

Ladies Auxiliary 24
General Volunteers 4
STRONG Program 10

Bankstown Hospital

The Hospital's 130 volunteers work for all wards and many departments as well as assisting the small band of Hospital Auxiliary members with their ongoing fundraising activities. In 2006/07 this resulted in donations in excess of \$68,000.

Two volunteers of special note are Moira Walsh who completed 25 years service this year and Jean McFadyen, who retired at 85 having worked as a volunteer in the Maternity Unit for 34 years.

Hospital Auxiliary Office Bearers:

President: Helen Williamson

Treasurer: Harvey Worth

Secretary: June Ryan

Volunteer

President: Judy Baird

Treasurer: Betty Thebridge

Secretary: Judith Fisher

Chaplains within the Pastoral Care Department continue to provide spiritual support to patients and relatives on request, as well as conducting a weekly service in the Hospital Chapel. Most of these chaplains provide their services on a voluntary basis and the Hospital is appreciative of their efforts.

Bowral and District Hospital

The Hospital has pastoral care volunteers who provide spiritual care for patients, the Blue Ladies who look after the flowers on the wards, and volunteers who welcome and assist the Hospital's visitors.

Bowral and District Hospital Auxiliary

President: Lucy Donkin

Secretary: Wendy Pedley

Treasurer: Peg Harvey

Moss Vale Auxiliary

President: Sandra D'Adam

Secretary: Penny Barcicki

Treasurer: Rikky Winley

Burrawang/Wildes Meadow Auxiliary

President: Jenny Gair

Secretary: Audrey Jackson

Treasurer: Anne Ford

Braeside Hospital

Braeside Hospital owes a great deal to the commitment, skills and talents of its team of 35 volunteers. They undergo a selection process, an extensive initial training program, supported by ongoing training and debriefing support. Volunteers provide practical and emotional support to patients, their family and friends.

Camden and Campbelltown Hospitals

Both hospital auxiliaries work tirelessly, performing different activities and raising funds through stalls and raffles, social functions and running the baby boutique. The Pastoral Care Service provides support for patients, visitors and staff.

Campbelltown Hospital Auxiliary

President: Gail Smith

Secretary: Judy Kemister

Treasurer: Olivia Locket

Camden Hospital Auxiliary

President: Robyn Jance

Secretary: Helen Evans

Treasurer: Bill Richards

Canterbury Hospital

Volunteers continue to play an important role in the Hospital by providing a variety of services such as greeting patients and visitors, pastoral care, general patient visiting and the weekly Pink Ladies stall held in the Hospital foyer.

This year, Mr Ted Yallop, a chaplain at the Hospital was recognised for his service to the Hospital and local community with the Senior Citizen of the Year Award from Canterbury City Council.

Community Health

Volunteers assist and provide support predominantly in Aged Care Services at Liverpool and Fairfield Hospitals; with trained volunteers working at the Hub community development in Miller.

Volunteers

Concord Hospital

Volunteers, particularly patient escorts, continue to play an important role. The Hospital's team of pastoral care volunteers provide spiritual support to a majority of denomination groups.

The Hospital's chaplains have been actively involved in commemorative services for the veteran community - a role which is unique to Concord Hospital.

Fairfield Hospital

Fairfield Hospital has 34 volunteers who perform a variety of tasks including escorting patients and visitors throughout the Hospital as well as providing assistance at the Aged Day Care Centre to help organise activities for patients.

Karitane

Randwick Family Care Cottage has a team of 12 dedicated volunteers, and Liverpool Family Care Cottage has a team of ten dedicated volunteers. In addition, the Karitane Volunteer Home Visiting Program supported families in their homes.

Liverpool Hospital

Following the Rev Mark Jenkins's departure in March 2007, Mr Paul Hueston commenced as Anglican chaplain and manager of the Hospital's chaplaincy in June 2007. He has introduced a number of initiatives formalising the policy and procedures of the Chaplaincy Department.

The Mental Health Unit has its own chaplaincy service under Anglicare Chaplain Ms Percival. Ms Percival visits Liverpool Hospital once a week. Ms Mary Gilchrist and Mr Barry Butler visit twice a week.

Liverpool Hospital volunteers

President:	Val Spruce
Vice President:	Anthony Hunt
Secretary:	Elaine Gregory
Treasurer:	George Kovacs

Volunteer services include the successful guide service for visitors and knitted outfits for premature babies. Recruitment activity for volunteers continues at a successful rate. Other volunteer groups include students from Liverpool Girls' High School and the local business community.

Programs include Arts for Health Program, the Hub at Miller and Miracle Babies, who held a successful Charity Golf Day and fundraising ball during the year.

Busby Auxiliary

The Auxiliary provided \$113,607.70 for the purchase of various equipment including a spots vital signs monitor, Bard BVI 300 bladder scanner; a patient lifting hoist with scales, a Prismaflex dialysis machine and slit lamps and a table for the Ophthalmology Department. Five members received the Sir Norman Nock Rose Bowl trophy for monies raised in the metropolitan area. The Liverpool City Council presented members with a Companion of the Order of Liverpool for outstanding contributions to their community.

Colonial Club Auxiliary

The Auxiliary purchased theatre equipment to the value of \$13,620.

Liverpool Hospital Auxiliary

President:	Marie Hunt
1st Vice President:	Helen Gifford
2nd Vice President:	Lorna McDonald
Treasurer:	Patricia Goggins
Secretary:	Robyn Jance
Membership:	26
Stalls:	Tuesdays and Saturdays weekly

The Auxiliary received a certificate from United Hospital Auxiliaries for fundraising efforts during the year.

Moorebank/Chipping Norton Auxiliary

President:	Elizabeth Winner
Treasurer:	Patsy Colarco
Secretary:	Patricia Hughes
Membership:	11
Stalls:	Thursdays weekly

Members purchased Nasendoscopes for Theatres to the value of \$18,000 during 2006/07.

Royal Prince Alfred Hospital

Volunteer Services has approximately 95 volunteers; about 14 new in 2007. Volunteers are able to help patients in eight different language/cultures.

The demand for volunteers continues to grow as new areas have opened up. Volunteer services are now available in the Peri-Operative Clinic on Level 3, the Emergency Department quiet room and the Youth Consultancy Service.

Freedom of Information

Access to personal and/or non-personal documents can be obtained by lodging an Freedom of Information (FOI) application. This can be achieved by either completing an FOI application form or by a written request in the form of a letter, and lodged with the Area FOI Co-ordinator of SSWAHS. The processing fee for a personal FOI application is \$30.00 (GST free), or should the applicant be able to show hardship, a 50 per cent reduction is given.

For all non-personal applications, there is the initial \$30.00 application fee (GST free) however the Area Health Service can charge a processing fee of \$30.00 per hour. The processing fee includes costs for searching

for the information, decision-making, consultation and any photocopying.

For access to medical records, the applicant should write to the Medical Record Department of the appropriate SSWAHS facility.

The Summary of Affairs is updated and forwarded to the Government Printing Office for inclusion in the Government Gazette every six months. The Area FOI Co-ordinator listed in the Summary of Affairs is available for enquiries regarding FOI applications, access to medical records and/or amendment of records.

Freedom of Information Statistics

The table below represents the FOI applications received in relation to financial year 2006/07.

Numbers of new FOI requests	Personal		Other		Total	
	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07
A1 New (including transferred in)	142	145	16	27	158	172
A2 Brought Forward from previous year	0	0	0	2	0	2
A3 Total to be processed	142	145	16	29	158	174
A4 Completed	139	138	12	25	151	163
A5 Transferred out	0	1	0	0	0	1
A6 Withdrawn	3	2	2	2	5	4
A7 Total Processed	142	141	14	27	156	168
A8 Unfinished (carried forward)	0	4	2	2	2	6

Results of FOI Requests	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
B1 Granted in Full	125	125	5	9
B2 Granted in part	3	6	1	4
B3 Refused	11	7	6	12
B4 Deferred	0	0	0	0
B5 Completed	139	138	12	25

Ministerial certificates issued	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
C1 Ministerial certificates issued	0	0	0	0

Formal consultations	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
D1 Number of requests requiring formal consultation(s)	0	13	2	7

Freedom of Information

Amendments of personal records	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
E1 Result of amendment - agreed	0	0	0	0
E2 Result of amendment - refused	0	0	0	0
E3 Totals	0	0	0	0

Notation of personal records	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
F3 Number of requests for notation	0	0	0	0

Basis of Disallowing or Restricting Access	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
G1 Section 19 (application incomplete, wrongly directed)	0	0	0	0
G2 Section 22 (deposit not paid)	0	0	0	2
G3 Section 25 (1)(a1) (diversion of resources)	0	0	4	5
G4 Section 25 (1)(a) (exempt)	3	9	1	6
G5 Section 25 (1)(b), (b1), (c), (d) (otherwise available)	0	0	1	0
G6 Section 27 (6) (any of the processing charges not paid)	0	0	0	1
G7 Section 28 (1)(b) (documents not held)	11	3	1	0
G8 Section 24 (2) (deemed refused, over 21 days)	0	1	0	2
G9 Section 31 (4) (released to medical practitioner)	0	0	0	0
G10 Totals	14	13	7	16

Costs and fees of requests processed	Fees Received		Fees Estimated	
H1 All completed requests	\$7,837.00		\$14,466.00	

Type of Discount Allowed on Fees Charged	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
I1 Public Interest	0	0	0	0
I2 Financial Hardship - Pensioner/Child	19	8	2	1
I3 Financial Hardship - Non Profit Organisation	0	0	0	0
I4 Totals	19	8	2	1
I5 Significant correction of personal records	0	0	0	0

Days to process request	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
J1 0 - 21	136	119	5	15
J2 22 – 35 (consultation period/out of time determinations)	3	17	4	5
J3 Over 35 (extended consultation/out of time determinations)	0	2	3	5
Totals	139	138	12	25

Freedom of Information

Hours to Process	Personal		Other	
	2005/06	2006/07	2005/06	2006/07
K1 0 – 10	139	135	12	22
K2 11 – 20	0	3	0	2
K3 21 – 40	0	0	0	1
K4 Over 40	0	0	0	0
K5 Totals	139	138	12	25

Reviews and appeals	2005/06	2006/07	
		<u>Personal</u>	<u>Other</u>
L1 Number of internal reviews finalised	1	2	5
L2 Number of Ombudsman reviews	0	0	3
L3 Number of District Court/ADT appeals finalised	0	0	0

Details of internal reviews results – bases of internal review grounds on which internal review requested	Personal Upheld		Varied		Other Upheld		Varied	
	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07
Additional Documents Found	0	0	0	2	0	0	0	0
Access refused	0	0	0	0	0	0	0	0
Deferred release	0	0	0	0	0	0	0	0
Exempt matter	0	0	0	0	1	0	0	0
Unreasonable estimate of charges	0	0	0	0	0	0	0	0
Charges unreasonably incurred	0	0	0	0	0	0	0	1
Amendment								0
Totals	0	0	0	2	1	4	0	1

During the 2006/07 financial year, the Area Health Service received 172 new requests for information under the *Freedom of Information Act 1989*, compared with 158 for the 2005/06 financial year. Overall the number of FOI applications increased by 8.14 per cent. The increase is due to solicitors, the media, the general public and members of parliament utilising FOI more widely to obtain information held by the Area Health Service. There were multiple non-personal applications from three FOI applicants. One applicant applied three times for information of a similar nature, another applicant applied four times for information of a similar nature, and one applicant applied 14 times for information of a similar nature.

There were two applications carried over from the 2005/06 reporting period, bringing the total 2006/07 applications processed to 174. Of these, 145 were for personal information and 29 were non-personal applications.

There have been no requests for amendments to personal records, notations to personal records nor Ministerial Certificates issued. There were seven

internal reviews (two personal and five non-personal applications) completed and two yet to be finalised. There were three Ombudsman appeals which have been finalised and the outcome resulted in the three appeals were not upheld. One appeal is currently under review.

The cost of processing FOI requests during 2006/07 was estimated at \$14,466.00 while \$7,837.00 was received to offset the operating cost of providing such information which included application fees, processing fees, and internal review fees.

There were seven requests determined outside of the time limits prescribed by the Act. All applicants were advised of any delay in processing, and extensions of time were negotiated with them.

Privacy and personal information

During the year, there were no internal reviews conducted under the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act.

Financial Information

Financial Overview

The audited financial statements presented for the Sydney South West Area Health Service for the period 1 July 2006 to 30 June 2007. The Net Cost of Services budget was \$1.827 billion, against which the audited actuals of \$1.800 billion represents a variation of 26.9 million or 1.47%.

The reported favourable result is mainly attributed to the increase in Grants and Contributions revenue and Revenue in the Special Purposes and Trust Fund which were not available for general expenditure.

In achieving the above result, the Sydney South West Area Health Service is satisfied that it has operated within the level of government cash payments and restricted operating costs to the budget available. It has also ensured that no general creditors exist at the end of the year in excess of levels agreed with the NSW Department of Health and, further, has effected all loan repayments within the time frames agreed.

Financial information is detailed below:

	2006/07 Actuals \$000	2006/07 Budget \$000	2005/06 Actuals \$000
Employee Related	1,363,594	1,358,970	1,299,425
Visiting Medical Officers	77,628	78,970	73,951
Other Operating Expenses	689,266	676,765	626,635
Depreciation and Amortisation	75,265	80,716	78,896
Grants and Subsidies	43,003	54,801	26,637
Finance Costs	633	94	740
Payments to Affiliated Health Organisations	26,160	25,373	26,309
Other Expenses			
Total Expenses	2,275,549	2,275,689	2,132,593
Sale of Goods and Services	388,728	383,192	347,689
Investment Income	13,973	12,417	12,322
Grants and Contributions	57,641	40,261	40,486
Other Revenue	18,066	14,913	11,535
Total Revenues	478,408	450,783	412,032
Gain/Loss on Disposal of Non Current Assets	(419)	0	(835)
Other Gains / Losses	(2,740)	(2,339)	(4,382)
<i>Net Cost of Services</i>	1,800,300	1,827,245	1,725,778

The variations in the two years reported stem from budget adjustments and other movements (details referred to note 37)

The Area Health Service reporting of programs is consistent with the ten programs of health care delivery utilised across NSW Health and satisfies the methodology for apportionment advised by the NSW Department of Health.

Program	2006/07				2005/06		
	Exp	Rev	NCOS		Exp	Rev	NCOS
	\$000	\$000	\$000		\$000	\$000	\$000
Primary and Community	155,177	15,910	139,267		154,711	12,432	142,279
Aboriginal Health	1,934	264	1,670		1,839	180	1,659
Outpatient Services	288,701	11,082	277,619		272,281	9,425	262,856
Emergency Care Services	140,210	17,701	122,509		132,406	15,546	116,860
Overnight Acute	1,078,667	291,013	787,654		992,102	252,500	739,602
Same Day Acute	159,959	25,857	134,102		145,905	22,783	123,122
Mental Health Services	167,204	18,754	148,450		151,979	19,553	132,426
Rehab and Extended Care	149,547	43,018	106,529		146,324	36,925	109,399
Population Health	32,600	5,483	27,117		30,870	3,872	26,998
Teaching and Research	101,550	46,167	55,383		103,358	33,599	69,759
Total	2,275,549	475,249	1,800,300		2,131,775	406,815	1,724,960

In respect to Program 3.1 Mental Health Services, the increase in expenditure was due to an increase of \$10 million in grant payment to the Brain and Mind Institute in 2006/07.

The Sydney South West Area Health Service has needed to respond to several significant challenges in 2006/07.

- the restructuring of corporate and business support services (initially addressing linen, food and IT systems) designed to generate funds to source further front line services; the amalgamation of accounting and financial systems
- the improvement of procurement practices consistent with the NSW Government's Shared Corporate Services Reform Strategy
- the implementation of revenue best practice initiatives as advised by the NSW Department of Health in relation to the retention of own source revenues
- a new standard chart of accounts is planned to be rolled out across all sites.

The Sydney South West Area Health Service received its 2007/08 allocation on 29 June 2007. The allocation is earmarked by the provision of additional funding to address:

- the provision of increased bed capacity to improve access block performance and provide sustainable management of elective surgery – it is expected that the funding provided will facilitate the establishment and opening of an additional 103 beds (57 beds for local residents and 46 for community based bed equivalents)
- the provision of more elective surgery to tackle existing waiting lists
- one additional neonatal intensive care cot expected to open and operate in 2007/08
- mental health service improvements which include funding for Housing and Accommodation Support Initiative (HASI), Child and Adolescent and Eating Disorders
- new nurse recruitment training and professional development, including scholarships, nurse practitioners and nurse educator positions
- the continued enhancement of the delivery of cancer research and direct patient services
- Aboriginal health needs, particularly in the areas of child sexual assault and child and maternal services
- Live Life Well initiatives involving school children *Live Outside the Box* and pre-schoolers *Munch and Move*
- Early intervention and prevention strategies including *Hospital at home*, *Health one* and *After Hours GPs*
- Continuation of the Clinical Services Plan funding.

The Sydney South West Area Health Service will continue to work with the NSW Department of Health in a major reform program that will focus on ensuring that each patient has the best possible

journey through the health system. This will ensure that patient care is better coordinated, leading to improved patient outcomes and more efficient use of resources.

The Minister for Health has announced the following new capital works:

- Breast cancer screening to introduce digital imaging technology to improve breast cancer detection
- Ongoing replacement of linear accelerators

In addition, the 2007/08 capital program also provides for the continuation of 2006/07 projects including:

- \$16.3 million to continue work on the relocation of the Rozelle mental health facility to Concord
- Liverpool Hospital Stage 2 - \$22.5 million to continue the major redevelopment of the hospital to support the population growth in the area
- Royal Prince Alfred Hospital - \$6.7 million to continue the hospital upgrade
- Under the Pathways Home Program \$1 million towards improvements in community care and rehabilitation units at Bankstown Hospital
- \$1.4 million to develop the ambulance station at Liverpool
- \$350,000 for the Campbelltown Psychiatric Emergency Care Centre
- A central medical imaging hub to be established at Liverpool Hospital, part of a four year program to upgrade medical imaging services across the NSW public hospital system.



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

SYDNEY SOUTH WEST AREA HEALTH SERVICE AND ITS CONTROLLED ENTITIES

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Sydney South West Area Health Service (The Service) and the Service and its controlled entities (the consolidated entity), which comprises the balance sheet as at 30 June 2007, and the operating statement, statement of recognised income and expense, cash flow statement and program statement - expenses and revenues for the year then ended, and a summary of significant accounting policies and other explanatory notes. The consolidated entity comprises the Service and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly in all material respects, the financial position of the Service and the consolidated entity as at 30 June 2007, and of their financial performance and their cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005
- is in accordance with the *Charitable Fundraising Act 1991* (the CF Act), including showing a true and fair view of the Service's financial result of fundraising appeals for the year ended 30 June 2007

The Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does *not* provide assurance:

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

Report on Other Aspects of the *Charitable Fundraising Act 1991*

I have audited the Service's operations in order to express an opinion on the matters specified at sections 24(2)(b), 24(2)(c) and 24(2)(d) of the CF Act for the year ended 30 June 2007.

Auditor's Opinion

In my opinion:

- the ledgers and associated records of the Service have been properly kept during the year in accordance with the CF Act and the Charitable Fundraising Regulation 2003 (the CF Regulation) (section 24(2)(b))
- money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act and the CF Regulation (section 24(2)(c)), and
- there are reasonable grounds to believe that the Service will be able to pay its debts as and when they fall due (section 24(2)(d)).

The Chief Executive's Responsibility for Compliance

The Chief Executive of the Service is responsible for ensuring compliance with the CF Act and the CF Regulation. This responsibility includes:

- establishing and maintaining internal control relevant to compliance with the CF Act and CF Regulation
- ensuring that all assets obtained during, or as a result of, a fundraising appeal are safeguarded and properly accounted for, and
- maintaining proper books of account and records.

Auditor's Responsibility

My responsibility is to express an opinion on the matters specified at sections 24 (2)(b), 24 (2)(c), and 24 (2)(d) of the CF Act. I conducted my audit in accordance Australian Auditing Standards applicable to assurance engagements. These Auditing Standards require that I comply with relevant ethical requirements relating to assurance engagements and plan and perform the audit to obtain reasonable assurance whether there were any material breaches of compliance by the Service.

An audit involves performing procedures to obtain audit evidence about the entity's compliance with the CF Act and CF Regulation and about its solvency. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material breaches of compliance. In making those risk assessments, the auditor considers internal control relevant to the entity's compliance in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

My procedures included examination, on a test basis, of evidence supporting the entity's solvency and its compliance with the CF Act and CF Regulation. These tests have not been performed continuously throughout the period, were not designed to detect all instances of non-compliance, and have not covered any other provisions of the CF Act and CF Regulation apart from those specified.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting this audit, the Audit Office has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

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



M P Abood, CPA
Director, Financial Audit Services

SYDNEY
10 October 2007

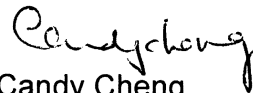
**Certification of Parent/Consolidated Financial Statements
for Period Ended 30 June 2007**

The attached financial statements of the Sydney South West Area Health Service for the year ended 30 June 2007:

- i) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AEIFRS), the requirements of the Public Finance and Audit Act 1983 and its regulations, the Health Services Act 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;
- ii) Present fairly the financial position and transactions of the Sydney South West Area Health Service;
- iii) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate;
- iv) The provision of the Charitable Fundraising Act 1991, regulations under the Act and the conditions attached to the fundraising authority have been complied with by the Sydney South West Area Health Services; and
- v) The internal controls exercised by the Sydney South West Area Health Service are appropriate and effective in accounting for all income received and applied by the Sydney South West Area Health Service from any of its fundraising appeals.



Mike Wallace
Chief Executive
Sydney South West Area Health Service
28 September 2007



Candy Cheng
Chief Financial Officer
Sydney South West Area Health Service
28 September 2007

Sydney South West Area Health Service
Operating Statement for the Year ended 30 June 2007

Parent			Consolidated			
Actual	Budget	Actual	Notes	Actual	Budget	Actual
2007	2007	2006		2007	2007	2006
\$000	\$000	\$000		\$000	\$000	\$000
Expenses excluding losses						
0	0	920,443	Operating Expenses			
1,360,745	1,358,970	376,706	Employee Related	3	1,363,594	1,358,970
77,628	78,970	73,951	Personnel Services	4	0	0
687,450	692,065	624,918	Visiting Medical Officers		77,628	78,970
74,885	80,716	78,460	Other Operating Expenses	5	689,266	676,765
43,003	39,501	26,637	Depreciation and Amortisation	2(i), 6	75,265	80,716
633	94	740	Grants and Subsidies	7	43,003	54,801
26,160	25,373	26,309	Finance Costs	8	633	94
			Payments to Affiliated Health Organisations	9	26,160	25,373
2,270,504	2,275,689	2,128,164	Total Expenses excluding losses		2,275,549	2,275,689
						2,132,593
Retained Revenue						
388,728	383,192	347,689	Sale of Goods and Services	10	388,728	383,192
12,889	12,417	11,641	Investment Income	11	13,973	12,417
78,079	64,926	43,488	Grants and Contributions	12	57,641	40,261
17,134	14,913	11,110	Other Revenue	13	18,066	14,913
496,830	475,448	413,928	Total Retained Revenue		478,408	450,783
(419)	0	(835)	Gain/(Loss) on Disposal	14	(419)	0
(2,740)	(2,339)	(4,382)	Other Gains/(Losses)	15	(2,740)	(2,339)
1,776,833	1,802,580	1,719,453	Net Cost of Services	35	1,800,300	1,827,245
Government Contributions						
1,747,751	1,747,751	1,612,674	NSW Health Department			
			Recurrent Allocations	2(d)	1,747,751	1,747,751
31,658	34,578	35,684	NSW Health Department			
			Capital Allocations	2(d)	31,658	34,578
0	0	17,659	Acceptance by the Crown Entity of employee superannuation benefits	2(a)	25,113	24,665
1,779,409	1,782,329	1,666,017	Total Government Contributions		1,804,522	1,806,994
2,576	(20,251)	(53,436)	RESULT FOR THE YEAR		4,222	(20,251)
						(52,533)

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Balance Sheet as at 30 June 2007

Parent			Consolidated			
Actual 2007 \$000	Budget 2007 \$000	Actual 2006 \$000	Notes	Actual 2007 \$000	Budget 2007 \$000	Actual 2006 \$000
			ASSETS			
			Current Assets			
133,884	111,417	114,303	Cash and Cash Equivalents 18	137,858	111,417	117,137
40,375	34,627	32,368	Receivables 19	40,723	34,627	32,400
10,328	10,555	10,773	Inventories 20	10,328	10,555	10,773
37,492	40,983	33,015	Financial Assets at Fair Value 21	46,336	40,983	40,983
222,079	197,582	190,459		235,245	197,582	201,293
7,744	2,794	2,794	Non Current Assets Held for Sale 24	7,744	2,794	2,794
229,823	200,376	193,253	Total Current Assets	242,989	200,376	204,087
			Non-Current Assets			
1,665	0	1,710	Receivables 19	1,665	0	1,710
1,548,457	1,549,910	1,523,517	Property, Plant and Equipment			
116,413	100,305	133,183	- Land and Buildings 22	1,553,242	1,549,910	1,528,171
1,664,870	1,650,215	1,656,700	- Plant and Equipment 22	117,850	100,305	134,680
			Total Property, Plant and Equipment	1,671,092	1,650,215	1,662,851
880	3,503	880	Other 2(o), 23	880	3,503	880
1,667,415	1,653,718	1,659,290	Total Non-Current Assets	1,673,637	1,653,718	1,665,441
1,897,238	1,854,094	1,852,543	Total Assets	1,916,626	1,854,094	1,869,528
			LIABILITIES			
			Current Liabilities			
122,136	123,605	130,853	Payables 26	122,558	123,605	131,061
3,703	(500)	2,906	Borrowings 27	3,703	(500)	2,906
404,595	377,436	375,841	Provisions 28	405,059	377,436	376,088
530,434	500,541	509,600	Total Current Liabilities	531,320	500,541	510,055
			Non-Current Liabilities			
3,581	7,285	6,352	Borrowings 27	3,581	7,285	6,352
26,039	34,303	23,763	Provisions 28	26,099	34,303	23,793
29,620	41,588	30,115	Total Non-Current Liabilities	29,680	41,588	30,145
560,054	542,129	539,715	Total Liabilities	561,000	542,129	540,200
1,337,184	1,311,965	1,312,828	Net Assets	1,355,626	1,311,965	1,329,328
			EQUITY			
40,758	0	17,329	Reserves 29	41,054	0	17,329
1,296,126	1,309,643	1,295,499	Accumulated Funds 29	1,314,272	1,309,643	1,311,999
1,336,884	1,309,643	1,312,828		1,355,326	1,309,643	1,329,328
300	0	0	Amount recognised in equity relating to assets held for sale 24	300	0	0
1,337,184	1,309,643	1,312,828	Total Equity	1,355,626	1,309,643	1,329,328

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Statement of Recognised Income and Expense for the year ended 30 June 2007

Parent				Consolidated			
Actual	Budget	Actual		Notes	Actual	Budget	Actual
2007	2007	2006			2007	2007	2006
\$000	\$000	\$000			\$000	\$000	\$000
23,729	0	17,329	Net increase/(decrease) in Property, Plant and Equipment Revaluation Reserve	29	24,025	0	17,329
373	0	0	Asset revaluation reserve balances transferred to accumulated funds on disposal of asset		373	0	0
(2,322)	0	0	Increase/(Decrease) in Net Assets from Administrative Restructure		(2,322)	0	0
21,780	0	17,329	TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		22,076	0	17,329
2,576	(20,251)	(53,436)	Result for the Year		4,222	(20,251)	(52,533)
24,356	(20,251)	(36,107)	TOTAL INCOME AND EXPENSE RECOGNISED FOR THE PERIOD		26,298	(20,251)	(35,204)

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Cash Flow Statement for the Year ended 30 June 2007

Parent			Consolidated		
Actual	Budget	Actual	Actual	Budget	Actual
2007	2007	2006	Notes	2007	2006
\$000	\$000	\$000		\$000	\$000
CASH FLOWS FROM OPERATING ACTIVITIES					
Payments					
(1,300,273)	(1,303,931)	(1,233,827)		(1,302,953)	(1,236,103)
(47,303)	(51,923)	(29,300)		(47,303)	(29,300)
(39)	(93)	(24)		(39)	(24)
(867,294)	(877,547)	(781,384)		(869,251)	(783,372)
(2,214,909)	(2,233,494)	(2,044,535)		(2,219,546)	(2,048,799)
Receipts					
368,120	380,670	333,433		368,120	333,433
13,088	10,786	11,806		14,165	12,486
150,253	121,681	119,115		155,957	124,082
531,461	513,137	464,354		538,242	470,001
Cash Flows From Government					
1,747,751	1,747,751	1,624,962		1,747,751	1,624,962
31,658	34,578	35,684		31,658	35,684
1,779,409	1,782,329	1,660,646		1,779,409	1,660,646
95,961	61,972	80,465			
NET CASH FLOWS FROM OPERATING ACTIVITIES			34	98,105	81,848
CASH FLOWS FROM INVESTING ACTIVITIES					
(680)	18,825	11,755		(680)	11,755
(65,687)	(87,482)	(76,125)		(65,842)	(76,440)
(4,478)	0	(2,404)		(5,353)	(7,838)
(2,035)	0	(1,145)		(2,009)	(988)
(72,880)	(68,657)	(67,919)		(73,884)	(73,511)
NET CASH FLOWS USED IN INVESTING ACTIVITIES					
(3,500)	(3,500)	(3,500)		(3,500)	(3,500)
(3,500)	(3,500)	(3,500)		(3,500)	(3,500)
19,581	(10,185)	9,046		20,721	4,837
114,303	114,303	105,257		117,137	112,300
133,884	104,118	114,303		137,858	117,137
CLOSING CASH AND CASH EQUIVALENTS			18	137,858	117,137

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Program Statement of Expenses and Revenues
for the Year ended 30 June 2007

SERVICE'S EXPENSES AND REVENUES	Program 1.1 *		Program 1.2 *		Program 1.3 *		Program 2.1 *		Program 2.2 *		Program 2.3 *		Program 3.1 *		Program 4.1 *		Program 5.1 *		Program 6.1 *		Non Attributable		Total	
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenses excluding losses																								
Operating Expenses																								
Employee Related	95,588	98,918	1,364	1,300	178,358	169,928	95,315	90,863	598,481	546,906	85,906	77,973	113,997	117,725	91,906	91,463	21,545	20,562	81,134	83,787	0	0	1,363,594	1,299,425
Visiting Medical Officers	1,902	1,813	23	21	12,397	11,809	1,770	1,686	44,962	42,837	7,538	7,181	3,579	3,406	3,175	3,026	885	839	1,397	1,333	0	0	77,628	73,951
Other Operating Expenses	29,942	28,614	494	465	85,777	78,744	37,375	33,830	392,508	356,802	61,706	55,870	23,297	18,515	32,134	29,300	9,380	8,680	16,653	15,815	0	0	689,266	626,635
Depreciation and Amortisation	4,170	4,371	53	53	10,718	11,237	5,750	6,027	37,881	39,706	4,809	5,044	3,131	3,278	5,645	5,921	790	832	2,318	2,427	0	0	75,265	78,896
Grants and Subsidies	18,724	16,180	0	0	1,000	0	0	0	0	0	0	0	22,442	9,301	837	985	0	0	0	171	0	0	43,003	26,637
Finance Costs	0	0	0	0	0	0	0	0	633	740	0	0	0	0	0	0	0	0	0	0	0	0	633	740
Payments to Affiliated Health Organisations	4,851	4,815	0	0	451	563	0	0	4,202	5,111	0	0	758	0	15,850	15,820	0	0	48	0	0	0	26,160	26,309
Total Expenses excluding losses	155,177	154,711	1,934	1,839	288,701	272,281	140,210	132,406	1,078,667	992,102	159,959	145,905	167,204	151,979	149,547	146,324	32,600	30,870	101,550	103,358	0	0	2,275,549	2,132,593
Revenue																								
Sale of Goods and Services	6,181	5,528	39	35	7,969	7,128	16,054	14,360	278,569	246,475	23,907	21,383	17,408	18,254	34,675	31,014	661	591	3,265	2,921	0	0	388,728	347,689
Investment Income	1,047	923	6	5	1,100	970	401	354	4,022	3,547	449	396	341	301	829	731	580	511	5,198	4,584	0	0	13,973	12,322
Grants and Contributions	6,854	4,814	0	0	692	484	576	404	9,741	6,711	721	506	461	459	5,989	4,206	968	680	31,639	22,222	0	0	57,641	40,486
Other Revenue	1,828	1,167	219	140	1,321	843	670	428	1,840	984	780	498	544	539	1,525	974	3,274	2,090	6,065	3,872	0	0	18,066	11,535
Total Revenue	15,910	12,432	264	180	11,082	9,425	17,701	15,546	294,172	257,717	25,857	22,783	18,754	19,553	43,018	36,925	5,483	3,872	46,167	33,599	0	0	478,408	412,032
Gain / (Loss) on Disposal	0	0	0	0	0	0	0	0	(419)	(835)	0	0	0	0	0	0	0	0	0	0	0	0	(419)	(835)
Other Gains / (Losses)	0	0	0	0	0	0	0	0	(2,740)	(4,382)	0	0	0	0	0	0	0	0	0	0	0	0	(2,740)	(4,382)
Net Cost of Services	139,267	142,279	1,670	1,659	277,619	262,856	122,509	116,860	787,654	739,602	134,102	123,122	148,450	132,426	106,529	109,399	27,117	26,998	55,383	69,759	0	0	1,800,300	1,725,778

Government Contributions

1,804,522 1,673,245 1,804,522 1,673,245

RESULT FOR THE YEAR

4,222 (52,533)

* The name and purpose of each program is summarised in Note 17.

The program statement uses statistical data to 31 December 2006 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2007 and 30 June 2007 which would materially impact this allocation.

1 The Health Service Reporting Entity

The Sydney South West Area Health Service (SSWAHS) was established under the provisions of the Health Services Act with effect from 1 January 2005. As a reporting entity SSWAHS comprises the services previously provided by the former Central Sydney Area Health Service and the former South Western Sydney Area Health Service.

The Sydney South West Area Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service. The Sydney South West Area Health Service is a not for profit entity.

With effect from 17 March 2006 fundamental changes to the employment arrangements of Health Services were made through amendment to the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997. The status of the previous employees of Sydney South West Area Health Service changed from that date. They are now employees of the Government of New South Wales in the service of the Crown rather than employees of SSWAHS. Employees of the Government are employed in Divisions of the Government Service.

In accordance with Accounting Standards these Divisions are regarded as special purpose entities that must be consolidated with the financial report of the related Health Service. This is because the Divisions were established to provide personnel services to enable a Health Service to exercise its functions.

As a consequence the values in the annual financial statements presented herein consist of the Health Service (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report of the economic entity. Notes have been extended to capture both the parent and consolidated values with notes 3, 4, 12, 26, 28 and 34 being especially relevant.

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.

Sydney South West Area Health Service incorporates and manages all the operating activities of the following hospitals, community health services and other facilities under its control:

- Royal Prince Alfred Hospital
- Concord Repatriation General Hospital
- Balmain Hospital
- Canterbury Hospital
- Department of Forensic Medicine
- Population Health
- Institute of Rheumatology and Orthopaedics
- Rozelle Hospital
- Thomas Walker Hospital
- Sydney Dental Hospital
- ANZAC Health and Medical Research Foundation
- Bankstown Hospital
- Bowral Hospital
- Camden Hospital
- Campbelltown Hospital
- Fairfield Hospital
- Liverpool Hospital
- Queen Victoria Memorial Home
- Ingham Health Research Institute (formerly Health Research Foundation Sydney South West)

In addition, the following Affiliated Health Organisations are associated by special arrangements with SSWAHS:

- Scarba Service
- Tresillian Family Care Centres
- Braeside Hospital
- Carrington Centennial Hospital
- Karitane Mothercraft

The Financial Statements encompass the activities of the General Fund and the controlled segment of the Special Purposes and Trust Fund. As SSWAHS cannot use the uncontrolled segment of the latter fund to achieve its objectives, the cash balances and activity of that segment are disclosed by way of a note to the financial statements. Within the controlled segment of the Special Purposes and Trust Fund there are assets restricted to specific uses by donors but nonetheless controlled by SSWAHS.

The primary objectives of SSWAHS are to protect, promote and maintain the health of Sydney South West residents and to provide state and nationwide health services, research and training.

Principles of Consolidation

The financial statements of the controlled entity are prepared for the same reporting period as the chief entity, using consistent accounting policies. Adjustments are made to bring into line any dissimilar accounting policies that may exist.

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

The ANZAC Health and Medical Research Foundation is a controlled entity of SSWAHS by virtue of SSWAHS's capacity to control the casting of the majority of the votes at meetings of the governing body of the Foundation. The Foundation is incorporated in Australia as a company limited by guarantee under the Corporations Act 2001, and it is an economic entity whose principal activity is research. The beneficial interest held by SSWAHS is 100%.

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

The objectives of the company are as follows:

- to raise and administer funding to promote, examine and evaluate research that will improve the health status and health outcomes for the population of South Western Sydney;
- to make grants to funds, authorities or institutions that will improve the health status and health outcomes for the population of South Western Sydney;
- to undertake and engage in health research;
- to disseminate information concerning work of the company;
- to encourage the making of gifts and testamentary dispositions to the company to enable it to achieve its objectives; and
- to perform acts that are incidental and conducive to the furtherance of the above.

These financial statements have been authorised for issue by the Chief Executive on 28 September 2007

2 Summary of Significant Accounting Policies

The SSWAHS's financial statements are a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standards (AIFRS)), 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.

Property, plant and equipment, investment property, assets held for trading and available for sale are measured at fair value. Other financial statements items 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.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial statements.

The financial statements and notes comply with Australian Accounting Standards which include AEIFRS. Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.

AASB-2007.04, Amendments to Australian Accounting Standards arising from ED151 and other amendments, has application for accounting periods commencing on or after 1 July 2007. The standard is not being early adopted in 2006/07 and the new options available in the standard will not be applied.

AASB123, Borrowing Costs, has application in reporting years beginning on or after 1 January 2009. The Standard, which requires capitalisation of Borrowing Costs has not been adopted in 2006/07 nor is adoption expected prior to 2009/10

ASSB101, Presentation of Financial Statements, has reduced the disclosure requirements for various reporting entities. However, in not for profit entities such as Health Services there is no change required.

AASB7 Financial Instruments: Disclosures, locates all disclosure requirements for financial instruments within the one standard. The Standard has application for annual reporting periods beginning on or after 1 January 2007. The Standard will not be early adopted and has no differential impact.

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

a) Employee Benefits and Other Provisions

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

At the consolidated level of reporting liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 21.7% are applied to the value of leave payable at 30 June 2007 inclusive of the 4% award increase payable from 1 July 2007, such on costs being consistent with actuarial assessment.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

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

ii) Long Service Leave and Superannuation Benefits

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% inclusive of the 4% payable from 1 July 2007 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

SSWAHS's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The SSWAHS accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 26, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

In respect of Concord Repatriation General Hospital, the superannuation expenditure associated with those staff who have remained in the Federal Superannuation Fund was paid by NSW Health Department.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions have been recognised by the Parent Health Service beyond that date.

iii) Other Provisions

Other provisions exist when: the agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

b) Insurance

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

c) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred.

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, i.e. user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

Patient Fees

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

Investment Income

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 "Revenue" when the SSWAHS's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

Use of Hospital Facilities

Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the NSW Health Department. Charges consist of two components:

- * a monthly charge raised by the SSWAHS based on a percentage of receipts generated
- * the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for SSWAHS use in the advancement of the SSWAHS or individuals within it.

Use of Outside Facilities

SSWAHS uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. The Area is unable to estimate the value of services provided.

Grants and Contributions

Grants and Contributions are generally recognised as revenues when SSWAHS obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the allocation for SSWAHS as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the "Result for the Year" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Scarba Services, Tresillian Family Care Centres, Braeside Hospital, Carrington Centennial Hospital and Karitane Mothercraft have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisations concerned. SSWAHS is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Goods & Services Tax (GST)

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

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

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

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

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

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

Inter State Patient Flows

SSWAHS recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. SSWAHS also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2005/06 activity data using standard cost weighted separation values to reflect estimated costs in 2006/07 for acute weighted inpatient separations. Where treatment is obtained outside the home health service, the State/Territory providing the service is reimbursed by the benefiting Area.

The reporting adopted for both inter area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area's resident population and disclose the extent to which service is provided to non residents.

The composition of patient flow revenue/expense is disclosed in Notes 5 and 10.

g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the SSWAHS. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

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

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

Where settlement of any part of cash consideration is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

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

h) Plant & Equipment and Infrastructure Systems

Individual items of property, plant & equipment are capitalised where their cost is \$10,000 or above. Prior to 1 July 2006 assets were recognised based on a value of \$5,000 or above.

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

i) Depreciation

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

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

Buildings	2.5% - 4.0%
Electro Medical Equipment	
- Costing less than \$200,000	10.0%
- Costing more than or equal to \$200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Office Equipment	10.0% - 12.5%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	10.0%

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Department of Health's "Valuation of Physical Non-Current Assets at Fair Value" policy. This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property".

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The SSWAHS revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by SSWAHS as at 1 July 2006 was completed in May 2007 and was based on an independent assessment.

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

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

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

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

Revaluation decrements are recognised immediately as expenses in the Result for the Year, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

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

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the SSWAHS is effectively exempt from AASB 136 Impairment of Assets and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

l) Restoration Costs

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

m) Non Current Assets (or disposal groups) Held for Sale

SSWAHS has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

n) Investment Properties

Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 Property, Plant and Equipment. SSWAHS does not have any property that meets the definition of Investment Property.

o) Other Assets

The SSWAHS's emerging interest in the Bowral Private Medical Imaging has been valued in accordance with the NSW Department of Health's policy for Accounting for Privately Financed Projects. This policy required the Health Services to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost was then allocated on a systematic basis over the concession period of 15 years using the annuity method and the Government Bond rate of 9.15% at commencement of the concession period.

p) Maintenance

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.

q) 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 commencement of the lease term. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

SSWAHS has no finance leases. It does however, have a number of operating leases for buildings and office equipment and motor vehicles.

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

r) Inventories

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

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

s) Other Financial Assets

Financial assets are initially recognised at fair value plus, in the case of financial assets not at fair value through profit or loss, transaction costs.

The SSWAHS subsequently measures financial assets classified as held for trading at fair value through profit or loss. Gains or losses on these assets are recognised in the Operating Statement. Assets intended to be held to maturity are subsequently measured at amortised cost using the effective interest method. Gains or losses on impairment or disposal of these assets are recognised in the Operating Statement. Any residual investments that do not fall into any other category are accounted for as available for sale financial assets and measured at fair value directly in equity until disposed or impaired. All financial assets (except those measured at fair value through profit or loss) are subject to annual review for impairment.

Purchases or sales of financial assets under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date i.e. the date the Health Service commits itself to purchase or sell the assets.

t) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds".

Transfers arising from an administrative restructure between Health Services/government departments are recognised at the amount at which the asset was recognised by the transferor Health Service/Government Department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

The Statement of Changes in Equity does not reflect the Net Assets or change in equity in accordance with AASB 101 Clause 97.

u) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either SSWAHS or its counter party and a financial liability (or equity instrument) of the other party. For SSWAHS these include cash at bank, receivables, other financial assets, payables and borrowings.

In accordance with Australian Accounting Standard AASB 139, "Financial Instruments: Recognition and Measurement" disclosure of the carrying amounts for each of the AASB139 categories of financial instruments is disclosed in Note 38. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded and their terms and conditions measured in accordance with AASB139 are as follows:

Cash

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

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 4.45% to 6.60% as compared to 5.00% to 5.58% in the previous year.

u) Financial Instruments (Cont'd)

Loans and Receivable

Loans and receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. The amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. Bad debts are written off as incurred.

Terms and Conditions - Accounts are generally issued on 30-day terms.

Low or zero interest loans are recorded at fair value on inception and amortised cost thereafter. In 2005/06 this involved the restatement of loan values as at 1 July 2005 for all loans negotiated prior to that date.

Designation of Financial Assets - TCorp Hour-Glass

The Hour Glass Investment facilities are unit trust investment funds managed by NSW Treasury Corporation. The agency has been issued with a number of units in Cash facility, Bond market facility, Medium term growth facility, Long term growth facility, based on the amount of the deposit and the unit value for the day.

Investments in the TCorp-Hour Glass Investment facilities were designated at 'fair value through profit or loss' as at 1 July 2005 in accordance with AASB 139.

The Hour-Glass Investment facilities were designated at 'fair value through profit or loss' using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about those assets is provided internally on that basis to the SSWAHS's key management personnel.

Terms and Conditions – Treasury Corporation Hour Glass Investment Deposits attracted interest rates of 3.62% to 17.70% in the year ended 30 June 2007. This compares with interest rates of 3.86% to 16.88% in the previous year.

Other Investments

Terms and interest conditions - Short term deposits have an average maturity of 30 days and effective interest rates of 5.58% to 6.30% as compared to 5.35% to 5.58% in the previous year.

u) Financial Instruments (Cont'd)

Trade and Other Payables

Accounting Policies - These amounts represent liabilities for goods and services provided to the SSWAHS and other amounts, including interest. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the SSWAHS.

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.

Borrowings

Accounting Policies - Bank Overdrafts are carried at the principal amount. Other loans are classified as non trading liabilities and measured at amortised cost. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with AASB117, "Leases".

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate. Non interest bearing loans of \$ 7.284 million are repayable in annual instalments with the final instalment due on 30 June 2013.

v) Borrowings

Non interest bearing loans within NSW Health are initially measured at fair value and amortised thereafter. All other loans are valued at amortised cost.

w) Trust Funds

The SSWAHS receives monies in a trustee capacity for various trusts as set out in Note 31. 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 SSWAHS's own objectives, they are not brought to account in the financial statements.

x) Budgeted Amounts

The budgeted amounts are drawn from the budgets agreed with the NSW Health Department at the beginning of the financial reporting period and with any adjustments for the effects of additional supplementation provided.

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
3. Employee Related				
Employee related expenses comprise the following:				
0	688,070	Salaries and Wages	1,030,770	971,768
0	36,137	Awards	53,048	50,926
0	17,659	Superannuation [see note 2(a)] - defined benefit plans	25,114	24,887
0	55,731	Superannuation [see note 2(a)] - defined contributions	84,890	78,540
0	25,671	Long Service Leave [see note 2(a)]	35,392	36,189
0	77,351	Annual Leave [see note 2(a)]	113,640	109,177
0	199	Redundancies	0	281
0	19,625	Workers Compensation Insurance	20,740	27,657
0	920,443		1,363,594	1,299,425

The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses totals \$7.556 million
Note 5 further refers.

4. Personnel Services				
Personnel Services comprise the purchase of the following:				
1,028,310	281,605	Salaries and Wages	0	0
53,048	14,789	Awards	0	0
25,109	7,228	Superannuation [see note 2(a)] - defined benefit plans	0	0
84,885	22,809	Superannuation [see note 2(a)] - defined contributions	0	0
35,344	10,505	Long Service Leave [see note 2(a)]	0	0
113,308	31,656	Annual Leave [see note 2(a)]	0	0
0	82	Redundancies	0	0
20,741	8,032	Workers Compensation Insurance	0	0
1,360,745	376,706		0	0

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
5. Other Operating Expenses				
16,870	15,275	Blood and Blood Products	16,870	15,275
28,267	23,911	Domestic Supplies and Services	28,284	23,932
94,392	85,412	Drug Supplies	94,393	85,420
15,179	15,773	Food Supplies	15,207	15,790
19,981	16,962	Fuel, Light and Power	19,981	16,962
22,556	21,470	General Expenses (See (b) below)	22,615	21,531
3,885	3,331	Hospital Ambulance Transport Costs	3,885	3,331
12,710	9,101	Information Management Expenses	12,720	9,102
708	683	Insurance	708	683
217,228	170,971	Inter Area Patient Outflows, NSW (See (d) below)	217,228	170,971
3,584	3,778	Interstate Patient Outflows	3,584	3,778
		Maintenance (See (c) below)		
13,337	14,086	Maintenance Contracts	13,343	14,086
6,209	12,718	New/Replacement Equipment under \$10,000	6,345	12,903
1,095	2,403	Repairs	1,105	2,549
29,088	30,259	Maintenance/Non Contract	29,140	30,296
128,637	126,291	Medical and Surgical Supplies	128,794	126,461
5,838	5,437	Postal and Telephone Costs	5,841	5,450
9,204	8,655	Printing and Stationery	9,248	8,707
270	467	Rates and Charges	270	467
2,758	2,854	Rental	2,758	2,855
34,692	36,517	Special Service Departments	35,227	37,101
3,493	3,218	Staff Related Costs	3,521	3,243
9,719	8,960	Sundry Operating Expenses (See (a) below)	10,297	9,235
7,750	6,386	Travel Related Costs	7,902	6,507
687,450	624,918		689,266	626,635
(a) Sundry Operating Expenses comprise:				
1,332	1,548	Security Services	1,332	1,548
3,435	3,052	Motor Vehicle registration and fuel	3,438	3,052
1,716	2,573	Capital Works < \$10,000	1,716	2,573
1,333	617	Aircraft Expenses (Ambulance)	1,333	617
1,903	1,170	Other	2,478	1,445
9,719	8,960		10,297	9,235
(b) General Expenses Include:-				
925	841	Advertising	929	850
1,589	1,683	Books and Magazines	1,600	1,688
		Consultancies		
1	172	- Operating Activities	1	172
457	344	Courier and Freight	472	360
355	219	Auditor's Remuneration - Audit of financial reports	371	239
0	0	Auditor's Remuneration - Other Services	0	0
2,721	2,484	Legal Services	2,721	2,484
619	593	Membership/Professional Fees	624	598
8,719	7,829	Motor Vehicle Operating Lease Expense - minimum lease payments	8,726	7,832
5,806	6,095	Other Operating Lease Expense - minimum lease payments	5,806	6,095
0	13	Payroll Services	0	13
185	256	Quality Assurance/Accreditation	185	257
1,179	941	Translator Services	1,180	943
22,556	21,470		22,615	21,531
(c) Reconciliation Total Maintenance				
49,729	59,466	Maintenance expense - contracted labour and other (non employee related), included in Note 5	49,932	59,834
7,556	11,316	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	7,556	11,316
57,285	70,782		57,488	71,150

(d) Expenses for Inter Area Patient Flows, NSW on an Area basis are as follows (\$000):

South East Illawarra: \$118,734 (\$86,003) Sydney West: \$43,467 (\$40,230) Northern Sydney Central Coast: \$13,520 (\$13,351) Hunter New England: \$8,743 (\$1,369) North Coast: \$905 (\$733) Greater Southern: \$809 (\$843) Greater Western: \$468 (\$ 537) Children's Hospital Westmead: \$30,582 (\$27,906)

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
6. Depreciation and Amortisation				
47,236	47,628	Depreciation - Buildings	47,401	47,868
27,649	30,832	Depreciation - Plant and Equipment	27,864	31,028
74,885	78,460		75,265	78,896
7. Grants and Subsidies				
20,459	20,637	Non Government Voluntary Organisations	20,459	20,637
16,000	6,000	The Brain and Mind Research Institute	16,000	6,000
1,000	0	Sydney Cancer Foundation	1,000	0
5,544	0	Other Contract Non Government Organisations	5,544	0
43,003	26,637		43,003	26,637
8. Finance Costs				
594	716	Interest on Bank Overdrafts and Loans	594	716
39	24	Other Interest Charges	39	24
633	740		633	740

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
9. Payments to Affiliated Health Organisations				
		Recurrent Sourced		
5,194	6,051	Tresillian Family Care Centre	5,194	6,051
883	478	Scarba Service	883	478
1,833	2,076	Carrington Centennial Hospital	1,833	2,076
3,808	4,064	Karitane	3,808	4,064
0	458	Benevolent Society of NSW	0	458
14,442	13,182	Braeside Hospital	14,442	13,182
26,160	26,309		26,160	26,309

10. Sale of Goods / Rendering of Services				
(a) Sale of Goods comprise the following:-				
9,596	9,858	Sale of Prosthesis	9,596	9,858
1,169	1,271	Pharmacy Sales	1,169	1,271
(b) Rendering of Services comprise the following:-				
102,947	99,082	Patient Fees [see note 2(d)]	102,947	99,082
830	735	Staff-Meals and Accommodation	830	735
28,449	25,563	Infrastructure Charge - Monthly Facility Fees [see note 2(d)]	28,449	25,563
19,375	14,249	Annual Infrastructure Charge-Trust Fund Right of Private Practice Revenue **	19,375	14,249
6,108	5,834	Cafeteria/Kiosk	6,108	5,834
3,964	3,673	Car Parking	3,964	3,673
2,704	2,718	Child Care Fees	2,704	2,718
1,271	901	Clinical Services (excluding Clinical Drug Trials)	1,271	901
250	260	Fees for Medical Records	250	260
13	13	Information Retrieval	13	13
203,132	173,854	Inter Area Patient Inflows, NSW	203,132	173,854
56	39	Linen Service Revenues - Other Health Services	56	39
125	237	Linen Service Revenues - Non Health Services	125	237
727	690	Salary Packaging Fee	727	690
163	99	PADP Patient Copayments	163	99
3,888	4,812	Patient Inflows from Interstate	3,888	4,812
3,961	3,801	Other	3,961	3,801
388,728	347,689		388,728	347,689

(c) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows (\$000):

South East Illawarra: \$58,900 (\$49,432) Sydney West: \$54,841 (\$47,427) Northern Sydney Central Coast: \$39,661 (\$35,449) Hunter New England: \$9,539 (\$8,859) North Coast: \$6,644 (\$6,615) Greater Southern: \$9,303 (\$7,695) Greater Western: \$24,244 (\$18,377).

** The annual infrastructure charge revenue represent Trust Fund Income that is to be used for staff specialist's conference and study purposes and cannot be used for normal hospital operating purposes.

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
11. Investment Income				
10,776	9,971	Interest	11,860	10,652
2,113	1,670	Lease and Rental Income	2,113	1,670
12,889	11,641		13,973	12,322
12. Grants and Contributions				
2,821	3,250	Clinical Drug Trials	3,041	3,882
22,047	12,242	Commonwealth Government grants	22,047	12,349
13,766	10,789	Industry Contributions/Donations	14,058	11,191
7,378	3,664	Cancer Institute grants / Mammography grants	7,378	3,664
1,268	1,033	NSW Government grants	2,161	1,838
25,109	7,228	Personnel Services - Superannuation Defined Benefits	0	0
3,014	3,750	Research grants	6,280	6,030
209	179	University Commission grants	209	179
2,467	1,353	Other grants	2,467	1,353
78,079	43,488		57,641	40,486
13. Other Revenue				
Other Revenue comprises the following:-				
211	153	Bad Debts recovered	211	153
655	719	Commissions	655	719
1,754	1,120	Conference and Training Fees	1,754	1,120
140	63	Discounts	140	63
18	14	Sale of Merchandise, Old Wares and Books	18	14
11,760	3,388	Treasury Managed Fund Hindsight Adjustment	11,760	3,388
288	1,958	Interest Revenue on Borrowing at Fair Value	288	1,958
2,308	3,695	Other	3,240	4,120
17,134	11,110		18,066	11,535
14. Gain/(Loss) on Disposal				
23,317	28,409	Property Plant and Equipment	23,317	28,409
22,038	26,976	Less Accumulated Depreciation	22,038	26,976
1,279	1,433	Written Down Value	1,279	1,433
547	598	Less Proceeds from Disposal	547	598
(732)	(835)	Gain/(Loss) on Disposal of Property Plant and Equipment	(732)	(835)
2,875	0	Assets Held for Sale	2,875	0
3,188	0	Less Proceeds from Disposal	3,188	0
313	0	Gain/(Loss) on Disposal of "Assets Held for Sale"	313	0
(419)	(835)	Total Gain/(Loss) on Disposal	(419)	(835)
15. Other Gains/(Losses)				
(2,740)	(4,382)	Impairment of Receivables	(2,740)	(4,382)
(2,740)	(4,382)		(2,740)	(4,382)

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

16. Conditions on Contributions

Parent

	Purchase of Assets \$000	Health Promotion, Education and Research \$000	Other \$000	Total \$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at Balance Date	2,689	14,746	35,821	53,256
Contributions recognised in amalgamated balance as at 30 June 2006 which were not expended in the current reporting period	17,865	34,339	55,805	108,009
Total amount of unexpended contributions as at Balance Date	<u>20,554</u>	<u>49,085</u>	<u>91,626</u>	<u>161,265</u>

Consolidated

	Purchase of Assets \$000	Health Promotion, Education and Research \$000	Other \$000	Total \$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at Balance Date	2,689	21,949	35,821	60,459
Contributions recognised in amalgamated balance as at 30 June 2006 which were not expended in the current reporting period	17,865	46,551	54,831	119,247
Total amount of unexpended contributions as at Balance Date	<u>20,554</u>	<u>68,500</u>	<u>90,652</u>	<u>179,706</u>

Comment on restricted assets appears in Note 25

17. 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.

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
18. Current Assets - Cash and Cash Equivalents				
37,776	29,201	Cash at bank and on hand	38,577	29,422
96,108	85,102	T Corp - Cash Facility and Bank term deposits	99,281	87,715
133,884	114,303		137,858	117,137
Cash assets recognised in the Balance Sheet are reconciled to cash at the end of the financial year as shown in the Cash Flow Statement as follows:				
133,884	114,303	Cash and cash equivalents (per Balance Sheet)	137,858	117,137
133,884	114,303	Closing Cash and Cash Equivalents (per Cash Flow Statement)	137,858	117,137
19. Current/Non Current Receivables				
Current				
20,537	20,234	(a) Sale of Goods and Services	20,537	20,234
1,843	2,171	Prostheses	1,843	2,171
4,054	3,525	Intra Area charges	4,054	3,525
2,611	982	NSW Health Department	2,611	982
259	800	Workers Compensation	259	800
5,838	3,942	Sundry Debtors	6,158	4,000
3,418	1,385	Leave Mobility	3,465	1,385
10,278	9,443	GST Debtors	10,384	9,547
655	615	Other Debtors	530	485
49,493	43,097	Sub Total	49,841	43,129
(8,180)	(9,607)	Less Allowance for Impairment - Patient Fees	(8,180)	(9,607)
(1,164)	(1,429)	Allowance for Impairment - Others	(1,164)	(1,429)
40,149	32,061	Sub Total	40,497	32,093
226	307	Prepayments	226	307
40,375	32,368		40,723	32,400
(b) Impairment of Receivables during the year - Current Receivables				
1,382	1,896	- Private	1,382	1,896
2,626	3,175	- Overseas visitors	2,626	3,175
240	560	- Compensable	240	560
184	726	- Other Debtors	184	726
4,432	6,357		4,432	6,357
Non Current				
1,665	1,710	Prepayments	1,665	1,710
1,665	1,710		1,665	1,710
(c) Sale of Goods and Services includes:				
6,435	6,702	Patient Fees - Compensable	6,435	6,702
4,796	6,162	Patient Fees - Ineligible	4,796	6,162
9,306	7,370	Patient Fees - Other	9,306	7,370

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
20. Inventories				
		Current - at cost		
7,253	7,295	Drugs	7,253	7,295
2,149	2,531	Medical and Surgical Supplies	2,149	2,531
756	741	Food and Hotel Supplies	756	741
93	101	Engineering Supplies	93	101
77	105	Other including Goods in Transit	77	105
10,328	10,773		10,328	10,773

21. Current/Non Current Assets - Financial Assets at Fair Value				
		Current		
37,492	33,015	Treasury Corporation - Hour Glass Facility	46,336	40,983
37,492	33,015		46,336	40,983

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

22. Property, Plant and Equipment

Parent		Consolidated	
2007	2006	2007	2006
\$000	\$000	\$000	\$000
Property, Plant and Equipment			
Land and Buildings			
2,390,236	2,311,214	2,396,836	2,317,214
841,779	787,697	843,594	789,043
1,548,457	1,523,517	1,553,242	1,528,171
Plant and Equipment			
449,641	468,730	451,835	470,769
333,228	335,547	333,985	336,089
116,413	133,183	117,850	134,680
1,664,870	1,656,700	1,671,092	1,662,851

22. Property, Plant and Equipment - Reconciliations

(a) Parent

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
2007					
Carrying amount at start of year	350,601	1,138,955	49,340	117,804	1,656,700
Additions	0	126	57,329	12,924	70,379
Recognition of Assets Held for Sale	(7,340)	(485)	0	0	(7,825)
Disposals	0	0	0	(1,279)	(1,279)
Administrative restructures-transfers in(out)	0	0	0	(2,322)	(2,322)
Net revaluation increment less revaluation decrements recognised in reserves	(767)	24,869	0	0	24,102
Depreciation expense	0	(47,236)	0	(27,649)	(74,885)
Reclassifications	0	3,175	(17,010)	13,835	0
Carrying amount at end of year	342,494	1,119,404	89,659	113,313	1,664,870
2006					
Carrying amount at start of year	333,323	1,130,983	53,192	125,980	1,643,478
Additions	1,200	339	58,998	16,911	77,448
Recognition of Assets Held for Sale	(845)	(705)	0	0	(1,550)
Disposals	0	(991)	0	(442)	(1,433)
Net revaluation increment less revaluation decrements recognised in reserves	16,923	294	0	0	17,217
Depreciation expense	0	(47,628)	0	(30,832)	(78,460)
Reclassifications	0	56,663	(62,850)	6,187	0
Carrying amount at end of year	350,601	1,138,955	49,340	117,804	1,656,700

Sydney South West Area Health Service
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(b) **Consolidated**

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
2007					
Carrying amount at start of year	350,601	1,143,609	49,340	119,301	1,662,851
Additions	0	126	57,329	13,079	70,534
Recognition of Assets Held for Sale	(7,340)	(485)	0	0	(7,825)
Disposals	0	0	0	(1,279)	(1,279)
Administrative restructures-transfers in(out)	0	0	0	(2,322)	(2,322)
Net revaluation increment less revaluation decrements recognised in reserves	(767)	25,165	0	0	24,398
Depreciation expense	0	(47,401)	0	(27,864)	(75,265)
Reclassifications	0	3,175	(17,010)	13,835	0
Carrying amount at end of year	342,494	1,124,189	89,659	114,750	1,671,092

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
2006					
Carrying amount at start of year	333,323	1,135,877	53,192	127,357	1,649,749
Additions	1,200	339	58,998	17,227	77,764
Recognition of Assets Held for Sale	(845)	(705)	0	0	(1,550)
Disposals	0	(991)	0	(442)	(1,433)
Net revaluation increment less revaluation decrements recognised in reserves	16,923	294	0	0	17,217
Depreciation expense	0	(47,868)	0	(31,028)	(78,896)
Reclassifications	0	56,663	(62,850)	6,187	0
Carrying amount at end of year	350,601	1,143,609	49,340	119,301	1,662,851

- (i) Land and Buildings owned by the Health Administration Corporation and administered by the Health Service [see note 2(g)].
- (ii) The SSWAHS's Land and Buildings were valued by Corporeal Property Valuers (property valuer) on 1 July 2006 [see note 2 (j)]. Corporeal Property Valuers is not an employee of the SSWAHS.
- (iii) The value of Work in Progress \$89.659 million at 30 June 2007 is represented by \$86.559 million for Building and \$3.100 million for Plant and Equipment (for 2005/06 year, the corresponding Work in Progress value of \$49.340 million is represented by \$33.961 for Building and \$15.379 million for Plant and Equipment).

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
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23. Current/Non Current Assets - Other

Parent		Consolidated	
2007	2006	2007	2006
\$000	\$000	\$000	\$000
880	880	880	880
880	880	880	880

Non Current
Emerging Rights to Assets (refer Note 2(o))

Private sector infrastructure arrangement

	Year Commenced	Term of Arrangement	Carrying Value	
			2007	2006
			\$000	\$000
Bowral Private Medical Imaging	1996	15 years	880	880
			880	880

24. Non Current Assets held for sale

Assets held for sale			
7,744	2,794	7,744	2,794
7,744	2,794	7,744	2,794

Land and Buildings

Amounts recognised in equity relating to assets held for sale

Property, plant and equipment asset revaluation increments/decrements			
300	0	300	0
300	0	300	0

The following assets are held for sale:	(\$000)
* 157 - 159 Livingstone Rd, Marrickville	1,444
* 134 - 150 Pitt St Redfern	6,300
Total	7,744

25 Restricted Assets

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

Category			
58,445	40,148	58,445	40,148
45,964	27,447	64,405	43,725
48,838	42,868	48,838	42,868
1,783	1,639	1,783	1,639
1,600	1,268	1,600	1,268
1,131	1,132	1,131	1,132
3,504	2,937	3,504	2,937
161,265	117,439	179,706	133,717

Sydney South West Area Health Service
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Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
26. Payables				
Current				
0	0	Accrued Salaries and Wages	28,852	24,048
9,798	9,000	Payroll Deductions	9,798	9,000
28,786	24,003	Accrued Liability - Purchase of Personnel Services	0	0
41,637	56,036	Creditors	41,637	56,036
2,755	3,827	GST Creditors	2,890	3,964
13,667	10,972	Sundry Creditors	13,882	10,997
7,259	6,066	Leave Mobility & Intra Health Liability	7,265	6,067
14,691	11,867	Accrual Visiting Medical Officer	14,691	11,867
		Other Creditors		
3,543	9,082	- Capital Works	3,543	9,082
122,136	130,853		122,558	131,061

26a. Payables	Parent	Division	Other Controlled Entities	Consolidated
Accrued Salaries and Wages	0	28,786	66	28,852
Accrued Liability - Purchase of Personnel Services	28,786	(28,786)	0	0
	28,786	0	66	28,852

Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
27. Current/Non Current Borrowings				
Current				
3,703	2,906	Loan from NSW Health	3,703	2,906
3,703	2,906		3,703	2,906
Non Current				
3,581	6,352	Loan from NSW Health	3,581	6,352
3,581	6,352		3,581	6,352
Loans still to be extinguished represent monies to be repaid to the NSW Health Department. Final repayment is scheduled for June 2013.				
Repayment of Borrowings				
3,703	2,906	Not later than one year	3,703	2,906
3,581	6,352	Between one and five years	3,581	6,352
7,284	9,258	Total Borrowings at face value	7,284	9,258

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
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28. Provisions

Parent		Consolidated	
2007	2006	2007	2006
\$000	\$000	\$000	\$000
		Current Employee benefits and related on-costs	
0	0	Employee Annual Leave - Short Term Benefit	118,930
0	0	Employee Annual Leave - Long Term Benefit	84,170
0	0	Employee Long Service Leave - Short Term Benefit	19,193
0	0	Employee Long Service Leave - Long Term Benefit	182,766
404,595	375,841	Provision for Personnel Services Liability	0
404,595	375,841	Total Current Provisions	405,059
		Non Current Employee benefits and related on-costs	
0	0	Employee Long Service Leave - Conditional	26,099
26,039	23,763	Provision for Personnel Services Liability	0
26,039	23,763	Total Non Current Provisions	26,099
		Aggregate Employee Benefits and Related On-costs	
404,595	375,841	Provisions - current	405,059
26,039	23,763	Provisions - non-current	26,099
0	0	Accrued Salaries and Wages and on costs (Note 26)	28,851
28,786	24,003	Accrued Liability - Purchase of Personnel Services (Note 26)	0
459,420	423,607		460,009

28a. Provisions

		2007		
		\$000		
Parent	Division	Other	Consolidated	
		Controlled		
		Entities		
Current Employee benefits and related on-costs				
Employee Annual Leave - Short Term Benefit	0	118,538	392	118,930
Employee Annual Leave - Long Term Benefit	0	84,170	0	84,170
Employee Long Service Leave - Short Term Benefit	0	19,184	9	19,193
Employee Long Service Leave - Long Term Benefit	0	182,703	63	182,766
Provision for Personnel Services Liability	404,595	(404,595)	0	0
Total Current Provisions	404,595	0	464	405,059
Non Current Employee benefits and related on-costs				
Employee Long Service Leave - Conditional	0	26,039	60	26,099
Total Non Current Provisions	0	26,039	60	26,099

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
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29 Equity

	Accumulated Funds		Asset Revaluation Reserve		Available for sale reserves		Total Equity	
	2007	2006	2007	2006	2007	2006	2007	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Parent								
Balance at the beginning of the financial reporting period	1,295,499	1,373,483	17,329	0	0	0	1,312,828	1,373,483
Correction of Errors (Note 39)	0	(24,548)	0	0	0	0	0	(24,548)
Changes in equity - transactions with owners as owners								
Increase/(Decrease) in Net Assets from Administrative Restructure	(2,322)	0	0	0	0	0	(2,322)	0
Total	1,293,177	1,348,935	17,329	0	0	0	1,310,506	1,348,935
Changes in equity - other than transactions with owners as owners								
Result for the Year	2,576	(50,720)	0	0	0	0	2,576	(50,720)
Correction of Errors (Note 39)	0	(2,716)	0	0	0	0	0	(2,716)
Increment/(Decrement) on Revaluation of: Land and Buildings	0	0	24,102	17,217	0	0	24,102	17,217
Emerging rights to assets	0	0	0	112	0	0	0	112
Total	2,576	(53,436)	24,102	17,329	0	0	26,678	(36,107)
Transfers within equity								
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	373	0	(373)	0	0	0	0	0
Amounts recognised in equity relating to assets held for sale	0	0	(300)	0	300	0	0	0
Total	373	0	(673)	0	300	0	0	0
Balance at the end of the financial reporting period	1,296,126	1,295,499	40,758	17,329	300	0	1,337,184	1,312,828
Consolidated								
Balance at the beginning of the financial reporting period	1,311,999	1,389,080	17,329	0	0	0	1,329,328	1,389,080
Correction of Errors (Note 39)	0	(24,548)	0	0	0	0	0	(24,548)
Changes in equity - transactions with owners as owners								
Increase/(Decrease) in Net Assets from Administrative Restructure	(2,322)	0	0	0	0	0	(2,322)	0
Total	1,309,677	1,364,532	17,329	0	0	0	1,327,006	1,364,532
Changes in equity - other than transactions with owners as owners								
Result for the Year	4,222	(49,817)	0	0	0	0	4,222	(49,817)
Correction of Errors (Note 39)	0	(2,716)	0	0	0	0	0	(2,716)
Increment/(Decrement) on Revaluation of: Land and Buildings	0	0	24,398	17,217	0	0	24,398	17,217
Emerging rights to assets	0	0	0	112	0	0	0	112
Total	4,222	(52,533)	24,398	17,329	0	0	28,620	(35,204)
Transfers within equity								
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	373	0	(373)	0	0	0	0	0
Amounts recognised in equity relating to assets held for sale	0	0	(300)	0	300	0	0	0
Total	373	0	(673)	0	300	0	0	0
Balance at the end of the financial reporting period	1,314,272	1,311,999	41,054	17,329	300	0	1,355,626	1,329,328

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

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
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Parent		30. Commitments for Expenditure	Consolidated	
2007 \$000	2006 \$000		2007 \$000	2006 \$000
		(a) Capital Commitments		
		Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
55,484	55,869	Not later than one year	55,484	55,869
269,828	36,192	Later than one year and not later than five years	269,828	36,192
143,421	1,402	Later than five years	143,421	1,402
468,733	93,463	Total Capital Expenditure Commitments (Including GST)	468,733	93,463
		Of the commitments reported at 30 June 2007 it is expected that \$57.565 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:		
	0	Not later than one year	0	0
0	0	Total Other Expenditure Commitments (Including GST)	0	0
		(c) Operating Lease Commitments		
		Commitments in relation to non cancellable operating leases are payable as follows:		
13,763	13,973	Not later than one year	13,763	13,973
41,183	36,587	Later than one year and not later than five years	41,183	36,587
7,851	6,834	Later than five years	7,851	6,834
62,797	57,394	Total Operating Lease Commitments (Including GST)	62,797	57,394
		Operating Lease Commitments made up of:		
		- Property Lease	7,121	
		- Equipment Lease	8,295	
		- Motor Vehicle Lease	47,381	
			62,797	
		There are no contingent rental payments or purchase options. In most cases, there are escalation costs in the contract which are limited to the CPI increase.		
		(d) Contingent Asset related to Commitments for Expenditure		
		The total of "Commitments for Expenditure" above i.e. \$531.530 million includes input tax credits of \$ 48.315 million that are expected to be recoverable from the Australian Taxation Office.		

31. Trust Funds

SSWAHS holds trust fund moneys of \$ 16.934 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as SSWAHS cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

Parent and Consolidated

	Patient Trust		Refundable Deposits		Clinical Academics/ VMO Funds	
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000
Cash Balance at the beginning of the financial reporting period	113	155	4,549	3,497	13,383	10,688
Receipts	22	21	1,789	2,288	87,459	75,050
Expenditure	(24)	(63)	(1,588)	(1,236)	(88,769)	(72,355)
Cash Balance at the end of the financial reporting period	111	113	4,750	4,549	12,073	13,383

32. Contingent Liabilities

a) Claims on Managed Fund

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

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2000/01 fund year and an interim adjustment for the 2002/03 fund year were not calculated until 2006/07. As a result, the 2001/02 final and 2003/04 interim hindsight calculations will be paid in 2007/08.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB 127, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the SSWAHS's consolidated Financial Statements to the extent of cash payments made.

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

32. Contingent Liabilities

d) Claim by Lessee of Certain Property

The lessee of certain property controlled by SSWAHS has made a claim against SSWAHS. The claim is in relation to Supreme Court proceedings in respect of rescission of an agreement and lease regarding a proposed private hospital on the Royal Prince Alfred Hospital Campus which was to be constructed and operated by the lessee. Litigation is ensuing with a claim by the lessee for compensation in respect of rentals unpaid to date together with damages which have not been quantified.

It is the opinion of the Executive that the likelihood of success of the claim is minimal and accordingly no provision in relation to this matter has been reflected in the financial statements.

As part of the original agreement for construction of the private hospital, the lessee constructed a private car park on the land leased from SSWAHS. The lease was cancelled in March 2000 and, after an interlocutory hearing, SSWAHS was granted the right to operate the car park from 26 June 2000. In doing so, SSWAHS is entitled to collect parking fees and pay costs associated with operating the car park, retaining any excess in trust pending resolution of matters referred to above. At year end this excess amounted to \$3,651,961. The car park has not been recognised as an asset in the financial statements as ownership has not been transferred.

PARENT

33. Charitable Fundraising Activities

Fundraising Activities

SSWAHS conducts direct fundraising in all hospitals under its control.

All revenue and expenses have been recognised in the financial statements of SSWAHS. Fundraising activities are dissected as follows:

Parent	INCOME RAISED \$000	DIRECT EXPENDITURE* \$000	INDIRECT EXPENDITURE+ \$000	NET PROCEEDS \$000
Appeals (In House)	1,137	(64)	0	1,073
Fetes	14	(4)	0	10
Raffles	16	0	0	16
Functions	250	(125)	0	125
	<u>1,417</u>	<u>(193)</u>	<u>0</u>	<u>1,224</u>
Percentage of Income	100.00%	13.62%	0.00%	86.38%

* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc

+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:

\$000

Purchase of Equipment	254
Research	94
Held in Special Purpose & Trust Fund Pending Purchase	<u>877</u>
	<u>1,225</u>

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

CONSOLIDATED

33. Charitable Fundraising Activities (cont'd)

Fundraising Activities

SSWAHS conducts direct fundraising in all hospitals under its control.

All revenue and expenses have been recognised in the financial statements of SSWAHS. Fundraising activities are dissected as follows:

Consolidated	INCOME RAISED \$000	DIRECT EXPENDITURE* \$000	INDIRECT EXPENDITURE+ \$000	NET PROCEEDS \$000
Appeals (In House)	1,210	(64)	(8)	1,138
Fetes	14	(4)	0	10
Raffles	16	0	0	16
Functions	250	(125)	0	125
	<u>1,490</u>	<u>(193)</u>	<u>(8)</u>	<u>1,289</u>
Percentage of Income	100.00%	12.95%	0.54%	86.51%

* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc

+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:

\$000

Purchase of Equipment	254
Research	145
Held in Special Purpose & Trust Fund Pending Purchase	<u>890</u>
	<u>1,289</u>

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

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Parent			Consolidated	
2007	2006		2007	2006
\$000	\$000		\$000	\$000
34. Reconciliation Of Net Cash Flows from Operating Activities To Net Cost Of Services				
95,961	80,465	Net Cash Flows from Operating Activities	98,105	81,848
(74,885)	(78,460)	Depreciation	(75,265)	(78,896)
1,692	1,976	Provision for Doubtful Debts	1,692	1,976
0	(17,659)	Acceptance by the Crown Entity of Employee Superannuation Benefits	(25,113)	(24,887)
(32,440)	(36,977)	(Increase)/ Decrease in Provisions	(32,687)	(37,014)
5,488	(20,126)	Increase / (Decrease) in Prepayments and Other Assets	5,803	(20,346)
7,179	521	(Increase)/ Decrease in Creditors	6,993	734
(419)	(835)	Net Gain/ (Loss) on Disposal of Property, Plant and Equipment	(419)	(835)
(1,747,751)	(1,612,674)	(NSW Health Department Recurrent Allocations)	(1,747,751)	(1,612,674)
(31,658)	(35,684)	(NSW Health Department Capital Allocations)	(31,658)	(35,684)
(1,776,833)	(1,719,453)	Net Cost of Services	(1,800,300)	(1,725,778)

35. 2006/07 Voluntary Services

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

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

36. Unclaimed Moneys

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

All money and personal effects of patients which are left in the custody of SSWAHS by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of SSWAHS.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

37. Budget Review

Net Cost of Service

The actual Net Cost of Service was lower than budget by \$26.945 million. Total Revenue was \$27.625 million higher than budget target. The revenue favourability was mainly from the Special Purpose and Trust Fund where \$14 million additional grants and contributions and the higher level of Annual Infrastructure charges were received.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 30 June 2006 are as follows:

	\$000
Initial Allocation	1,679,440
Award Increases - ASMOF	4,030
Predictable Surgery	3,279
Brain & Mind Research Institute	16,000
High Cost Drugs	2,700
Dental Health	977
Compacts	1,292
PADP	409
IMMS	963
HACC	1,317
Drug Health	303
AIDS	914
Inter Area Flows	14,096
Clinical Redesign	1,670
Dialysis	2,021
VMO	3,728
Nursing Strategies	3,493
Radiation Scientist	1,109
Risk Shared Procurement	5,177
Miscellaneous	4,833
	<hr/>
Balance as per Operating Statement	1,747,751

Sydney South West Area Health Service
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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. SSWAHS's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Balance Sheet date are as follows:

Financial Instruments	Floating interest rate		Fixed interest rate maturing in:						Non-interest bearing		Total carrying amount as per the Balance Sheet		Weighted average effective interest rate *	
	2007 \$000	2006 \$000	1 year or less 2007 \$000	2006 \$000	Over 1 to 5 years 2007 \$000	2006 \$000	More than 5 years 2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 %	2006 %
Financial Assets														
Cash	40,942	29,355	0	0	0	0	0	0	65	67	41,007	29,422	4.45%-6.60%	5.00%-5.58%
Receivables	0	0	0	0	0	0	0	0	40,497	32,093	40,497	32,093	N/A	N/A
Other Loans and Deposits-Treasury Corp.	140,242	127,078	2,945	1,620	0	0	0	0	0	0	143,187	128,698	3.62%-17.70%	3.86%-16.88%
Total Financial Assets	181,184	156,433	2,945	1,620	0	0	0	0	40,562	32,160	224,691	190,213	N/A	N/A
Financial Liabilities														
Borrowings-Other	0	0	0	0	0	0	0	0	7,284	9,258	7,284	9,258	N/A	N/A
Payables	0	0	0	0	0	0	0	0	122,558	131,061	122,558	131,061	N/A	N/A
Total Financial Liabilities	0	0	0	0	0	0	0	0	129,842	140,319	129,842	140,319	N/A	N/A

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

Sydney South West Area Health Service
Notes to and forming part of the Financial Statements
for the Year ended 30 June 2007

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. SSWAHS's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Financial Assets										
Cash	0	0	40,942	29,355	0	0	65	67	41,007	29,422
Receivables	17,049	14,054	0	0	14,200	12,798	9,248	5,241	40,497	32,093
Other Loans and Deposits-Treasury Corp.	140,242	127,078	2,945	1,620	0	0	0	0	143,187	128,698
Total Financial Assets	157,291	141,132	43,887	30,975	14,200	12,798	9,313	5,308	224,691	190,213

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 \$4.796 million at balance date.

c) Derivative Financial Instruments

SSWAHS holds no Derivative Financial Instruments.

39. Prior Period Errors

In 2006/07 the Department of Health determined the need to make allowance for on costs which need to be paid on the settlement of annual leave liability. This resulted in the application of an on cost of 21.7% as reported in Note 2(a) .

The provisions of AASB119, Employee Benefits and Treasury's Financial Reporting Code for Budget Dependent General Government Sector Agencies, as pre existing in prior years, recognised the need to include such on costs and therefore the on costs now recognised have been brought to account as "Prior Period Errors".

The amount corrected against the Opening Balance at 1 July 2005 was \$24.548M, with the 2005/06 Result being increased by \$2.716M. In the Parent financial statements the \$2.716M has been apportioned between Employee Related Expense (\$1.928M) for the period up to 17 March 2006 and Personnel Services (\$0.788M) for the period 17 March 2006 to 30 June 2006.

40. Increase/Decrease in Net Assets from Administrative Restructure

With effect from November 2006 responsibility for the provision of linen services transferred from the Area to HealthSupport from which the Area now purchases its linen needs.

Details of the equity transfer are as follows:

	2007 \$000
<u>Assets</u>	
Property, Plant & Equipment	
- Plant & Equipment	2,322
Net Assets/Equity (Refer Note 29)	<u><u>2,322</u></u>

41. Events after the balance sheet date

There has not arisen in the interval between the end of the financial year and the date of this report, any item, transaction or event of a material and unusual nature likely, in the opinion of the Executive, to affect significantly the operations, the results of its operations, or the state of affairs of the reporting entity in the subsequent financial years.

End of Audited Financial Statements

Sydney South West Area Health Service
Year ended 30 June 2007

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
1	Royal Prince Alfred Hospital Missenden Road Camperdown NSW 2050	\$76.600 m \$266.559 m	Land Buildings	Hospital	Nil
2	Rhodes House Unit 525 Unit 506 Missenden Road Camperdown NSW 2050	\$0.440 m \$0.278 m	Strata Title Strata Title	Guest Accommodation	Nil
3	Dame Eadith Walker Estate Nullawarra Road Concord West NSW 2138	\$39.000 m \$1.950 m	Land Buildings	Health Facility	Nil
4	Rachel Forster Hospital Complex 149-155 Pitt Street Redfern NSW 2016	\$1.200 m \$0.584 m	Land Buildings	Community Health	Nil
5	Concord Repatriation General Hospital Hospital Road Concord NSW 2139	\$35.000 m \$116.999 m	Land Buildings	Hospital	Nil
6	Rozelle Hospital Cnr Church and Glover Street Leichardt NSW 2040	\$63.000 m \$12.929 m	Land Buildings	Hospital	Nil
7	NSW Institute of Forensic Medicine 42-50 Parramatta Road Glebe NSW 2037	\$3.300 m \$5.742 m	Land Buildings	Forensic Science	Nil
8	Sydney Dental Hospital 2 Chalmers Street Surry Hills NSW 2010	\$6.300 m \$10.329 m	Land Buildings	Hospital	Nil
9	Balmain Hospital Booth Street Balmain NSW 2041	\$9.200 m \$10.526 m	Land Buildings	Hospital	Nil
10	Croydon Health Care Facilities 22 Croydon Avenue Croydon NSW 2132 Special Care Nursing Home Croydon	\$3.600 m \$22.200 m	Land Buildings	Nursing Home	Nil
11	Canterbury Hospital Cnr Canterbury Road and Tudor Street Campsie NSW 2194	\$8.000 m \$53.573 m	Land Buildings	Hospital	Nil
12	Liverpool Campus Elizabeth Street Liverpool	\$22.255 m \$224.318 m	Land Buildings	Hospital, Administrative Services & ISD	Nil
13	Campbelltown Hospital Therry Road Campbelltown	\$9.000 m \$128.005 m	Land Buildings	Hospital	Nil
14	Camden Hospital Menangle Road Camden	\$2.770 m \$32.751 m	Land Buildings	Hospital	Nil

Sydney South West Area Health Service
Year ended 30 June 2007

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
15	QVM Home Thrlmere Way Picton	\$2.100 m \$10.397 m	Land Buildings	Geriatric & General Care Facility	Nil
16	Bankstown Hospital Eldridge Road Bankstown	\$12.700 m \$103.774 m	Land Buildings	Hospital	Nil
17	Fairfield Hospital Prairievale Rd & Polding St. Prairiewood	\$13.000 m \$64.083 m	Land Buildings	Hospital	Nil
18	Bowral Hospital Mona Vale Bowral	\$5.000 m \$9.301 m	Land Buildings	Hospital and Staff Accommodation	Nil
19	STARTTS & Living Skills The Horsley Dr. Carramar	\$2.250 m \$0.784 m	Land Buildings	Rehab & Counselling Services	Nil
20	Mental Health Services 6 Browne Street Campbelltown 4 Woodward Place Miller	\$0.450 m \$2.516 m \$0.300 m \$0.094 m	Land Buildings Land Buildings	Mental Health Services Mental Health Services	Nil Nil
21	Child Care Centre 76-78 Eldridge Road Bankstown	\$1.000 m \$1.926 m	Land Buildings	Child Care Centre	Nil
22	Dental Clinic 425 Hume Highway Yagoona	\$0.975 m \$0.326 m	Land Buildings	Dental Services	Nil
23	Picton Lakes Village East Pde/Hassal Rd/South St. Buxton	\$1.350 m	Land	Staff accommodation and Vacant Land	Nil
24	Karritane 10 Murphy Avenue Liverpool	\$0.250 m \$0.120 m	Land Buildings	Mothercraft Services	Nil
25	Brain Injury 17 Bigge St. Liverpool	\$0.350 m \$0.116 m	Land Buildings	Brain Injury Rehab Transitional	Nil
26	Total Nutrition Link 13 Hargraves Pl Wetherill Park	\$1.700 m \$2.694 m	Land Buildings	Food Services	Nil
27	Community Health Centre 53-65 Cnr. Horsley Dr & Mitchell Street Carramar	\$1.250 m \$4.884 m	Land Buildings	Community Health	Nil
28	Health Services Building Campbell & Goulburn Strs Liverpool	\$2.400 m \$10.986 m	Land Buildings	Community Health Services & Allied Hlt	Nil
29	Community Services 596 Hoxton Park Road Hoxton Park	\$1.350 m \$2.284 m	Land Buildings	Community Health Services	Nil

Sydney South West Area Health Service
Year ended 30 June 2007

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
30	Community Health Services Houses / Buildings 11 Berna Street Canterbury NSW 2193 11 Eureka Street Burwood NSW 2134 155 Livingstone Road Marrickville NSW 2204 15 Tranmere Street Drummoyne NSW 2047 9A Wrights Road Drummoyne NSW 2047 17 Atkins Avenue Five Dock NSW 2046 229 Bridge Street Glebe NSW 2037 301-321 Park Road Luddenham 14 Queen Street Narellan 70 Menangle Road Camden 5-9 Harper Close Tahmoor Moore & Cordeaux Sts. Campbelltown 57-59 Cumberland Road Ingleburn 5 Thomas Rose Drive Rosemeadow Wilma Women's Health Centre 36-38 Raymond St. Bankstown 66 Eldridge Rd. Bankstown 25 Woodward Crescent Miller 103 Hoddle Avenue Campbelltown 122 Chapel Road Bankstown 19 Flowerdale Road Liverpool 4 Langdon Avenue Campbelltown				

Sydney South West Area Health Service
Year ended 30 June 2007

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
	101 Restwell Street Bankstown				
	56 Campbell Street Fairfield				
	80 Broughton Street Camden				
	33 Hoddle Avenue Campbelltown	\$16.404 m	Land	Health Facility	Residential House
		\$23.161 m	Buildings		

Assets held for sale

	Description	Land & Buildings value as at 30/6/07	
1	Rachel Forster Hospital Complex 149-155 Pitt Street Redfern NSW 2016	\$6.300 m	Land
2	157-159 Livingstone Road Marrickville NSW 2204	\$1.000 m \$0.444 m	Land Buildings

Sydney South West Area Health Service
Year ended 30 June 2007

GENERAL FUND CONSULTANCY FEES OVER \$30,000

Name	\$ 000
General Consultancy	Nil
Capital Works	Nil
Total Consultants Fees over \$ 30,000	Nil

GENERAL FUND CONSULTANCY FEES UNDER \$30,000

	Nil
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PATIENT FEES AGEING ANALYSIS

Consolidated 30 June 2007	< 30 Days \$ 000	30 - 60 Days \$ 000	61 - 90 Days \$ 000	> 90 Days \$ 000	2007 \$ 000	2006 \$ 000
Compensable	1,193	363	166	4,712	6,434	6,702
Ineligible	1,129	345	209	3,113	4,796	6,162
Other	5,029	1,362	487	2,429	9,307	7,369
Total	7,351	2,070	862	10,254	20,537	20,233

TRADE CREDITORS AGEING ANALYSIS

	2007 \$ 000	2006 \$ 000
< 30 Days	36,349	48,018
30 - 59 Days	5,288	8,018
60 Days and Over	0	0
	41,637	56,036

PAYMENT PERFORMANCE INDICATORS

Payment Performance Indicators for the Three Month Period Ending 30 June 2007

	2007 \$ 000	2006 \$ 000
Percentage of accounts paid on time (based on dollar amount)	85.06%	79.09%
Total dollar amount of accounts paid on time	235,682	222,722
Total dollar amount of accounts paid	277,073	281,611

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