

CENTRAL SYDNEY AREA HEALTH SERVICE
2000/2001
**STATUTORY
ANNUAL REPORT**



together caring

The Hon Craig Knowles MP
Minister for Health
Parliament House
Macquarie Street
Sydney NSW 2000

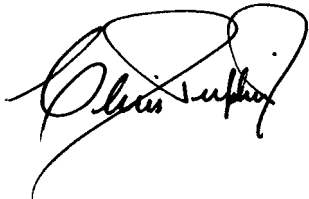
Dear Minister

We have pleasure in presenting the Statutory Annual Report of Central Sydney Area Health Service for the year ending 30 June 2001.

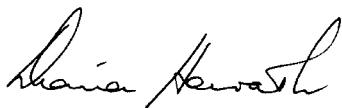
The report documents the operations and financial statements in accordance with the provisions of the Annual Reports (Statutory Bodies) Act 1984.

It is submitted on behalf of CSAHS Board of Directors.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Chris Puplick', written in a cursive style.

Chris Puplick AM
Chairman

A handwritten signature in black ink, appearing to read 'Diana Horvath', written in a cursive style.

Dr Diana Horvath AO
Chief Executive Officer

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INTRODUCTION

With an international reputation in medical research, treatment and teaching, Central Sydney Area Health Service is responsible for the management of all public hospitals and facilities within its geographic boundaries, across some 71 suburbs.

A network of referral specialties is provided to Statewide, national and international communities, as well as tailored services for a local population of 496,306.

Our innovative services are coordinated under 14 clinical groups, providing public healthcare at more than 90 sites comprising 10 hospitals, a family care centre, an institute of forensic medicine and strategically located community health centres.

One of 17 area health services in NSW, CSAHS has a dedicated staff in excess of 8,580.

This year, we performed more than 131,700 inpatient and 1.74 million non-admitted patient treatments, and delivered 5,358 babies.

Our standards of excellence in patient care and efficiency continue to deliver the latest in medical innovation and leadership with the \$390 million Resource Transition Program. It is the largest rebuilding scheme in the State's healthcare system. Components which have been completed during the year demonstrate its successful implementation.

The *CSAHS 2000/2001 Statutory Report* addresses annual report criteria established by NSW Health and NSW Treasury. A summary document titled *Together Caring: Central Sydney Area Health Service 2000/2001 Year in Review* is available for the wider community.

MISSION & SERVICE COMMITMENT

Mission

Central Sydney Area Health Service is committed to:

- working with the people of central Sydney to promote, protect and maintain their level of wellbeing
- fulfilling Statewide and national responsibilities to provide a high level of quality specialist services
- providing, in conjunction with the tertiary education sector, professional health education and training, and
- encouraging and fostering research.

CSAHS is primarily funded by NSW Health. It was formed on August 1 1988 and charged with full responsibility for the effective management of the health service. CSAHS operates under the Health Services Act, 1997.

Commitment of Service

Guarantee of Service

CSAHS aims to offer the best quality services to all patients by providing:

- information about their health condition and the services available
- world-class standards in healthcare and technology
- a friendly and cooperative approach to service delivery
- access to the range of hospital and community-based health services
- staff who care
- training for the future generations of healthcare professionals, and
- a sound research base to extend our knowledge of illness, its treatment and prevention.

CSAHS offers a wide range of health services in different care settings and which

require different skills, resources and management.

These cover:

- community services and domiciliary care
- ambulatory care
- inpatient care
- convalescent support care
- long-term care
- health promotion and illness prevention activities, and
- public health activities.

Each setting has staff especially selected for their expertise to assist in every way.

CSAHS ensures that staff are competent, confident and well-trained to provide care and services in a secure and safe environment.

CSAHS's commitment is to:

- recognise individuals and include where appropriate family, friends and carers in programs
- respect cultures, beliefs and conscientious convictions
- provide services in a non-discriminatory manner regardless of race, age, gender, sexual preference, marital status, intellectual or physical impairment
- discuss with patients options for treatment, indicating benefits and risks, enabling informed decisions
- include patients in all aspects of their care by ensuring ongoing communication
- respect patients' privacy and maintain all information as confidential, and
- arrange interpreter services to assist if needed.

Staff at CSAHS welcome comments and suggestions that would help improve the care and services provided.

CHAIRMAN'S MESSAGE

In continuing the success of Sydney's Olympic year it does seem appropriate to rate our performance in 2000/01 as a golden one on several fronts.

We scored gold with the continuing progress, on time and on budget, of our massive Resource Transition Program. This \$390 million project is reshaping the physical features of our major hospitals to ensure they remain at the forefront of world's best practice and design well into this millennium. During the year we officially opened the RPA Institute of Rheumatology & Orthopaedics and unveiled the United Dental Hospital upgrade.

Our various targets, such as those relating to increasing the rate at which patients are admitted to hospital on the day of surgery, were met and in some instances were well exceeded. A shining example is in vascular surgery where the rate went from zero to 80 per cent in eight months at Royal Prince Alfred Hospital.

The success of the RTP and initiatives such as day of surgery targets and the promotion of major reforms through our Clinical Quality Council depend upon and have been achieved by ensuring that there are real working partnerships between every element in our system; the planners, administrators, clinical and nursing staff and educators.

We had golden success in relation to those great Games themselves. Our major facilities were deeply involved in the planning and delivery of a range of healthcare services relating to the Olympics. The measures which we had developed over several years allowed us to provide a major increase in services for Olympic visitors and to provide special assistance to athletes, officials and the visiting media. The fact that all of this went so unnoticed is the greatest tribute that could be paid.

Yet another golden reflection for CSAHS was the appointment of our much beloved and universally respected director of Mental Health Services, Professor Marie Bashir, to the position of the State's first female Governor. Marie has been a pioneer in so many areas of achievement and endeavour that it would be impossible even to start to list them. She brings to the position of Governor all of those personal qualities which have made her one of our golden achievers for so long.

Finally there are all of those other golden performances including getting the GST arrangements in place with minimum fuss; the national leadership displayed in the work of our Multicultural HIV/AIDS Service; and the recognition of our outstanding team of volunteers during the International Year of Volunteers in 2001.

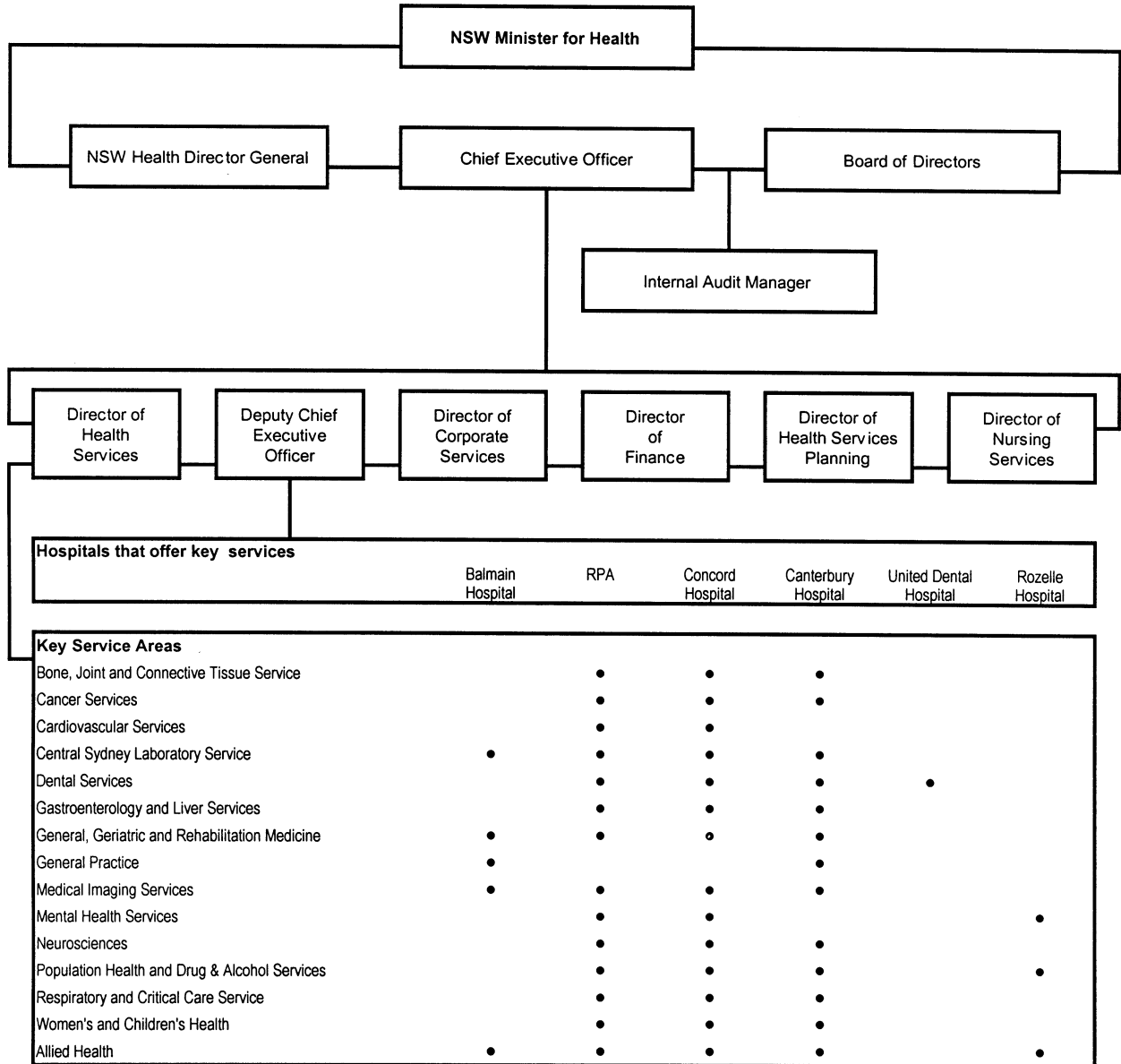
Before I conclude, I would like to thank our CEO Dr Diana Horvath and her management team, my fellow board members, the NSW Health Minister Craig Knowles, Director-General Mick Reid and all the members of the CSAHS community who made this a truly memorable year.

This report can be read in conjunction with *Together Caring: Central Sydney Area Health Service 2000/2001 Year in Review*, which focuses on the benefits to the community.



Chris Puplick AM

OPERATIONAL STRUCTURE



MAP



Major healthcare centres

1. Balmain Hospital
2. Canterbury Hospital
3. Concord Hospital
4. NSW Institute of Forensic Medicine
5. Royal Prince Alfred Hospital
 - a) Dame Eadith Walker Hospital
 - b) King George V Hospital
 - c) Rachel Forster Hospital
 - d) Thomas Walker Hospital
6. Rozelle Hospital
7. United Dental Hospital
8. CEIDA (to April 2000)
9. HealthQuest
10. Tresillian Family Care Centres

CORPORATE GOVERNANCE

1. Board members

The 12 people on the CSAHS board are responsible for the corporate governance practices of our organisation. Together, the board carries out all its functions, responsibilities and obligations in accordance with the Health Services Act (1997).

Each one serves up to a four-year term and is appointed by State Cabinet following recommendations from the NSW Health Minister. Cabinet has the power to reject an application.

Board meetings are usually held on the first Wednesday of each month.

Chris Puplick AM Chairman BA (Hons), MA

Joining our board in 1993, Chris has served as its chairman since 1996. He is president of the Anti-Discrimination Board of NSW and the State's Privacy Commissioner. In addition Chris chairs the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCHARD), the AIDS Trust of Australia and the National Task Force on Whaling. He is a Griffin Theatre Company board member.

Professor John Young AO **Deputy Chairman** DSc, MD, FAA, FRACP

A board member since 1989, John is the pro-vice chancellor of the College of Health Sciences at the University of Sydney. He is a member of the National Health and Medical Research Council and the Medical Board of NSW, as well as vice president and secretary (biological) of the Australian Academy of Science.

Maria Pethard Treasurer
BSc (Hons), DipCompSc, FASCT, AIBF (Aff), ASIA
Maria has been a board member since 1997. She is IntesaBci's chief representative for Australia, New Zealand and the South Pacific, and a member of the Finance and Treasury Association.

Diana Horvath AO MB, BS (Hons), MHP, FRACMA, FAFPHM, FCHSE

Diana has been CSAHS's CEO since 1992. She has chaired the National Health and Medical Research Council, and served as president of the Australian Hospital Association, in addition to a five-year term as a commissioner with the Health Insurance Commission. She has been an active member of the Trade Policy Advisory Council.

Charles Linsell BA, DipEd, GradDipBusStudies IR, RN

Charles has been the staff-elected representative on the board since 1992. The staff education manager for CSAHS Mental Health Services, he has worked at Rozelle Hospital for 25 years, having trained as a nurse. Charles is vice president of the NSW Nurses' Association and a member of the NSW Nurses Registration Board.

Peter Fernando

Peter is the Redfern Aboriginal Medical Service deputy chief executive officer, a position he has held for five years. He joined the board in 1998. Previously he worked as a senior health worker at the Aboriginal Medical Service in Walgett.

Nea Goodman LLB (Hons Class I)

A lawyer with AMP Limited, Nea was appointed to the board in 1998. She is the former president of The Women Lawyers Association, The City of Sydney Law Society and a former member of The Law Society of NSW Council. Nea chairs the CSAHS Audit Committee and is a member of the RPA Ethics Review Committee.

Frances Carolan

Frances works as a registered nurse in the Emergency Department at Canterbury Hospital and has been a board member since 1996. She is a board representative on the Management Committee of the Research Centre for Adaptation in Health and Illness. Frances is a member of the Canterbury branch of the Justices Association, and vice president of the Campsie branch of Rotary Inner Wheel.

Olwyn Mackenzie BA (Hons)

Joining the board in 1996, Olwyn is a member of the Consumer's Health Forum, Kings Cross Community Drug Advisory Team, Council on the Ageing, Older Women's Network, University of the Third Age, Country Women's Association and Women's Electoral Lobby.

John Meadth MB, BS

John has been a board member since 1997. Working as a general practitioner in Concord, he chairs the Department of General Practice at Strathfield Private Hospital. He has a ministerial appointment as an official visitor under the Mental Health Act.

Jon Isaacs BA (Hons), FAICD, FAIM

Appointed in 2000, Jon is a director of the Sydney Foreshore Authority, Australian Technology Park Precinct Management Limited and the Ambulance Service of NSW. He is an executive coach, management consultant and accredited mediator. Jon serves as Independent Chair of the NSW Auditor-General's Audit Committee.

Glenn Wran MBA (CSU)

Glenn joined the board in 2000. He is general manager of the State Valuation Office, deputy chairman of the Business Enterprise Centre Northside, founding trustee of the Australian Cord Blood Bank Foundation and director of the Haberfield Rotary Club.

Ten board meetings were held this year:

| Member | Attendance |
|-----------------|-------------------|
| Chris Puplick | 10 |
| Frances Carolan | 8 |
| Peter Fernando | 8 |
| Nea Goodman | 8 |
| Diana Horvath | 7 |
| Jon Isaacs | 9 |
| Charles Linsell | 9 |
| Olwyn Mackenzie | 10 |
| John Meadth | 8 |
| Maria Pethard | 9 |
| Glenn Wran | 7 |
| John Young | 5 |

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

It has in place practices that ensure its primary governing responsibilities are fulfilled in relation to:

- setting strategic direction
- ensuring compliance with statutory requirements
- monitoring organisational performance and quality of health service
- board appraisal
- community consultation, and
- professional development.

Members of the board and staff also serve on committees to manage the operations of CSAHS:

- **Clinical Quality Council**
Chaired by Prof John Young

The committee was established in September 2000 and meets every two months to review clinical practices through sentinel event and clinical indicator reporting. It makes recommendations on issues regarding the quality of service delivery.

Members (attendance):

Prof J Young (3), Prof M Besser (5), Prof J Bishop (5), Dr J Bleasel (3), Prof L Bokey (3), Dr S Buchanan (4), Dr A Chalasani (6), Dr A Child (4), Dr J Cullen (5), M Dickinson (5), A/Prof G Duggin (2), A/Prof J Englert (6), A/Prof M Fulham (6), R Gilbert (6), D Gill (4), Prof P Harris (6), A Hay/R Fernandez (2), Dr D Horvath (5), Prof J Horvath (5), Dr P Hoyle/Dr R Donnelly (2), W Jamieson/J Smit (6), A/Prof B McCaughan (3), K Moore/K Eu (5), G Rowley (4), K Russell (5), Dr P Sainsbury (6), Dr M Sanger (5), Dr G Stewart/Dr P Kennedy (6), Dr V Storm (2), Dr G Szonyi (5), A/Prof L Thompson (5), Dr P Torzillo (2), M Wallace (5), A/Prof J Ward (3), T Wilson (4).

- **CSAHS Audit Committee**
Chaired by Nea Goodman

Matters arising from internal and external audit reviews are managed by this committee, which met five times in 2000/01.

Members (attendance):

G Boyd (1), N Goodman (4), Dr J Meadth (3), J Isaacs (4).

- **Finance and Budget Committee**
Chaired by Maria Pethard

Recommendations about budget allocation and financial performance are made by this committee. It is responsible for funds management and developing and monitoring an efficient and cost effective finance function and information system.

Meetings are held on the third Wednesday of each month.

Members (attendance):

M Pethard (8), Dr D Horvath (10), F Carolan (10), C Linsell (12), N Goodman (5), Prof J Young (4).

- **Medical and Dental Appointments Advisory Committee**
Chaired by Prof John Young

The committee recommends all CSAHS medical and dental appointments, and meets quarterly.

Members (attendance):

Prof J Young (5), Dr D Horvath (6), C Linsell (4), A/Prof G Duggin (2), A/Prof C O'Brien (2), Dr P Hoyle (1), Dr M Sanger (2), Prof R Houghton (3), A/Prof P Torzillo (2), Dr J Cullen (1), A/Prof B McCaughan (1), Prof L Bokey (3), Dr P Kennedy (2), Dr H Jagger (6), Dr S Buchanan (4), Dr R Donnelly (1), Dr P Davis (2), Dr P Tiller (1).

- **Ethics Review** committees meet monthly at RPA and Concord hospitals and bi-monthly at UDH.

The RPA committee is chaired by Dr Rob Loblay. Dr Sue Liew chaired the Concord committee to January 2001, with Dr Garry Pearce from February 2001. Dr Barbara Taylor chairs the UDH committee.

Members (attendance):

RPA: Dr R Loblay (11), A Bolton (8), Prof D Cook (8), Dr A Evers (8), Dr P Glare (4), P Green (2), Dr V Levy (9), J Lutman (10), H Milne (8), Rev Dr M Nixon (8), Dr I Reiger (10), K Vesk (6), Dr P White (1).

Concord: Dr S Liew (4), Dr G Pearce (6), Dr G Aggarwal (1), J Bell (5), Dr D Brieger (5), Dr J Donnelly (3), Dr C George (5), E Lane (5), Dr F Li (9), Dr S Lim (4), J Lutman (9), Dr H McCathie (3), C Marsh (6), Dr M Millward (5), Dr G Molland (7), L Nigro (7), M Richardson (4), Dr E Spence (3), C Stewart (3), Rev P Watkins (7).

UDH: Dr B Taylor (3), Dr S Buchanan (3), C Diep (2), Dr R Loblay (2), J Lutman (3), Fr Martin Milani (0), P Power (3), A Roth (2), W Sherson (2), Dr M Swain (2).

Resources available

The board and its members have access to various sources of independent advice including the Auditor-General, the internal auditor who is free to give advice direct to the board, and professional advice.

Engaging in independent professional advice is subject to the approval of the board or of a committee of the board.

Strategic direction

The board has in place processes for the effective planning and delivery of health services to the community and patients. The processes include the setting of strategic directions for the organisation and the health services it provides.

Ethical behaviour

As part of a commitment to integrity, conduct of the board is bound by the CSAHS By-Laws which cover such matters as responsibilities to the community, compliance with regulations and ethical responsibilities.

The board has also endorsed the CSAHS Code of Conduct, which determines the acceptable standards of behaviour by staff. All employees must observe the code as part of their conditions of employment. A complete copy of the code can be found at www.cs.nsw.gov.au/corporate/code

Risk management

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

Specific strategies have been developed and implemented to control the risks associated with manual handling, hazardous substances, security and critical incidents.

The board receives and considers all of CSAHS's external and internal audits and, through the audit committee, ensures the implementation of recommendations. A risk management plan is in place.

2. Executive Management

The management of CSAHS is overseen by a dedicated group of seven people, who enjoy close working ties with senior staff within our facilities, clinical groups and administrative areas.

Chief Executive Officer

Dr Diana Horvath AO, MB, BS, MHP, FRACMA, FAFPHM, FCHSE

The CEO is responsible and accountable to NSW Health for the management of one of the largest and busiest area health services in the State. CSAHS has an annual expenditure of more than \$777 million.

Deputy Chief Executive Officer

Michael Wallace MSc (Soc), BSc

The deputy CEO coordinates the operations of CSAHS and oversees and manages the use of resources and facilities.

Director of Health Services

Dr Greg Stewart MB, BS, MPH (Syd), FRACMA, FAFPHM (to September 2000)

Dr Peter Kennedy MB, BS, FRACP (from October 2000)

Focusing on quality outcomes, the director of Health Services assesses and guides the development and integration of healthcare services across the 14 clinical groups which make up CSAHS.

Director of Finance

Candy Cheng BComm, FCPA

The director of Finance is responsible for the efficient, professional and equitable management of CSAHS's available financial resources and assets to ensure appropriate use and value.

Director of Health Services Planning

Richard Gilbert BSc (Hons)

The director of Health Services Planning is responsible for developing and planning services including assessing the health requirements of the population and identifying the services required to meet these needs. He formulates appropriate plans and advises on the resource implications of various funding methods and the use of casemix information.

Director of Corporate Services

Jan Whalan BPharm, MPH, MBA, AFAIM

The director of Corporate Services guides a diverse portfolio including human resources and risk management; occupational health, safety and rehabilitation; procurement and tendering; management and performance contracts; policy development; administrative and legal services; and non-government organisations.

Director of Nursing Services

Professor Joan Englert AM, RN, CM, MSc (Soc), BHA, DNA, COTM, CIC, FCN (NSW), FRCNA, FAIM

The director of Nursing Services directs and coordinates the provision of nursing care across our facilities. This involves working closely with clinical services to ensure the implementation of best practice initiatives. The role includes managing the Staff Development and Training Network to meet the ongoing needs of all employees as well as the portfolio for continuous quality improvement.

PERFORMANCE OBJECTIVES

CSAHS is committed to healthier people, fairer access, quality healthcare and better value. These philosophies build on and extend current levels of achievement and orientate us towards continuing to meet the community's needs. Determined by NSW Health, these core goals guide the provision of services and the setting of standards across the State.

Over the past five years hospitals have increasingly been replacing same day admissions with ambulatory care. These include chemotherapy, some sleep studies, endoscopies, cardiac catheterisation, amniocentesis and geriatric day hospital services. Adjusting for this activity (estimated at 18,300 admissions per year) would increase the number of acute admissions to 150,000 (a 12.2 per cent increase).

Highlights of our objectives and achievements for the year are detailed in the following table:

| Strategic Directions Goals | Target in 2000/01 | Outcome | Future Goals |
|--|--|--|--|
| Healthier People | | | |
| <i>Chronic and complex and other care</i> | Reduce the unplanned return of patients to the operating room following neurosurgery to less than 2.8% | The rate stands at less than 2%. This is a decrease from 3% in 1997 | Develop guidelines and appropriate protocols to continue the reduction |
| | Establish a degenerative joint diseases clinic at Concord Hospital as a one-stop centre for eligible war widows and veterans | Improved mobility and quality of life benefits for patients due to individual treatments and clinical expertise of staff | Continue to improve the management of degenerative joint diseases |
| <i>Public health protection and health promotion</i> | Implement home visiting for newborns in 30% of Early Childhood Health Service centres as part of the Families First program | The program operates in 30% of childhood health centres | Extend the program to all childhood health centres |
| | Limit exposure to smoking in CSAHS facilities to 71 exempt areas across 23 sites | Achieved | Gradually reduce the exempt areas to zero by September 2002 |
| | In falls prevention, improve on the 1998 rate of 6.2 inpatient falls per 1000 bed days | The number fell to 4.6 per 1000 bed days in 2000 | Continue to decrease the rate |
| Fairer Access | | | |
| <i>Service access strategies</i> | For 100% of Emergency Category 1 patients to be seen by a doctor within the benchmark of two minutes | Achieved All Emergency Category 1 patients were seen in under two minutes | Maintain the benchmark |

| Strategic Directions Goals | Target in 2000/01 | Outcome | Future Goals |
|---|--|--|---|
| <i>Service access strategies</i> | Increase the day of surgery admission rate to 80% for patients undergoing gastroenterology and liver procedures | The target was met | To improve on the target |
| | Reduce waiting lists for frail and elderly podiatry outpatients in Riverwood and Marrickville | Waiting times fell from three months to one week | Ensure continued success of waiting time reductions |
| Quality healthcare | | | |
| <i>Initiatives in quality management</i> | Complaints handling. Performance on complaints handling to exceed the benchmark of 80% being resolved in 35 days | The benchmark was exceeded with 98% of all complaints resolved in 35 days. This is better than the averages in the State (82%) and Metropolitan Sydney (83%) | Maintain the performance |
| | Same-day booked surgery. Increase the percentage of surgeries undertaken on the same day | The rate rose from 44% in 1999/2000 to 47% in 2000/01 | Maintain and improve on current levels However CSAHS has two major, acute care teaching hospitals providing a significant amount of complex surgery which does not lend itself to day-only procedures |
| | The Clinical Quality Control Council to endorse a CSAHS-wide action plan as part of a commitment to delivering the highest standards in service | The clinical quality action plan was endorsed by the council in March 2001 | Monitor and review key areas including clinical risk management processes, safety and quality structure and reporting lines, through the action plan |
| <i>Community engagement and working in partnerships</i> | Implement and develop contingency plans for infectious diseases, environmental health and food safety for the Olympic and Paralympic games periods | As a result of the plans, no critical incidents occurred during the events | Build on the strong links developed with Local Government during this time |
| Better Value | | | |
| <i>Service development and asset strategies</i> | Opening of Resource Transition Program developments including the RPA Institute of Rheumatology & Orthopaedics and refurbishment works at the United Dental Hospital | The projects reflect the RTP's philosophy of a collocation of related services for greater efficiency, and the delivery of care from the most appropriate setting The RTP continues to progress on time and on budget | A \$73 million project is underway at Concord Hospital, scheduled for completion in 2002. Women's and Children's Health is among the services which will move into a purpose built facility at RPA during 2002/03. The \$258 million project will locate complimentary units in close proximity |

CLINICAL GROUPS

Bone, Joint and Connective Tissue Service

Clinical Director: Dr Peter Holman MB, BS, FRACS, FAOrthA

The Bone, Joint and Connective Tissue Service covers the disciplines of orthopaedics, rheumatology, immunology and allergy, plastics, reconstructive and dental surgery, and HIV/AIDS. It also incorporates Sexual Health Services, which moved from CSAHS's Respiratory and Critical Care Service in December 2000.

Highlights in 2000/01 included:

- Opening the RPA Institute of Rheumatology & Orthopaedics on the main campus as a stand-alone facility to continue the service's trademark excellence in clinical outcomes, especially joint replacement surgery. It followed the successful move of services from the Rachel Forster Hospital site in Redfern to the refurbished QEII building. Part of the Resource Transition Program, the new centre was unveiled by NSW Health Minister Craig Knowles.
- Rising numbers of orthopaedic patients being admitted on the day of their operation with the figure jumping above 90 per cent following development of a pre-admission clinic.
- Advances in therapies which led to reduced HIV inpatient admissions.
- Selection of the burns unit at Concord Hospital as the primary centre for the Statewide Severe Burns Service under the Metropolitan Health Plan.
- Innovations in plastics and reconstructive surgery, such as microvascular stapling devices have reduced the average operating time for certain microsurgical applications such as free flap procedures. New techniques in reverse tissue expansion are showing good results in the treatment of deep thoracic cavity wounds.
- Establishing a one-stop clinic to treat eligible war widows and veterans suffering from degenerative joint diseases, at Concord Hospital. Outcome indicators have shown greater activity and mobility and improved management of the disease.
- Researchers in rheumatology and orthopaedics joining international, multi-centre trials of new treatments to prevent crippling arthritis pain, and blood clotting in patients who had joint replacement surgery.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------|
| Staff EFT [^] | 360.17 | 359.43 | 319 |
| Admissions | 10,166 | 9,799 | 8,829 |
| Same-day admissions | 3,225 | 3,456 | 3,338 |
| Occasions of service | 64,706 | 60,776 | 45,800# |

[^] equivalent full-time # change due to the RTP

Bone, Joint and Connective Tissue Service

| | RPA | Concord | Canterbury |
|----------------------------------|-----|---------|------------|
| Orthopaedics | • | • | • |
| Rheumatology | • | • | • |
| Plastic & Reconstructive Surgery | • | • | |
| Burns | | • | |
| Faciomaxillary Surgery | • | • | |
| Trauma | • | • | |
| Dentistry | • | • | |
| Immunology | • | • | |
| Sexual Health Services | • | | |
| NSW Institute of Sports Medicine | | • | |

Cancer Services

Clinical Director: Professor James Bishop MD, MMed, MB, BS, FRACP, FRCPA

Operating under the banner of the Sydney Cancer Centre, extensive clinical programs have been established at Royal Prince Alfred, Concord and Canterbury hospitals. Community-based palliative care, an outreach program at Dubbo Base Hospital and work in Noumea are included in Cancer Services.

Offering the highest standards of care, staff delivered more than 129,000 outpatient treatments. In a population survey, CSAHS residents recorded higher than State average survival rates for multiple myeloma, and upper gastrointestinal and renal cancers.

With the incidence of cancer in NSW increasing by 12 per cent each decade, efforts at addressing this figure include early intervention, rapid application of new research, and developing best practice in care and management.

More than 450 teaching hours were devoted to students from the University of Sydney.

Highlights during 2000/01 included:

- Continuing the planning and development of a sophisticated

ambulatory care model to maximise patients' time at home.

- Developing a comprehensive cancer centre model using established international criteria to maximise outcomes.
- Using the database at the Sydney Melanoma Unit, the largest treatment centre of its type in the world, to develop a new, global classification for melanoma.
- Launching a cancer fellowship program to develop additional training and research opportunities within all specialties.
- As part of a commitment to research, undertaking projects in DNA methylation, gene therapy, pharmacology, sun screen and skin cancer analysis, new drug development, the psychosocial aspects of cancer and leukaemia and multiple myeloma investigations.
- The cancer trials program winning accreditation from the US National Cancer Institute. Major grants received included \$4.8 million from the National Health and Medical Research Council.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------------------|---------|-----------|---------|
| Staff EFT [^] | 363.0 | 370.0 | 398.15 |
| Admissions | 18,890 | 18,111 | 14,799 |
| Same-day admissions | 10,592 | 5,737 | 5,104 |
| Non-inpatient occasions of service | 95,000 | 114,775 | 129,022 |

[^] equivalent full-time

Cancer Services

| | RPA | Concord | Canterbury |
|---|-----|---------|------------|
| Medical Oncology | • | • | • |
| Surgical Oncology | • | • | |
| Radiation Oncology | • | • | |
| Urology | • | • | |
| Sydney Breast Cancer Institute | • | • | |
| BreastScreen NSW Central & Eastern Sydney | • | | |
| Gynaecological Oncology | • | | |
| Clinical Haematology | • | • | |
| Head and Neck Surgery | • | • | |
| Sydney Melanoma Unit | • | | |
| Palliative Care | • | • | • |
| Dermatology | • | • | |
| Bone and Soft Tissue Sarcoma Service | • | | |

Cardiovascular Services

Clinical Director: Associate Professor Brian McCaughan MB, BS (Hon 1), FRACS

Patients needing cardiovascular surgery are spending less time in hospital with the average length of stay falling from 3.5 to 3.2 days. This reflects the development of pre-admission clinics to conduct education seminars and tests before the patient is checked in.

As a result we were able to treat more patients, with same day admissions rising by 12.4 per cent at Royal Prince Alfred Hospital and 4 per cent across the clinical group.

Cardiovascular Services treats cardiology, renal, endocrinology, vascular and cardiothoracic surgery, clinical pharmacology and toxicology patients from RPA and Concord hospitals, with networks in place extending links to other CSAHS facilities.

Highlights for 2000/01 included:

- More people receiving their care as non-inpatients with the occasions of service for this group rising 6.3 per cent to 34,344.
- Introducing a pre-admission and education clinic for vascular surgery patients. As a result the number of people being admitted on the day of their operation rose from zero to 80 per cent in eight months.
- Specialists in cardiothoracic surgery continuing to meet the demand for implantable prosthetic devices to treat life-threatening arrhythmias. RPA became Australia's second largest implanter of heart defibrillators and the fifth in the nation for pacemakers. In the 12 months to December 2000, 154 patients received pacemakers, a 55 per cent increase on the previous year. The number of heart defibrillators implanted rose by 38 per cent.
- Commencing talks to join Concord Hospital's cardiology and vascular surgery units to form the facility's largest department, cementing closer working ties and joint consultations.
- Starting a gestational diabetes program at Canterbury Hospital to meet the needs of the local community. Similar programs operate at RPA and Concord hospitals. For enhanced patient services and care, endocrinology was divided into diabetes, bone metabolism and general endocrinology streams.
- Developing an ambulatory care High Risk Foot Service within RPA's Diabetes Centre. As a result more than 57 per cent of people with diabetic ulcers were successfully treated within three months, at 10 per cent of the cost of previous care.
- Establishing a Priority Health Care Program for chronic heart failure and diabetes patients with footcare problems, who traditionally have high readmission rates.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------------------|---------|-----------|---------|
| Staff EFT [^] | 509.72 | 517.79 | 534.3 |
| Admissions | 27,227 | 27,745 | 27,935 |
| Same-day admissions | 17,514 | 18,591 | 19,332 |
| Non-inpatient occasions of service | 29,942 | 32,285 | 34,344 |

[^] equivalent full-time

Cardiovascular Services

| | RPA | Concord |
|---------------------------|-----|---------|
| Renal [^] | • | • |
| Cardiology | • | • |
| Cardiothoracic Surgery | • | # |
| Endocrinology | • | • |
| National Poisons Register | • | |
| Vascular Surgery | • | • |
| Clinical Pharmacology | • | |

[^] Includes nephrology and transplantation # a specialist service in the insertion of cardiac pacemakers

Central Sydney Laboratory Service

Clinical Director: Associate Professor Geoff Duggin MB, BS (Hons), PhC, FRACP, FAFPHM

The Central Sydney Laboratory Service is one of the nation's most cost-effective pathology centres with a reputation for providing the widest range of specialist tests in NSW. Benchmarking from the Royal College of Pathologists of Australia identified the CSLS as one of the country's most efficient in a total cost per test comparison.

CSLS is one of five pathology hubs in NSW and research and teaching is an important part of its activities.

Staff work from laboratories at Royal Prince Alfred, Concord and Canterbury hospitals, providing specialised tests including trace element analysis, bone and mineral metabolism, and molecular biology.

Highlights for 2000/01 included:

- Joining with Hunter Area Pathology and Pacific Laboratory Medicine services to form the Pathology Alliance of Australia. The resultant *superhub* allows expertise and resources to be shared and boosts group purchasing and buying power.
- Continuing with the development of a new laboratory facility with the plans approved by the management advisory committee. Construction is expected to start in 2002 through the Resource Transition Program, which aims to collocate services and maximise the use of resources and staff skills. Services at Balmain and Rachel Forster hospitals moved to RPA this year to consolidate activities.

| Key indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|----------|-----------|---------|
| Staff EFT [^] | 444 | 427 | 415 |
| Occasions of service | 818,179# | 826,231 | 858,317 |

[^] equivalent full-time

a review of occasions of service for 1998/99 indicated anomalies in counting

Central Sydney Laboratory Service

| | Concord [^] | RPA [^] | Canterbury |
|---------------------------------|----------------------|------------------|------------|
| Anatomical Pathology | • | • | |
| Biochemistry | • | • | • |
| Blood Bank | • | • | • |
| Electron Microscopy | • | | |
| Endocrinology | • | • | |
| Clinical Andrology Laboratory | • | | |
| Gastroenterology Laboratory | | • | |
| Haematology | • | # | • |
| Immunology | | • | |
| Laboratory Information Services | • | • | |
| Microbiology | • | • | |
| Molecular Genetics/Medicine | • | • | |
| Renal Laboratory | | • | |

[^] RPA and Concord hospital laboratories provide a range of tests for facilities outside CSAHS

Includes the Kanematsu Research Laboratory

Dental Services

Clinical Director: Dr Susan Buchanan BDS, MDS, MBA, FRACDS, FICD

Oral healthcare is provided to CSAHS residents and people in NSW who hold current pensioner and healthcare concession cards. In addition to the full range of on-site care, a network of child and adult clinics, mobile units, screening programs and education services are administered. Many programs are provided in consultation with advocacy groups for individuals with special needs.

Dental Services are coordinated from Australia's most modern dental facility at the United Dental Hospital, which has been extensively refurbished. The clinical group provides training for university and TAFE students in dentistry, prosthodontics and dental assistant courses.

The first students enrolled in the new graduate dental program, and the course was developed following close liaison with the University of Sydney. Studies focus on problem-solving based learning, with practical experience at UDH an integral part.

Highlights during 2000/01 included:

- Unveiling the \$10 million redevelopment works at UDH as part of the Resource Transition Program.
- Continuing to develop and implement dental services across CSAHS facilities including postgraduate registrar programs in children's dentistry, orthodontics and crown, bridge and denture specialties.
- Working with carers from the Boarding House Team, which is run by Mental Health Services. The carers identify dental problems, make appointments and assist with access to services.
- Undertaking major research projects to expand the service's expertise. These include developing a quantitative method of evaluating pain by testing biochemical changes in saliva, and a large study on the relationship between periodontal and cardiac disease.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------------|---------|-----------|---------|
| Staff EFT [^] | 360 | 325 | 330 |
| Occasions of service: | | | |
| Adults | 164,166 | 157,221 | 148,682 |
| Children | 31,261 | 31,876 | 28,271 |

[^] equivalent full-time

Dental Services

| | Specialist | General Adult | Children |
|----------------------------|------------|---------------|----------|
| UDH | • | • | • |
| RPA | ^ | • | |
| St George Hospital | | • | |
| Peakhurst Community Centre | | • | |
| Sutherland Hospital | | • | |
| Canterbury Hospital | ^ | • | • |
| Concord Hospital | ^ | • | |
| Rozelle Hospital | | • | |
| Clemton Park School | | | • |
| Marrickville School | | | • |
| Newtown School | | | • |
| Rozelle School | | | • |
| Homebush West School | | | • |
| Kirkton Road Centre | | # | |
| Cellblock Youth Centre | | # | |
| 3 x mobile vans | | • | |

[^] not a full range of specialist services

patient assessment with referral to UDH for treatment

Gastroenterology and Liver Services

Clinical Director: Professor Les Bokey MB, BS, MS, FRACS

The clinical group is made up of gastroenterology, colorectal, upper gastrointestinal, biliary and general surgery and the Total Parenteral Nutrition Service. It includes the Australian National Liver Transplantation Unit.

Highlights in 2000/01 included:

- Redesigning the delivery of care through the collocation of services to meet the changing needs of patients as part of the Resource Transition Program. Preparations were in full swing to move into new facilities on the main Royal Prince Alfred Hospital campus in July 2001, and facilities at Concord Hospital are also being upgraded.
- Meeting targets with 80 per cent of patients undergoing gastroenterology and liver procedures being admitted to hospital on the day of surgery, and 90 per cent of all elective patients attending pre-admission services. The focus has now shifted to improving day-of-surgery and day-only admission targets set by NSW Health and extending pre-admission services to all patients.
- Trialling an innovative pill, which acts as a visual aid when ingested to assist in diagnosing gastro-intestinal tract disorders, at RPA's Endoscopy Department. The pill can travel to the middle and lower sections of the bowel, areas which traditional endoscopes cannot reach. Physicians download the information to a computer for review.
- Conducting a world-first, double-blind placebo-controlled trial into Crohn's disease, a chronic inflammation of the intestine with an unknown cause. Led by Associate Professor Warwick Selby, researchers at RPA and Concord hospitals are using an antibiotic to target bacterium thought to be linked to the disease.
- Professor Geoffrey McCaughan winning the inaugural RPA Foundation Medal for Research. He is leading a team of researchers to discover new ways to diagnose and treat liver disease.
- Joining forces with the NSW Cancer Council and the University of Sydney to propose a screening project to target colorectal cancer.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------|
| Staff EFT [^] | 290.4 | 261.5+ | 242.4+ |
| Admissions | 16,625 | 16,398 | 3,253+ |
| Day Only Admissions | 6,600 | 6,402 | 1,048+ |
| Occasions of Service | 11,200 | 10,730 | 9,304# |

[^] equivalent full-time

figure does not include Canterbury Hospital

+ variation due to change in ward configurations as part of the RTP

Gastroenterology and Liver Services

| | RPA | Concord | Canterbury |
|--------------------|-----|---------|------------|
| Liver Transplant | • | | |
| Gastroenterology | • | • | |
| Colorectal Surgery | • | • | |
| Upper GIT Surgery | • | • | |
| General Surgery | • | • | • |

General, Geriatric and Rehabilitation Medicine

Clinical Director: Dr John Cullen MB, BS, FRACP

Specialist clinics for Parkinson's disease, cognitive disorders, amputee and chronic pain care and burns rehabilitation are managed by General, Geriatric and Rehabilitation Medicine (GGRM).

From hospital and community settings across CSAHS, staff working in GGRM provide acute and ambulatory care, inpatient rehabilitation and day hospital treatments, in addition to a range of local health services and carer support programs.

Working with other clinical groups, staff help stroke, orthogeriatric and burns patients as well as boarding house residents whose care extends beyond the boundaries of a single clinical directorate. The group focuses on the multi-disciplinary management of transitions such as hospital discharge.

Highlights during 2000/01 included:

- Extending the geriatric medicine training program into Canterbury Hospital, resulting in a rise in the number of advanced trainees and enhancing the program's reputation.

- The Centre for Education and Research on Ageing (CERA) at Concord Hospital winning an \$82,000 tender from the National Health and Medical Research Council to conduct a review of ageing research in Australia.
- Receiving a \$155,000 grant from the Commonwealth Department of Health and Aged Care to identify and manage best practice for preventing falls among elderly residential care patients.
- Appointing Professor David Le Couteur as director of CERA and professor of Geriatric Medicine at the University of Sydney.
- Transcultural Aged Care Services launching two manuals aimed at improving the health and satisfaction of nursing home residents from diverse ethnic groups. *At Home with Diversity: Diversional Therapy* and *A Home for All: Cross-cultural Awareness for Aged Care Services* help workers provide more culturally relevant activities such as visits to mosques and temples.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------|
| Staff EFT [^] | 473.59 | 472.71 | 458.97 |
| Admissions | 13,454 | 12,123 | 13,916 |
| Same-day Admissions | 3,268 | 3,249 | 3,054 |
| Occasions of Service | 107,027 | 103,353 | 100,971 |

[^] equivalent full-time

General, Geriatric and Rehabilitation Medicine

| | Balmain | RPA | Concord | Canterbury | Community |
|---|---------|-----|---------|------------|-----------|
| Acute Inpatient Services Rehabilitation | • | • | • | • | |
| Inpatient Services | • | | • | • | |
| Day Hospital Services | | • | • | | |
| Outpatient Services | • | • | • | • | |
| Community Assessment | | | | | • |
| Psychogeriatric Services | | | • | | • |
| Home Therapy Service | | | • | | • |
| Respite and Carer Support | | | • | | • |
| Community Options | • | | • | | |
| PADP [^] | • | | | | |
| Community Podiatry | • | | • | • | • |
| Residential Information Services | | | • | | |
| Transcultural Aged Care Services | | | | | • |
| Day Centres | | | • | • | • |

[^] Provision of Appliances for Disabled People

General Practice

Acting Clinical Director: Associate Professor Lindsay Thompson AM, MB, BS, FRACGP, FAMA

The clinical stream features the Canterbury and Central Sydney divisions of general practice, Acute Primary Care Service, Balmain Hospital General Practice Casualty and the Canterbury GP After-Hours Service.

This year the Canterbury Division increased its focus on initiatives to improve quality in general practice including immunisation, standards in medicine, computerisation and practice accreditation. At the same time, the Central Sydney Division underwent restructuring to begin operations as an incorporated body.

A restructure of the General Practice clinical stream and a review of its relationship with CSAHS is currently under discussion. Issues include the importance of GPs and their role in hospital settings, and may result in a formal agreement covering the broad areas where collaboration should actively proceed, setting objectives and developing key indicators.

Highlights for 2000/01 included:

- Completing the 12-month trial of the free, after-hours medical advice line *HealthConnect*, which was instigated by a consortium headed by CSAHS. More than 13,000 residents in central Sydney and Broken Hill used the service during

the Commonwealth-funded trial, which ended in June. Knowledge and experience gained from the trial and its evaluation will be invaluable for the development of health-funded telephone advisory services in the future. The trial demonstrated that patients could be handled equally well by nearby after-hours GP services, taking the emphasis away from emergency department settings.

- The *HealthConnect* project included an after-hours GP casualty service at Canterbury Hospital's Emergency Department.
- GPs fostering a more collaborative relationship with their hospital-based colleagues through the Priority Health Care Program. This NSW Health-sponsored program seeks to enhance the community management of patients with chronic obstructive pulmonary disease, congestive cardiac failure, diabetes and stroke.
- Developing and running programs to enhance the management of patients with conditions such as diabetes and psychiatric illnesses, supporting them from hospital discharge into the community setting.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-----------------------|---------|-----------|---------|
| GPs | 520 | 649 | 652 |
| Active major projects | 17 | 19 | 20 |

| General Practice | Balmain | Canterbury | Community |
|-------------------------------|---------|------------|-----------|
| Central Sydney Division of GP | • | | • |
| Canterbury Division of GP | | • | • |
| General Practice Casualty | • | • | |

Medical Imaging Services

Clinical Director: Associate Professor Michael Fulham MBBS, FRACP

Medical Imaging Services manages the equipment used to depict the anatomy and function of the body, through the departments of Radiology and Nuclear Medicine. The clinical group includes the State's only Positron Emission Tomography (PET) scanner which is located at Royal Prince Alfred Hospital.

Highlights in 2000/01 included:

- Introduction of the Picture Archival and Communication System (PACS) being piloted at Balmain Hospital before its implementation at RPA. Rapid digital transfer of imaging information is now possible across computer networks from the site where the scan is stored, to where the patient is being treated.
 - Installing a multi-slice CT scanner, the first of its type in Australia, in Concord Hospital. The device is faster than its predecessors, and reduces the time needed to scan a patient. It can produce three-dimensional images of complex structures such as the airways, which will help in the assessment of lung diseases.
 - Improving the management of emergency department patients at Concord Hospital by the addition of a Computed Radiography system, which is one of the initial steps to PACS
- technology. Staff are able to immediately assess images of their patients rather than having to look for X-ray films.
- Ensuring optimum care for patients with cancer and neurological disease with the completed expansion of RPA's PET Department. The upgrade has resulted in better appointed patient preparation areas which are vital for the optimum performance of the scanner, and allows greater comfort and staff efficiency.
 - Installing new video-EEG monitoring equipment in the PET Department provides closer monitoring of patients with epilepsy during scans, and detection of subtle seizures that may occur without the patient's awareness. These seizures can cause a deterioration in the patient's condition but can be effectively reversed with appropriate anti-convulsant medication.
 - Using a new imaging tracer 123-iodine to improve the detection of tumours in thyroid cancer patients and to enhance responses to treatment. The use of this tracer has shortened the length of stay in hospital and reduced the number of treatments required.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------|
| Staff EFT [^] | 242.83# | 228 | 231 |
| Occasions of service | 205,000 | 215,772 | 215,434 |

[^] equivalent full-time

includes Canterbury Hospital

Medical Imaging Services

| | Balmain | Canterbury | Concord | RPA |
|------------------------------|---------|------------|---------|-----|
| General Radiology | • | • | • | • |
| Interventional Radiology | | | • | • |
| MRI | | | | • |
| CT | | • | • | • |
| Ultrasound | | • | • | • |
| Cerebrovascular Embolisation | | | | • |
| Mammography | | | • | • |
| Nuclear Medicine | | | • | • |
| PET | | | | • |

Mental Health Services

Clinical Director: Professor Marie Bashir AO, MB, BS, FRANZCP (to July 2000)

Acting Clinical Director: Dr Victor Storm MB, BS, MPA, FRANZCP, FAFPHM (from August 2000)

NSW Health Minister Craig Knowles announced an expansion of inpatient psychiatric care and the relocation of services from Rozelle Hospital to the Concord Hospital campus. The proposal involves moving services to a new purpose-built facility at the Concord site in February 2003. A masterplanning process involving extensive community consultation has begun. The move will allow for psychiatric care to be conducted in modern facilities and with easier access to general hospital services.

All existing services will continue. The relocation aims to deliver better integrated medical services in accordance with national mental health reforms.

Through the Resource Transition Program, Concord Hospital is currently undergoing a major redevelopment, with inpatient mental health services temporarily moving to Rozelle. This will allow for a complete integration of services at Rozelle, prior to relocating the centralised units to Concord.

Mental Health Services met major personnel changes in the past 12 months and began restructuring its organisation pending the move to Concord.

The clinical group provides ongoing assistance to children and adolescents and their families, adults, seniors as well as

inpatients in psychiatric and general hospital settings.

Highlights for 2000/01 included:

- Supporting the needs of indigenous clients through the Aboriginal Mental Health Unit in collaboration with the Aboriginal Medical Service in Redfern.
- Consultation nurses stationed in mental health in the emergency departments of Royal Prince Alfred and Canterbury hospitals, as well as extended care teams
- Expanding psychiatry clinics for senior citizens at Canterbury Hospital.
- Utilising a schools program to strengthen ties between child and adolescent mental health services and students in CSAHS, as part of prevention and early intervention initiatives.
- Starting a perinatal psychiatry program at RPA.
- Enhancing consumer and carer support programs to build on CSAHS's pioneering work in mental health.
- Providing training and support to practitioners in the Greater Murray region of NSW.
- Using a GP Shared Care Project to strengthen links with CSAHS's divisions of general practice.

Key Indicators

| | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------|
| Staff EFT [^] | 820 | 790.4 | 745 |
| Admissions | 10,134 | 9,767 | 8,567 |
| Same-day admissions | 6,033 | 6,157 | 5,277 |

[^] equivalent full-time

Mental Health Services

| | RPA | Concord | Rozelle | Rivendell Adolescent Unit | Marrickville* | Glebe/Redfern^ | Canterbury^ | Ashfield^ | NGO links | Other |
|------------------------------|-----|---------|---------|---------------------------|---------------|----------------|-------------|-----------|-----------|-------|
| 24-Hour Acute Care | ● | ●① | ● | ●⌘ | ● | ● | ● | ● | | |
| Consultation/Liaison | ● | ● | | ● | | | | | | |
| Intake/Assessment | ● | ● | ● | ●⌘ | ● | ● | ● | ● | + | |
| Acute Inpatients | ● | ●① | ● | ●⌘ | | | ▲ | | | |
| Rehabilitation Accommodation | | | ● | | ●■ | ●■ | ●■ | ● | + | |
| Aged Care Assessment | | ● | ● | | ❖ | ❖ | ❖ | ❖ | | |
| Aged Care Beds | | ● | ● | | | | | | | |
| Aboriginal MH Service | ● | ● | ● | | ● | ● | ● | ● | + | * |
| Telepsychiatry | ● | | ● | | | | | | + | |
| Forensic Services | | | ● | | ● | ● | | ● | | * |
| Child and Family Services | | | | ● | | ●□ | | ●□ | | |
| HIV/AIDS Mental Health | ● | | ● | | ● | ● | ● | □ | | |
| Boarding House Teams | ☒ | ☒ | ☒ | | ☒ | ☒ | ☒ | ☒ | | |
| Hearing Impaired Services | ● | ● | | | | | | | | |
| Dietary Disorders Service | ● | ● | | | | | | | | |
| Bilingual Counsellors | | | | | ● | | ● | ● | | |

^ community health centre

⌘ not on weekends

+ respite

▲ supervised group homes

■ psychogeriatric assessment teams

❖ located in separate premises

* special service for boarding house residents but have access to all adult facilities as required

□ includes Aboriginal medical services at Redfern, Kempsey and Richmond fellowship

☒ includes Corrective Services Juvenile Justice

① Acute Psychiatric Inpatient Care transferred to the Rozelle campus in June 2001, while the new mental health facility is built at Concord Hospital

Neurosciences

Clinical Director: Associate Professor Michael Besser AM, MB, BS, FRACS, FRCSC, FACS

The Neurosciences clinical group encompasses medical and surgical problems affecting the nervous system including the brain, spinal cord and peripheral nerves. Ear, nose and throat disorders, as well as ophthalmology and pain management are included in the discipline.

Specialised services are available across our facilities including a Parkinson's disease clinic at Concord Hospital and the pioneering Cochlear Implant Unit at Royal Prince Alfred Hospital.

Highlights for 2000/01 included:

- Meeting targets for 70 per cent of patients to be admitted on the day of neurological surgery. This allows patients to spend less time in hospital, releasing them for faster recovery in the community and freeing up beds.
- Reducing the number of patient falls in wards following delicate surgery which affects balance, resulting in 36 per cent fewer incidents. As well as patient education, falls prevention guidelines are being developed.
- Continuing to reduce the rate of patients returning to the operating theatre after cataract surgery. The incidence fell to less than 1 per cent, from 5 per cent in 1998/99. This was achieved through new surgical techniques involving smaller incisions which minimised inflammation to the eye.
- Establishing new stroke treatment protocols and a dedicated four-bed stroke unit at RPA to assist patient recovery and rehabilitation. The position of a stroke fellow has been funded through a private sector grant.
- Planning for a Department of Pain Medicine, incorporating the streams of palliative care, chronic pain management and the anaesthetic acute pain service. Staff in each of the streams will develop closer working ties to ensure patients are managed and cared for more efficiently.

Key Indicators

| | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------------------|
| Staff EFT [^] | 203 | 190.63 | 190 |
| Admissions | 8,216 | 8,202 | 6,026 [#] |
| Same-day admissions | 2,242 | 2,643 | 2,270 |
| Occasions of service | 30,624 | 31,847 | 20,155 [#] |

[^] equivalent part-time

[#] change due to the RTP and an increase in ambulatory care management

Neurosciences

| | RPA | Concord | Canterbury |
|---------------------------------------|-----|---------|------------|
| Neurology | • | • | |
| Neurosurgery | • | • | |
| Ophthalmology | • | • | • |
| Otolaryngology, Head and Neck Surgery | • | • | • |
| Pain Management Unit | • | • | |

Population Health and Drug & Alcohol Services

Clinical Director: Associate Professor Peter Sainsbury MB, BS, DObstRCOG, MHP, FRACMA, FAFPHM, PhD

Population Health and Drug & Alcohol Services is comprised of nine sections covering Aboriginal and community health services, social health research, multicultural and women's health, as well as Drug Health Services, and the units of Health Promotion, Needs Assessment and Health Outcomes and Public Health.

Highlights for 2000/01 included:

- Meeting targets aimed at improving the health and general wellbeing of the community.
- Starting home visits for families with newborns in 30 per cent of Early Childhood Health Services, with plans to extend the program to all centres. The home visits model was developed by the clinical group as the basis for the State Government's Families First project in CSAHS. It works to increase the effectiveness of prevention programs and support services, to help people raise healthy and well-adjusted children.
- Improving access to screening services for female residents from non-English speaking backgrounds in central Sydney, 35 clinics were held in Arabic, Chinese, Greek and Turkish this year. Staff are keen to develop partnerships with community organisations to extend the reach of the strategy in the future.
- Employing an Aboriginal Health Education Officer as part of a health promotion program for indigenous Australians. The officer will incorporate the themes of dance, art and history in health promotion messages.
- The Health Promotion Unit receiving funding from NSW Health to study whether Tai Chi helps to prevent falls in older Australians. Over a three-year period, the participants' balance, fear of falling, functional ability and level of physical activity will be monitored.
- Launching a smoke-free homes campaign in Canterbury to show parents how to protect children from environmental smoke in cars and domestic settings.
- Conducting focus groups to determine young females' attitudes to smoking.
- Health Promotion Unit staff winning a Year 2000 Baxter Health Award for the innovative project, *Concord: A Great Place To Be Active*.
- Reducing the healing times for chronic wounds and improving health outcomes with the Community Nursing Service using new dressings to treat injuries.
- The Multicultural HIV/AIDS Service initiating a national media campaign to encourage people from non-English speaking backgrounds to be tested for HIV. Written resources in 14 languages were developed for people living with the disease.
- Public Health Unit developing comprehensive plans and programs covering environmental health, food safety, communicable disease control and disaster management during the Olympic and Paralympic games.
- Drug Health Services experiencing a 100 per cent rise in its capacity to provide public methadone treatments, introducing an outpatient detoxification clinic and increasing its shared care services with GPs and community pharmacies, following the NSW Drug Summit in the previous year.
- Coordinating the introduction of a child immunisation schedule and investigating infectious diseases through the Public Health Unit.

| Key indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------|
| Staff EFT [^] | 429.7# | 439 | 430 |
| Occasions of service | 430,983 | 467,864 | 467,845 |

[^] equivalent full-time

includes part of the transferred Sydney Home Nursing Service in November 1998

Population Health and Drug & Alcohol Services

| | RPA | Concord | Canterbury | Rozelle | Community |
|--|------------|----------------|-------------------|----------------|------------------|
| Community Health Services | • | • | • | | • |
| Public Health Unit | • | | | | |
| Health Promotion Unit | • | | | | |
| Aboriginal Health | • | | | | • |
| Needs Assessment & Health Outcomes Unit | • | | | | |
| Multicultural health | • | | | | • |
| Social Health Research Unit | • | | | | |
| Women's health | • | | | | • |
| Drug Health Services | • | • | • | • | • |

Respiratory and Critical Care Service

Clinical Director: Associate Professor Paul Torzillo MB, BS, FRACP

Intensive care, emergency, anaesthetics and respiratory medicine are listed under the umbrella of the Respiratory and Critical Care Service.

Emergency services are a key component of hospital care in CSAHS and staff interact constantly with a range of specialised departments as well as general practice and community organisations. In the past year, more than 100,000 patients have attended our emergency departments at Royal Prince Alfred, Concord and Canterbury hospitals.

Our intensive care departments at RPA and Concord hospitals have close contact with laboratory, surgical, medical and anaesthetic services to coordinate the treatment and rehabilitation of patients with complex illnesses.

Highlights in 2000/01 included:

- Meetings between representatives from the three emergency departments resulting in unified approaches to reporting adverse incidents to improve the delivery of consistent quality care across CSAHS.

- Reducing the number of patients required to be sent out of the area for their intensive care, by improving bed management programs. This is in line with recommendations of the NSW Health Council report.
- Developing a strategy to increase the level of home care for pulmonary patients through more vigorous management, as part of the Chronic Obtrusive Pulmonary Disease Priority Health Care Program.
- Planning for the further development of acute non-invasive ventilatory services at RPA. This form of breathing support is increasingly used for a wide range of respiratory illnesses and potentially averts the need for conventional ventilators and intensive care placement.
- Transferring infectious and sexually transmitted disease units to the Bone, Joint and Connective Tissue Service for a collocation of related services and staff resources.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|--------------------------|---------|-----------|----------|
| Staff EFT [^] | 626.2 | 644.4 | 663.55 |
| Admissions | 14,996 | 15,024 | 7,651# |
| Same-day admissions | 3,799 | 4,802 | 3,757 |
| Occasions of service | 89,440 | 99,848 | 117,475+ |
| Admissions via emergency | 25,542 | 26,004 | 31,514 |

[^] equivalent full-time

change due to an increase in ambulatory care management and more day procedures in areas including sleep disorders and bronchoscopes

+ due to a rise in presentations to emergency departments

Respiratory and Critical Care Service

| | RPA | Concord | Canterbury |
|----------------------|-----|---------|------------|
| Respiratory Medicine | • | • | |
| Sleep Disorders | • | • | |
| Tuberculosis Clinic | • | • | • |
| Thoracic Surgery | | • | |
| Emergency Department | • | • | • |
| Intensive Care | • | • | • |
| Anaesthetics | • | • | • |

Women's and Children's Health

Clinical Director: Professor Roger Houghton DPhil (Oxon). MB, BS, BSc (Med), FRACOG, FRCOG

More than 5,350 babies entered the world at Royal Prince Alfred and Canterbury hospitals this year.

Their delivery by Women's and Children's Health specialists is part of the full range of expert care which includes the latest and best innovations and treatments for women and youngsters. An early pregnancy assessment service was formed to target women experiencing pain and bleeding during the first stages of gestation.

As part of the Resource Transition Program, attention focused on planning for the transfer of services from the King George V building to the new RPA clinical services building, scheduled for early 2002.

Access to Women's and Children's Health will be provided from a dedicated entrance, maintaining its unique and prominent identity. The purpose-built facility links complementary units in close proximity for optimum efficiency and patient care, reflecting the RTP's philosophy of a collocation of services. Neonatal Intensive Care will be located next to the Delivery Unit and adjacent to the Birth Centre. The operating theatre will be across the corridor from the Delivery Unit.

Highlights in 2000/01 included:

- Ensuring RPA's neonatal intensive care unit is among the best in the State for patient outcomes. More pre-term babies born after less than 32 weeks gestation were treated there in the past five years than at any other facility in NSW.
- John Spence Nursery continuing its role as an international centre of excellence. The training of neonatal specialists from Macedonia is being coordinated following its selection in a World Bank scheme last year. To utilise the large pool of education resources this program is generating, a continuing education program was implemented in 2000/01.
- The Paediatrics Department marking a significant change in the treatment of childhood asthma through the introduction of spacer devices to replace traditional nebulisers. The portable device is a plastic tube that puffs metered aerosol through a soft mask, delivering medication as small particles that are better inhaled and travel further into the lungs.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|---------|-----------|---------|
| Staff EFT [^] | 320.38 | 326.7 | 393.95 |
| Admissions | 15,762# | 15,274# | 14,500 |
| Same-day admissions | 6,262 | 7,254 | 5,191 |
| Occasions of service | 46,298 | 51,196 | 35,291+ |

[^] equivalent full-time

a review of admissions indicated anomalies in counting

+ refers to RPA only

Women's and Children's Health

| | RPA/KGV | Concord | Canterbury |
|--|---------|---------|------------|
| Obstetrics | • | | • |
| Gynaecology | • | • | • |
| Paediatrics | • | | • |
| Urogynaecology | • | | |
| Reproductive Endocrinology and Infertility | • | | |
| Neonatal Medicine | • | | • |
| Diagnostic Ultrasound and Foetal Medicine | • | | ^ |
| Gynaecological Oncology | • | | |
| Pelvic Floor Unit | | • | |

[^] being developed

OTHER SERVICES

Allied Health Services

Director: Kit Eu BEc, BSoc Admin (to March 2001)
Katherine Moore MappSc (OT) (from April 2001)

The eight professions of nutrition and dietetics, physiotherapy, podiatry, psychology, speech pathology, social work, occupational therapy and orthotics are managed by the service.

From hospital and community settings, staff work in partnership with patients and their families to optimise physical and psychosocial functions and develop healthy life skills.

The service continued to supply a range of home visits to review patient safety and function, and provide grief counselling, nutritional advice and psychological treatments.

Highlights for 2000/01 included:

- Enjoying a productive and beneficial first year partnership with the Research Centre for Adaptation in Health and Illness at the University of Sydney.
- Receiving grants in psychology and occupational therapy to fund studies in the functional impairment of people with

AIDS dementia complex, cardiac rehabilitation, and the cognitive behavioural treatment of panic disorders.

- Remaining committed to research with staff producing more than 46 conference papers, journal articles and presentations. The culture of research will continue to be explored in 2001/02.
- Developing voice outcome scores to determine the effectiveness of treatments for patients with damaged vocal chords and pitch problems. The evaluation is being used by speech pathologists to analyse the effectiveness of treatment outcomes by ranking them on a comparative scale.
- Expanding Royal Prince Alfred Hospital's allied health departments to include colleagues from the RPA Institute of Rheumatology & Orthopaedics, which officially opened on the main campus as part of the Resource Transition Program.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------------------|---------|-----------|---------|
| Staff EFT [^] | 235 | 218 | 211 |
| Inpatient occasions of service | 225,508 | 204,858 | 208,102 |
| Non-inpatient occasions of service | 142,026 | 111,726 | 114,312 |

[^] equivalent full-time

This table only applies to Allied Health in RPA, Concord and Canterbury hospitals

Allied Health Services

| | RPA | Concord | Canterbury | Rozelle | Balmain | Community |
|-----------------------|-----|---------|------------|---------|---------|-----------|
| Physiotherapy | • | • | • | • | • | • |
| Social Work | • | • | • | • | • | • |
| Nutrition & Dietetics | • | • | • | • | • | • |
| Occupational Therapy | • | • | • | • | • | • |
| Speech Pathology | • | • | • | • | • | • |
| Psychology | • | • | | • | | • |
| Orthotics | • | | | | • | |
| Podiatry | • | • | • | • | • | • |

Multicultural Services

Ethnic Affairs Priority Statement

More than 496,300 people live within the boundaries of CSAHS. It is one of the State's most culturally diverse areas with 41.1 per cent of residents born overseas, compared to 23 per cent in NSW. Of these, 83.4 per cent are from non-English speaking backgrounds, primarily China, Italy, Greece, Lebanon and Vietnam. Among the population over age five, 46 per cent speak a language other than English at home, compared to 21.4 per cent in the rest of the State. More than 5,000 residents have identified themselves as Aborigines or Torres Strait Islanders, according to Australian Bureau of Statistics ERP numbers*.

CSAHS acknowledges and supports the cultural diversity of its population and implements the NSW Government *Principles of Cultural Diversity* through multicultural health programs and access committees.

Initiatives include:

- the Multicultural Health division which plays a leadership role in Ethnic Affairs Priority Statement implementation, monitoring and reporting, and coordinates health promotion activities. It offers cross-cultural training to equip staff with the necessary skills to work with a diverse clientele and workforce
- the Health Care Interpreter Service (HCIS), a 24-hour, seven-day-a-week free service providing professional face-to-face interpreting and translating for a variety of health information, in 71 languages including Australian Sign Language (Auslan). Assistance is offered to Central and Eastern Sydney area health services
- an ethnic aged access program, providing culturally sensitive aged care services
- a migrant health team, which gives information and referral, and health education for Arabic, Greek, Vietnamese, Chinese, Portuguese

- and Turkish communities to highlight healthy lifestyle opportunities
- mental health counsellors, to provide case management in community languages
- the Canterbury Multicultural Youth Health Service, offering counselling, recreation activities and a medical referral service for homeless youth in the Canterbury local government area
- Ethnic Obstetric Liaison Officers, who give antenatal support to women at Canterbury Hospital.

CSAHS manages the Statewide Multicultural HIV/AIDS Service and the Transcultural Aged Care Service.

Highlights in 2000/01 included:

- Launching two brochures in nine community languages, including English to promote and improve access to available health services, by the Multicultural HIV/AIDS Service.
- The HCIS providing assistance with treatment of athletes and officials during the Sydney Olympic and Paralympic games, at Concord and Royal Prince Alfred hospitals. Russian, French and Spanish interpreters were most frequently requested.
- Unveiling a poster titled *Multiculturalism and Faiths: A guide for Health Care Providers* during the second annual Multicultural Health Week. The poster was designed to complement the CSAHS policy promoting religious tolerance and to assist in meeting the diverse spiritual needs of patients and staff.
- Launching a *Choose or Lose* campaign to inform and educate Portuguese residents of the consequences of drink driving. It was designed, implemented and evaluated in partnership with Marrickville Council.

* Estimated Resident Population

FACILITIES

Balmain Hospital

Booth Street

Balmain NSW 2041

Phone: (02) 9395 2111

Fax: (02) 9395 2020

E-mail: zoe@bal.cs.nsw.gov.au

www.cs.nsw.gov.au/balmain/default.htm

General Manager: Ken Cahill

Balmain Hospital specialises in aged care, rehabilitation and general medicine. Established in 1885, the facility has become the heart of our community-based services for the elderly. A unique General Practice Casualty operates from the site and is coordinated in conjunction with local doctors and the Division of General Practice.

Staff began trialling the Picture Archival and Communication System featuring electronic multi-user access. As part of the pilot, the internal network and the existing microwave link to nearby Concord Hospital were upgraded.

In keeping with our commitment to the elderly, funding for the hospital's STRONG clinic (Strength, Training, Rehabilitation and Outreach Needs in General Medicine) continued. This popular program saw older people take part in supervised strength training for a variety of health problems.

The hospital's dedicated Ladies Auxiliary continued its support, raising funds to buy medical equipment including wheelchairs, pressure-relieving mattresses and spirometers.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-------------------------------|----------------|------------------|----------------|
| Staff EFT [^] | 251.4 | 270.3 | 275.5 |
| Average available beds | 93 | 87 | 78.7 |
| Inpatient bed days | 29,826 | 27,544 | 26,154 |
| Total admissions | 2,526 | 2,365 | 2,002 |
| Bed occupancy rate (%) | 87.2 | 86.9 | 91.1 |
| Average length of stay (days) | 12.3 | 11.5 | 13.1 |
| ENIOOS# | 82,133 | 79,897 | 81,045 |

[^] equivalent full-time

equivalent non-inpatient occasions of service

Canterbury Hospital

Canterbury Road

Campsie NSW 2194

Phone: (02) 9787 0000

Fax: (02) 9787 0031

E-mail: shandr@email.cs.nsw.gov.au

www.cs.nsw.gov.au/facilities/canterbury.htm

General Manager: Peter Clout

Canterbury Hospital serves a diverse local population of 135,000 residents. General medicine, surgery, obstetrics and gynaecology, paediatrics, aged care, rehabilitation and palliative care are among the services provided.

The hospital's language-specific antenatal classes continued to be popular, aiming to meet the needs of an ethnic population of 53 per cent, which is 8 per cent higher than the Sydney region average. Regular tours were held for newly-arrived immigrants and students learning English at TAFE colleges.

Following completion of its rebuilding works in 1998, and accessing better networking

with other CSAHS services, Canterbury Hospital's Emergency Department was able to see 10 per cent more child patients this year.

Colour-coded signs to identify ward areas are being prepared to ensure easy access for visitors. Volunteers play a vital community service role, meeting visitors at the reception desk and walking them to the ward areas.

Support from the community continued through a regular pattern of donated funds. New support included first-time donations from the Lions Club of Sydney Korean and Sydney Markets Industries Lions Club.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-------------------------------|---------|-----------|---------|
| Staff EFT [^] | 400.82 | 579 | 585.4 |
| Average available beds | 173 | 156 | 146 |
| Inpatient bed days | 53,628 | 56,329 | 54,741 |
| Total admissions | 13,029 | 14,361 | 14,584 |
| Bed occupancy rate (%) | 95.5 | 91.3 | 94.7 |
| Average length of stay (days) | 5.0 | 3.9 | 3.8 |
| Births | 1,276 | 1,485 | 1,560 |
| ENIOOS [#] | 142,940 | 165,505 | 197,809 |

[^] equivalent full-time

[#] equivalent non-inpatient occasions of service

CEIDA
(Centre for Education and Information on Drugs and Alcohol)

(to April 2001)
Rozelle Hospital grounds
Balmain Road
Rozelle NSW 2039

Director: Lyn Stoker

(from April 2001)
Drug Programs Bureau
NSW Health
73 Miller St
North Sydney NSW 2060
Phone: (02) 9391 9000
Fax: (02) 9391 9101
E-mail: dohdad@doh.health.nsw.gov.au
www.ceida.net.au

Director: Jennifer Gray

Staff continued to work with government and non-government agencies across the State to promote harm minimisation through promotion and education.

Health promotion activities including seminars, publications and a website aim to increase the public's awareness of strategies to reduce drug and alcohol related problems.

The functions of CEIDA are now coordinated by NSW Health's Drug Program Bureau as part of a collocation of services. It relocated to North Sydney in April 2001 but the library remains at Rozelle Hospital.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|----------------|------------------|----------------|
| Staff EFT [^] | 33.4 | 25.2 | 22 |

[^] equivalent full-time

Concord Repatriation General Hospital

Hospital Road

Concord NSW 2139

Phone: (02) 9767 5000

Fax: (02) 9767 6991

E-mail: concordinfo@email.cs.nsw.gov.au

www.cs.nsw.gov.au/concord/default.htm

Executive Director: Matthew Daly

Concord Hospital is a principal referral hospital and teaching facility of the University of Sydney.

It has been identified as the primary centre for the Statewide Severe Burns Service. Under the NSW Health Metropolitan Health Plan, existing burns services are being brought together and networked across NSW.

Other services provided include colorectal and laparoscopic surgery, molecular biology, genetics, gastroenterology and aged and extended care, many of which are recognised nationally and internationally. Concord Hospital has a long tradition of providing services to the veteran and war widows community.

Committed to education, the hospital is a centre of excellence in teaching medical, nursing and allied health professionals at undergraduate and postgraduate levels.

The facility is currently undergoing significant redevelopment as part of a \$73 million capital works program. Plans include redeveloping the multibuilding, Burns Unit and ramp wards and construction of a new west infill. The project will result in the integration of inpatient and ambulatory care services to meet the community's changing healthcare needs.

Located a short distance from Homebush Bay, hospital staff played a pivotal role during the Sydney Olympic and Paralympic games. They treated 288 members of the Olympic family including 110 athletes, officials and spectators.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-------------------------------|----------|-----------|----------|
| Staff EFT [^] | 2,140.75 | 2,075.6 | 2,063.3 |
| Average available beds | 550 | 498 | 454.6 |
| Inpatient bed days | 176,140 | 170,603 | 160,663 |
| Total admissions | 47,093 | 48,042 | 46,380+ |
| Bed occupancy rate (%) | 88.18 | 93.7 | 96.8 |
| Average length of stay (days) | 3.7 | 3.5 | 3.5 |
| ENIOOS# | 329,362 | 273,440 | 218,006= |

[^] equivalent full-time

equivalent non-inpatient occasions of service

+ reduction due to the Olympic and Paralympic periods and RTP works

= reflects a change in the delivery of care

Division of Population Health

Level 6

Queen Mary building

Grose Street

Camperdown NSW 2050

Phone: (02) 9515 3270

Facsimile: (02) 9515 3282

Email: sainsburyp@email.cs.nsw.gov.au

www.ozemail.com.au/pophealth

Director: Associate Professor Peter Sainsbury

The Division of Population Health comprises more than 30 locations throughout CSAHS. It covers Aboriginal and community health services, social health research, multicultural and women's health, as well as the Health Promotion, Needs Assessment and Health Outcomes, and Public Health units.

As part of a population-based approach, staff focus on improving the well-being of individuals and groups by planning programs, formulating policies and working with other agencies to bring about better health outcomes.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|----------------------|------------------|----------------|
| Staff EFT [^] | 329 | 322 | 322 |
| Occasions of service | 316,014 [#] | 343,844 | 320,879 |

[^] equivalent full-time

[#] incorporates new staff and services previously part of Sydney Home Nursing Service

HealthQuest

**Workforce Health Management
Level 2, 187 Thomas Street
Haymarket NSW 2000**

Phone: (02) 9281 0811

Fax: (02) 9211 1060

E-mail: enquiries@healthquest.gov.au

www.cs.nsw.gov.au/facilities/healthquest.htm

Director: Dr Helia Gapper (to January 2001)
Dr Armand Casolin (from January 2001)

HealthQuest assists the State's public and private sector employers by giving occupational medical advice. Services include pre-placement and fitness assessments, plus formulating and reviewing return to work programs.

It began a program of change to review the way referrals are accepted and ensure ongoing improvements in quality and business growth.

HealthQuest broadened its range of services to expand the scope of assistance it provides, utilising the skills of newly-

appointed staff in injury management, workplace and disability assessment and Q-fever vaccination.

A marketing campaign to increase its client base began.

Long-serving director Dr Helia Gapper retired this year. A new management team was formed consisting of Drs Armand Casolin and Taggart Lidbury.

| Key Indicators | 1998/99 | 1999/00 | 2000/01 |
|------------------------|----------------|----------------|----------------|
| Staff EFT [^] | 19.96 | 15.7 | 15.3 |
| ENIOOS [#] | 18,901 | 19,311 | 18,196 |

[^] equivalent full-time

[#] equivalent non-inpatient occasions of service

NSW Institute of Forensic Medicine

42-50 Parramatta Road

Glebe NSW 2037

Phone: (02) 8584 7800

Facsimile: (02) 9552 1613

Email: duflou@email.cs.nsw.gov.au

Director: Associate Professor John Hilton (to March 2001)

Acting Director: Dr Johan Duflou (from March 2001)

The NSW Institute of Forensic Medicine is the main centre for autopsies in NSW and conducts coronial investigations for a variety of agencies. It provides a Statewide service for high-risk autopsies and operates the mass disaster response service in NSW.

Interest in the institute's work escalated with airing of concerns worldwide about autopsies, tissue retention and research. Following allegations made in the media in March, the NSW Government established the Walker Inquiry to investigate practices at the institute.

Legislation affecting the institute, the Coroners Act and Human Tissue Act, has been reviewed over the past year, with bills tabled in State Parliament. Enactment of this legislation will significantly change the practice of forensic medicine in NSW.

The molecular biology laboratory became one of only two laboratories in Australia to be accredited for forensic mitochondrial DNA case work.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|--|----------------|------------------|--------------------|
| Staff EFT [^] | 45.56 | 48.4 | 49.4 |
| Admissions | 2,698 | 2,724 | 2,479 |
| Post-mortems | 2,288 | 2,201 | 2,153 [#] |
| High-risk autopsies (HIV, hep C, CJD) | 182 | 158 | 132 ⁺ |

[^] equivalent full-time

[#] Includes 114 cases where the Coroner has limited the examination of the case

⁺ includes 103 hepatitis C positive cases, 15 HIV positive cases and 10 cases suspected of having CJD

Royal Prince Alfred Hospital

Missenden Road

Camperdown NSW 2050

Phone: (02) 9515 6111

Fax: (02) 9515 6133

E-mail: gmsec@gmu.rpa.cs.nsw.gov.au

www.cs.nsw.gov.au/rpa/default.htm

Group General Manager: Dr Peter Kennedy (to October 2000)

Executive Director: Diane Gill (acting from October 2000)

Royal Prince Alfred Hospital is one of the nation's most respected hospitals, with a distinguished history serving the health needs of local, Statewide and international communities.

Formed in 1882, the hospital is one of Australia's major referral centres and the prime teaching facility of the University of Sydney.

RPA's comprehensive range of services includes cardiology, cardiothoracic, emergency and intensive care, gastrointestinal, head and neck care and respiratory medicine. Renal, liver and kidney transplant, cancer, obstetrics and neonatal, vascular and neurology expertise, diagnostic imaging and interventional radiology are also offered.

Services are delivered from the main Missenden Road campus and facilities including the King George V Hospital and RPA Institute of Rheumatology & Orthopaedics (IRO) in Camperdown, Thomas Walker and Dame Eadith Walker hospitals at Concord West and various community settings.

RPA's intensive Resource Transition Program works continued to take shape towards a 2002/03 completion target. A core

principle of the RTP is the collocation of services for improved patient outcomes and greater efficiency.

Among the RTP milestones met in 2000/01 was the opening of the \$17.4 million RPA IRO on the main campus. It followed the successful move of services during September, from the outmoded Rachel Foster Hospital site in Redfern to the refurbished QEII building. The IRO combines a tradition of excellence with the benefits of new technologies and an ongoing commitment to quality. Patients are diagnosed, treated, managed and rehabilitated under the one roof by highly specialised staff.

Completion of the design phase for the King George V building confirmed it will house services including community and population health, social work and executive support offices when Women's and Children's Health moves across the road to the new clinical services building.

The high-rating Channel Nine *RPA* series provides a fly-on-the-wall look at life in the innovative hospital, and received its second consecutive Logie Award nomination this year. Millions of weekly viewers tuned in to watch the sixth series.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-------------------------------|---------|-----------|---------|
| Staff EFT [^] | 3,428 | 3,445.2 | 3,466.9 |
| Average available beds | 737 | 712 | 650.5 |
| Inpatient bed days | 254,539 | 239,007 | 230,680 |
| Total admissions | 60,335 | 60,420 | 59,535 |
| Bed occupancy rate (%) | 89.6 | 87 | 92.5 |
| Average length of stay (days) | 4.2 | 4 | 3.9 |
| Births | 4,117 | 4,037 | 3,798 |
| ENIOOS# | 481,208 | 469,591 | 432,964 |

[^] equivalent full-time

equivalent non-inpatient occasions of service

RPA Institute of Rheumatology & Orthopaedics (formerly Rachel Forster Hospital)

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-------------------------------|----------------|------------------|----------------|
| Staff EFT [^] | 133.9 | 125.8 | 105.4 |
| Average available beds | 56 | 52 | 39.9 |
| Inpatient bed days | 14,239 | 13,010 | 16,450 |
| Total admissions | 2,462 | 2,131 | 1,854 |
| Bed occupancy rate (%) | 70 | 69 | 67.1 |
| Average length of stay (days) | 5.8 | 6.1 | 5.3 |
| ENIOOS [#] | 26,231 | 21,378 | 9,786 |

[^] equivalent full-time

[#] equivalent non-inpatient occasions of service

Rozelle Hospital

Church and Glover streets

Leichhardt NSW 2040

Phone: (02) 9556 9100

Fax: (02) 9818 5712

E-mail: robinsonl@email.cs.nsw.gov.au

www.cs.nsw.gov.au/facilities/rozelle.htm

General Manager: Glenda Cleaver (to March 2001 – currently on secondment)

Acting General Manager: Gary Rowley (from April 2001)

Rozelle Hospital is the subject of a masterplanning process as part of our proposal to build a new mental health facility on the Concord Hospital campus.

Its existing buildings are no longer adequate for the provision of modern psychiatric care, with the move scheduled for February 2003.

Specialising in acute adult psychiatric and pyschogeriatric care, drug and alcohol services, rehabilitation and help for war veterans, the facility's existing services will continue in the purpose-built Concord facility. All patients will have their own single rooms for greater comfort and privacy.

The relocation aims to deliver better-integrated medical services in accordance with national mental health reforms.

Housing patient facilities on the same site as a general hospital will ensure a wholistic approach, giving people greater access to necessary general medical care in addition to mental health treatment. This plan will be made possible through the sale of a small portion of the current site to fund the new centre.

In other achievements, a 24-hour telephone service has begun with trained staff offering after-hour triage advice. A sexual health clinic was initiated to assist inpatients and people in the community who have a mental illness.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-------------------------------|----------------|------------------|----------------|
| Staff EFT [^] | 655.4+ | 746.1 | 720.8 |
| Average available beds | 250 | 244 | 239.8 |
| Inpatient bed days | 72,725 | 67,614 | 65,923 |
| Total admissions | 2,648 | 2,187 | 2,189 |
| Bed occupancy rate (%) | 82.4 | 75.8 | 75.3 |
| Average length of stay (days) | 29.5 | 30.9 | 30.1 |
| ENIOOS [#] | 211,805 | 169,902 | 166,763 |

[^] equivalent full-time

[#] equivalent non-inpatient occasions of service

+ staff figure does not include Concord Hospital mental health services

Tresillian Family Care Centres

McKenzie Street

Belmore NSW 2192

Phone: (02) 9787 0800

Fax: (02) 9787 0880

E-mail: tresillian@email.cs.nsw.gov.au

www.tresillian.net

President of Council: Bob Elmslie OAM

General Manager: David Hannaford

Tresillian Family Care Centres offer advice and care to families during their child's first five years of life, following referrals from general practitioners or early childhood health clinics.

Child and family health nurses, paediatricians, psychiatrists, psychologists and social workers operate from four centres at Belmore, Willoughby, Wollstonecraft and Penrith to advise on matters including breastfeeding, toddler behaviour and postnatal depression. The 24-hour Parents Help Line based in Belmore, receives more than 55,000 calls annually.

The website was launched, and the facility's bi-annual conference promoted the complex knowledge and skills needed to maintain healthy Australian families.

A two-year maternal outcomes study began, monitoring the changes families experience on admission to Tresillian, at discharge and at three and 12 week follow-ups. Funding was received for a pilot home visiting intervention project for high-risk families who require additional psychosocial support. The program has a July 2001 start date.

Support from the community and business groups continued this year with Nestle' sponsoring Tresillian's rural seminar program. Ongoing sponsorship funds were received from Johnson & Johnson Pacific for the 24-hour Parents Help Line.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|-------------------------------|----------------|------------------|----------------|
| Staff EFT [^] | 85.1 | 83.5 | 80.5 |
| Average available beds | 33.9 | 34.1 | 33.8 |
| Inpatient bed days | 10,683 | 11,093 | 10,929 |
| Admissions | 2,277 | 2,262 | 2,261 |
| Bed occupancy rate (%) | 86.3 | 89.0 | 88.6 |
| Average length of stay (days) | 4.7 | 4.9 | 4.8 |

[^] equivalent full-time

United Dental Hospital

2 Chalmers Street

Surry Hills NSW 2010

Phone: (02) 9293 3200

Fax: (02) 9293 3488

E-mail: info@udh3.udh.cs.nsw.gov.au

www.cs.nsw.gov.au/facilities/udh.htm

General Manager: Geoff Neems

The United Dental Hospital delivers oral healthcare to people in CSAHS and from across NSW. This service is available to people holding current healthcare cards, as well as mobile units visiting schools, housebound patients and other health facilities. It provides training for undergraduate and postgraduate dentistry students from the University of Sydney, in addition to TAFE students studying to be prosthetists and dental assistants.

NSW Health Minister Craig Knowles unveiled the hospital's \$10 million refurbishment works. Staff were praised for their efforts in continuing to work at productive capacity during the four-year overhaul. The redevelopment was part of the Resource Transition Program, and the largest revamp undertaken since 1976.

The new Assessment & Emergency Department has improved efficiency with

patients receiving treatment on the one floor, rather than travelling between various levels for their care.

Research conducted by the head of Periodontics Dr Barbara Taylor confirmed the treatment of severe gum disease reduces the risk of heart attack and stroke. The study resulted in media interest from all the major news groups.

The Information Centre for Oral Health was established for greater efficiency with patients able to phone ahead for an appointment. Emergency cases without an appointment are seen as a priority. The booking system ensures the smooth progression of patients throughout the day eliminating previous peaks and troughs.

| Key Indicators | 1998/99 | 1999/2000 | 2000/01 |
|------------------------|----------------|------------------|----------------|
| Staff EFT [^] | 360 | 310.8 | 317.4 |
| ENIOOS [#] | 195,580 | 189,806 | 177,295 |

[^] equivalent full-time

[#] equivalent non-inpatient occasions of service

QUALITY, RESEARCH AND TEACHING

Quality

Every member of the CSAHS family is committed to delivering the highest standards of quality in all levels of patient care and service provision, research and training.

As part of our quest for continual improvement and taking quality to the next level, we have embarked on a CSAHS-wide project to review our processes for the benefit of the community.

The clinical quality action plan was endorsed by the Clinical Quality Council in March. It intends to monitor and review nine areas.

These are:

1. Adverse incidents and performance such as sentinel events, which are unexpected occurrences resulting in death or serious injury. Clinical indicators will be assessed to highlight trends and benchmarking comparisons with other service providers, as will the results of ad hoc quality audits which are conducted after a problem is highlighted from measures including complaint and risk monitoring systems
2. The quality structure and reporting lines
3. Evaluation and Quality Improvement Program (EQuIP) accreditation which all facilities have received

4. Clinical risk management processes
5. Patient safety
6. Consumer participation
7. The requirements of information technology
8. Clinical practice variance strategies which include examining indicators and national benchmarks to improve outcomes for patient care
9. Innovation

A clinical information steering committee was formed to examine the process of issuing laboratory images and results. Protocols were established in nuclear medicine to ensure women of child bearing age, and in the early days of pregnancy, were not exposing the unborn foetus to the risk of radiation.

As part of the continued pursuit of improved quality, pilot programs targeting falls prevention and pressure area care in senior citizens are underway.

Quality services staff regularly attend risk management workshops and programs to improve healthcare practices and clinical settings.

Research

CSAHS has an international reputation for its commitment to developing improved forms of treatment, diagnosis and patient care.

Each year our scientists, many of whom are leaders in their field, attract grants from the National Health and Medical Research Council and other organisations.

Advances made in research are transferred into the clinical setting at the earliest opportunity resulting in improved health outcomes for patients in our hospitals and healthcare facilities.*

The inaugural RPA Foundation Medal for Research was awarded to celebrate the tradition of innovation. Senior researcher Professor Geoffrey McCaughan won the \$50,000 prize to continue investigations into liver disease. It will allow for further exploration of gene arrays from 800 to thousands to track the key molecules within the organ which cause damage.

Finalists, professors Warwick Britton from immunology and Douglas Joshua who specialises in haematology, received \$15,000 runner-up prizes. The medal will be awarded annually.

Teaching

Medical students from the University of Sydney continued to undergo clinical training at RPA, Concord and United Dental hospitals. With courses changing from undergraduate to postgraduate level and an emphasis on problem-solving based learning, a new breed of medical students are being trained at our facilities. The undergraduate program will finish at the end of 2000/01 with the final 43 students at RPA and 15 at Concord Hospital completing their last year.

To meet the changes in demand, new education centres are being built at our teaching hospitals. Work at UDH was completed as part of its redevelopment, with construction at RPA and Concord hospitals continuing towards completion in the next few years for the use of medical, nursing and allied health students.

In medical training, more than 210 students enrolled at RPA in addition to 145 at Concord Hospital.

There are 189 new graduate nurses and 90 trainee enrolled nurses who began work at CSAHS facilities. More than 900 undergraduate nursing students completed their clinical placements at our hospitals.

Nurses received grants to research areas including the oversupply of breast milk in new mothers and the needs assessment of HIV positive female residents, or those accessing our services.

* Details of specific research projects can be found at www.cs.nsw.gov.au/AGM/research.htm

CORPORATE SERVICES

Employee Relations

The Staff Consultative Committee meets monthly and is a valuable communication channel for resolving issues. Members include representatives from management and all relevant associations or unions.

A five-year Human Resources Strategic Plan is being implemented to provide a framework for modern management, beginning with the restructuring of the HR departments to provide a more strategic focus.

EEO statistics 2000/01

CSAHS is an equal employment opportunity and anti-discrimination employer. These principles address the fundamental rights of all staff members, and are relevant in every aspect of their working lives.

EEO principles and practices are implemented concerning conditions of employment, relationships in the workplace, performance evaluation, training and career development opportunities.

Our *EEO Management Plan 2001-2004* has been distributed to all facility general managers and Human Resources managers. It is based on the *EEO Outcomes Framework*, produced by the Office of the Director of Equal Opportunity in Public Employment (ODEOPE). The plan focuses on outcomes of achievable initiatives for

CSAHS, with measurable indicators which will enable monitoring of EEO practices, and focus on meeting population benchmarks and Government targets.

CSAHS aims to provide initiatives and programs which apply to equity and diversity principles to assist people traditionally disadvantaged in the workplace including those from non-English speaking backgrounds, Aboriginal and Torres Strait Islanders and those with disabilities.

Statistics 2000/01

The statistical information for the tables shown below was obtained from data contained in the Workforce Human Resource Information System for the period July 1 2000 to June 30 2001. The annual EEO statistical data previously compiled by the area health services will in future be collated through the Health Information Exchange through the Workforce Profile data collection.

The salary levels for the 2000/01 period have been adjusted by ODEOPE to reflect industry-wide wage increases granted to various groups of employees. The increases were effective from the first pay period on or after January 1 2001 as part of the 16 per cent wage increase spread over a four-year period to July 2003.

CSAHS – Percentage of Total Staff by Level

| | | Subgroup As Percent of Total Staff In Each Employment Category | | | | | | | |
|---------------------------|-----------------------------|---|-------------|--------------|---|--|--|---------------------------------|---|
| LEVEL | TOTAL STAFF (Number) | Staff responding to EEO data form (Respondents) | Men | Women | Aboriginal & Torres Strait Islander People | People from Racial, Ethnic, Ethno-Religious Minority Groups | People Whose First Language Spoken as a Child was not English | People with a Disability | People with a Disability Requiring an Adjustment at Work |
| <\$26,802 | 208 | 64% | 23% | 77% | 1.5% | 24% | 49% | 3% | 0.7% |
| \$26,802.00 - \$35,202.99 | 3145 | 60% | 34% | 66% | 1.2% | 20% | 49% | 5% | 1% |
| \$35,203.00 - \$39,354.99 | 740 | 57% | 29% | 71% | 0.2% | 27% | 34% | 3% | 0.2% |
| \$39,355.00 - \$49,799.99 | 2854 | 60% | 20% | 80% | 0.5% | 20% | 34% | 4% | 1% |
| \$49,800.00 - \$64,400.99 | 1342 | 68% | 29% | 71% | 0.6% | 22% | 27% | 5% | 1% |
| \$64,401.00 - \$80,498.99 | 501 | 60% | 58% | 42% | 0.0% | 30% | 32% | 3% | 0.3% |
| >=\$80,499.99 (Non SES) | 354 | 70% | 66% | 34% | 0.0% | 16% | 15% | 6% | 1% |
| >=\$80,499.99 (SES) | 6 | 100% | 34% | 67% | 0.0% | 0.0% | 17% | 0.0% | 0.0% |
| TOTAL | 9150 | 61% | 31% | 69% | 0.7% | 21% | 36% | 4% | 1% |
| <i>Subgroup Totals</i> | | 5592 | 2795 | 6355 | 39 | 1202 | 2026 | 241 | 64 |

CSAHS – Percentage of Total Staff by Employment Type

| | | Subgroup as Percent of Total Staff In each Employment Category | | | | | | | |
|---------------------------------|-----------------------------|---|-------------|--------------|---|--|--|---------------------------------|---|
| LEVEL | TOTAL STAFF (Number) | Staff responding to EEO data form (Respondents) | Men | Women | Aboriginal & Torres Strait Islander People | People from Racial, Ethnic, Ethno-Religious Minority Groups | People Whose First Language Spoken as a Child was not English | People with a Disability | People with a Disability Requiring an Adjustment at Work |
| <u>Permanent</u> | | | | | | | | | |
| Full -Time | 6163 | 63% | 33% | 67% | 0.9% | 20% | 37% | 5% | 1% |
| Part -Time | 1802 | 59% | 14% | 86% | 0.3% | 22% | 35% | 4% | 1% |
| <u>Temporary</u> | | | | | | | | | |
| Full - Time | 960 | 50% | 46% | 54% | 0.4% | 30% | 30% | 2% | 0.4% |
| Part - Time | 219 | 47% | 30% | 70% | 0.0% | 24% | 27% | 3% | 1% |
| Senior Executive Service | 6 | 100% | 33% | 67% | 0.0% | 0.0% | 17% | 0.0% | 0.0% |
| Casual | 2134 | 11% | 21% | 79% | 0.4% | 22% | 31% | 3% | 1% |
| Other | 0 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| TOTAL | 11,284 | 52% | 29% | 71% | 0.4% | 11% | 19% | 2% | 0.6% |
| <i>Subgroup Totals</i> | | 5,822 | 3235 | 8049 | 40 | 1253 | 2097 | 247 | 66 |

CSAHS – Total Number of Staff by Occupation

| Occupation | 2000/2001 | 1999/2000 | 1998/1999 | 1997/1998 | 1996/1997 |
|--|------------------|------------------|------------------|------------------|------------------|
| Administration/Clerical | 1463 | 1502 | 1533 | 1596 | 1528 |
| Spec Prof – Engineering | 1 | 1 | 0 | 0 | 2 |
| Spec Prof – Nursing | 2905 | 3048 | 3137 | 3072 | 3276 |
| Spec Prof – Medical | 1027 | 1020 | 1019 | 1002 | 963 |
| Spec Prof – All Others | 1437 | 1407 | 1525 | 1485 | 1366 |
| Prof Support | 1076 | 1072 | 1092 | 1176 | 861 |
| Trades, Trades Supervisors & Apprentices | 184 | 205 | 228 | 281 | 230 |
| Hospital Assistants | 945 | 993 | 1058 | 1117 | 1169 |
| Other Support Services Staff | 40 | 44 | 48 | 72 | 227 |
| All Other Staff | 66 | 83 | 75 | 118 | 154 |
| Total^ | 9144 | 9375 | 9715 | 9919 | 9776 |

Data obtained from EEO Statistics - (Headcount)

^ Contributing factors include the redevelopment of all facilities with a significant number of beds off-line to allow for the refurbishment, and the world-wide shortage of nurses

Corruption prevention

There were 14 instances of possible corrupt conduct reported to the Independent Commission Against Corruption this year. This was an overall reduction of 15 from the previous year.

Of the 14 cases, nine were reported to the NSW Police Service. The matters were raised by either senior management or staff, with 12 initially reported by staff.

Achievements this year included:

- Conducting six interactive sessions focusing on corruption prevention and detection, as well as protected disclosures. Organised by the Internal Audit Department, more than 262 staff from all levels attended
- Ongoing quarterly review meetings to monitor incidents and corruption prevention activities at each facility
- Continuing internal audits with reports submitted to the chief executive officer and CSAHS board
- Reporting appropriate matters to the NSW Police Service, ICAC and NSW Health
- Internal Audit promoting its role as a corruption prevention help-desk.

Employee recognition program

The dedication of staff is acknowledged through the Employee of the Year program. Individuals are honoured for achieving excellence in the workplace with the Employee of the Month award, and one of these winners is selected for the annual prize.

Details of the 2000/01 winners can be found in *Together Caring: Central Sydney Area Health Service 2000/2001 Year in Review*.

Occupational health & safety

Occupational health & safety policies and programs assist in the identification, assessment and management of work-related injuries and illnesses. These strategies aim to minimise the risk from manual handling activities, hazardous substances and the occurrence of critical incidents and security issues. They are incorporated into planning for the Resource Transition Program.

Workers compensation

CSAHS continues to support effective workers' compensation management and workplace-based rehabilitation. Affected employees are offered specific programs of suitable duties to assist their return to work. There is a constant review of claims and discussions with legal advisers and fund managers to monitor costs and ensure any issues are quickly and economically resolved.

Workers compensation performance is measured by comparison of claim rates and costs with average NSW Health rates and costs for the most recent three financial years.

Data from NSW Treasury Managed Fund as at June 30 2001

| Claim rate/ 100 staff EFT [^] | 1998/99 | 1999/2000 | 2000/01 |
|--|---------|-----------|---------|
| Balmain Hospital | 9.3 | 8.6 | 10.9 |
| Canterbury Hospital | 7.4 | 10.1 | 8.7 |
| Concord Hospital | 7.3 | 6.5 | 7.2 |
| Division of Population Health | 5.8 | 7.9 | 4.1 |
| Royal Prince Alfred Hospital | 7.0 | 6.7 | 6.1 |
| Rozelle Hospital | 10.8 | 10.1 | 8.7 |
| United Dental Hospital | 11.2 | 13.7 | 11.8 |
| CSAHS average | 7.3 | 7.3 | 6.8 |
| NSW Health average | 9.0 | 8.2 | 7.6 |

[^] equivalent full-time

Data from NSW Treasury Managed Fund as at June 30 2001

| Claim cost/ staff EFT [^] | 1998/99 | 1999/2000 | 2000/01 |
|------------------------------------|---------|-----------|---------|
| Balmain Hospital | \$1,165 | \$1,048 | \$608 |
| Canterbury Hospital | \$986 | \$1,049 | \$360 |
| Concord Hospital | \$1,056 | \$481 | \$353 |
| Division of Population Health | \$213 | \$760 | \$133 |
| Royal Prince Alfred Hospital | \$834 | \$470 | \$277 |
| Rozelle Hospital | \$1,018 | \$1,068 | \$306 |
| United Dental Hospital | \$3,723 | \$854 | \$187 |
| CSAHS average | \$948 | \$580 | \$287 |
| NSW Health average | \$1,151 | \$764 | \$373 |

[^] equivalent full-time

Data from NSW Treasury Managed Fund as at June 30 2001

| Claim rate/ 100 staff EFT [^] | 1998/99 | 1999/2000 | 2000/01 |
|--|---------|-----------|---------|
| General admin | 4.2 | 4.9 | 4.7 |
| Hotel service | 15.2 | 14.5 | 12.0 |
| Maintenance | 24.1 | 23.0 | 54.9 |
| Medical and their support staff | 3.7 | 3.6 | 3.9 |
| Nursing | 7.7 | 7.7 | 7.2 |
| CSAHS average | 7.3 | 7.3 | 6.8 |
| NSW Health average | 9.0 | 8.2 | 7.6 |

[^] equivalent full-time

Data from NSW Treasury Managed Fund as at June 30 2001

| Claim rate/ 100 staff EFT[^] | 1998/99 | 1999/2000 | 2000/01 |
|--|----------------|------------------|----------------|
| Body dressing | 3.2 | 3.1 | 2.6 |
| Falls, trips, slips | 1.4 | 1.2 | 1.4 |
| Other | 1.0 | 0.8 | 0.8 |

[^] equivalent full-time

Data from NSW Treasury Managed Fund as at June 30 2001

| % of CSAHS claims | 1998/99 | 1999/2000 | 2000/01 |
|--------------------------|----------------|------------------|----------------|
| Body dressing | 44% | 42% | 38% |
| Falls, trips, slips | 19% | 16% | 21% |
| Other | 14% | 11% | 12% |

Motor fleet risk management

The CSAHS Transport Department continues to develop strategies to improve fleet management. There has been a review of policies and procedures, improved accident investigation and analysis of data to identify trends, costs and specific control strategies. This has resulted in improved risk management, overall.

Audits completed for the Treasury Managed Fund and the Audit Office of NSW, as well as those conducted by the CSAHS internal audit department are used to assess and manage risks in property, public liability, environment, fraud, corruption and information systems management.

Data from NSW Treasury Managed Fund as at June 30 2001

| | 1999/2000 | 2000/01 |
|---|-----------|---------|
| Claims | 188 | 135 |
| CSAHS claim rate/100 vehicles | 27 | 19 |
| NSW Health claim rate/100 vehicles [^] | 27 | 24 |
| CSAHS claim cost/vehicles (\$) | 796 | 375 |
| NSW Health claim cost/vehicle (\$) [^] | 636 | 558 |

[^] refers to entire NSW Health system

Freedom of Information (FOI)

The Freedom of Information Act (1989) was introduced to members of the public to ensure that records held by government agencies concerning personal affairs, are not incomplete, incorrect, out of date or misleading. It gives the public the right to view, obtain copies and/or amend documents held by government agencies.

Section 14(1)(a) of the FOI Act requires an agency to ensure that up-to-date information is available to the public through the *Statement of Affairs*, which is published on an annual basis. The current *Statement of Affairs* for CSAHS is incorporated into the *CSAHS 2000/2001 Statutory Annual Report* and provides information on objectives, functions and structure of CSAHS.

The CSAHS mission statement, organisational structure and a comprehensive report detailing our corporate and future objectives are outlined in the annual report.

CSAHS has established liaison with a number of consumer groups including patients/clients and their families. General practitioners and health professionals within CSAHS and other area health services, Non-Government Organisations, community groups, local councils and council-run facilities and local businesses.

Consumer involvement can range from informal to more structured and ongoing committee representation, as well as consultation in an advisory capacity. Consultation allows consumers to have input to the services that are provided for them, and helps CSAHS to identify whether we are meeting the community's needs.

Access to personal and/or non-personal documents can be obtained by lodging an FOI application. This can be done by completing an FOI application form or by writing a letter and lodging it with the appropriate CSAHS facility, as listed in the *Summary of Affairs*. The processing fee for an FOI application is \$30.00 (GST free) or should the applicant be able to show hardship, a 50 per cent reduction is given.

For access to medical records, the applicant should write or telephone the Medical

Record Department of the appropriate CSAHS facility. A processing fee of \$32.00 (including GST) is required, however, should the applicant be able to show hardship, a 50 per cent reduction is given. If the applicant requires copies of their medical records, a fee of \$0.27 (GST included) a page is charged after the first 80 pages.

SUMMARY OF AFFAIRS

Freedom of Information Act 1989, Section 14(1)(b) and (3) of CSAHS (FOI Agency No. 2322)

The CSAHS Summary of Affairs covers the following:

CSAHS office, Royal Prince Alfred, Concord, Canterbury, Balmain, United Dental and Rozelle hospitals, The Division of Population Health, Central Sydney Supply Services, HealthQuest, NSW Institute of Forensic Medicine and Tresillian Family Care Centres.

SECTION 1: POLICY DOCUMENTS

The following policies and documents are produced by CSAHS hospitals and centres and may be accessed for information:

CSAHS

- CSAHS/NSW Health Performance Agreement
- Governing Body of Management Manual – Board of CSAHS
- CSAHS By-Laws
- management policies and procedures, organisation and administration, staffing and direction, patients' rights and special needs, corruption prevention, recruitment and employment of staff and other persons, vetting and management of allegations and improper conduct
- No Smoking
- Staff Development and Training
- Facilities and Equipment
- Quality Activities
- Equal Employment Opportunity Management Plan 2001-2004
- Annual Report
- CSAHS newsletter *newsworks*
- *RTP News* – CSAHS's Resource Transition Program newsletter
- Clinical Services Directory
- Corporate Plan
- CSAHS health plans: Health Gain for Children & Youth of Central Sydney,

Disability Plan, Women's Health Strategic Plan, Domestic Violence Protocols, Managing Emergency & Elective Workloads in CSAHS, RTP Service Delivery Plans, Hep C Plan, Strategic Directions HIV Health Promotion in CSAHS 1999/2001, CSAHS Health Improvement Performance System (CHIPS), Strategic Business Plan, Sexual Health Services 1999/2002, Tobacco Control Plan, Mental Health Service Plans 2000/03, Child and Youth Health Report Card

- Delegations Manual
- Human Resources Manual
- Critical Incident Management Plan
- Guidelines for Service Planning
- Waste Management Plan
- Area Demographic Profile
- CSAHS Staff Handbook
- Infection Control Manuals
- CSAHS HealthPlan (Disaster Plan)

Hospitals, community services and units

- Hospital and departmental policy and procedure manuals
- Quality improvement plans
- Admission and discharge policy
- Patient information booklets/brochures
- Hospital newsletters from Royal Prince Alfred, Concord, United Dental and Canterbury hospitals
- Occupational Health and Safety manuals
- Management structures
- Disaster plans
- Staff handbooks and brochures
- Complaints policy and procedures

SECTION 2: STATEMENT OF AFFAIRS

Following is a summary of the *CSAHS Statement of Affairs*. The full report provides information on objectives, functions and structure of CSAHS. The cost to purchase is \$33 (including GST) and inquiries can be made by contacting any of the FOI Officers listed in Section 3. A processing charge of \$0.27 (including GST) per page will be charged for photocopies of documents.

SECTION 3: CONTACT ARRANGEMENTS

Inquiries in relation to the inspection or purchase of CSAHS's policy documents, annual report or the *Summary of Affairs* can be directed to the officers listed below, between the hours of 8.30am and 5.00pm on weekdays or through the CSAHS Office on (02) 9515 9600.

CSAHS

Gayle Berg
Cental Sydney Area Health Service
Level 1, Building 11
RPA campus
Missenden Road
Camperdown NSW 2050
Telephone: (02) 9515 9632

Balmain Hospital

Lise Ravn
Balmain Hospital
Booth Street
Balmain NSW 2041
Telephone: (02) 9395 2111

Canterbury Hospital

Eva Fares
Canterbury Hospital
Canterbury Road
Campsie NSW 2194
Telephone: (02) 9787 0262

Concord Hospital

Jenny Niemeyer
Concord Hospital
Hospital Road
Concord NSW 2139
Telephone: (02) 9767 6350

Division of Population Health

Samantha Adel
Queen Mary building
Level 4, Grose Street
Camperdown NSW 2050
Telephone: (02) 9515 3270

HealthQuest

Dr Armand Casolin
187 Thomas Street
Haymarket NSW 2000
Telephone: (02) 9281 0811

NSW Institute of Forensic Medicine

Kevin Best
NSW Institute of Forensic Medicine
50 Parramatta Road
Glebe NSW 2037
Telephone: (02) 8584 7800

Royal Prince Alfred Hospital

Charlotte Roberts
Royal Prince Alfred Hospital
Missenden Road
Camperdown NSW 2050
Telephone: (02) 9515 8397

Rozelle Hospital

Kathleen Lee
Rozelle Hospital
PO Box 1
Rozelle NSW 2039
Telephone: (02) 9556 9100

Tresillian Family Care Centres

Jane Kookarkin
Tresillian Family Care Centres
Canterbury Hospital
Canterbury Road
Campsie NSW 2194
Telephone: (02) 9787 0875

United Dental Hospital

Suzanne Maxwell
United Dental Hospital
2 Chalmers Street
Surry Hills NSW 2010
Telephone: (02) 9293 3200

The *CSAHS Summary of Affairs* is updated and forwarded to the Government Printing Office for inclusion in the Government Gazette every six months. FOI Officers listed in the *Summary of Affairs* are available for inquiries regarding FOI applications, access to medical records and/or amendments of records.

Freedom of Information statistics

Once again, the number of FOI applications received by CSAHS for the 2000/01 period was a reduction on the previous year. HealthQuest and Royal Prince Alfred, Canterbury and United Dental hospitals received the largest proportion of new applications, with the remainder being received at the CSAHS office.

A number of FOI applications were received by the CSAHS Office and forwarded to the relevant facility for processing. CSAHS processed six FOI applications, two were internal reviews, with three classified as non-personal. Third party consultations were conducted for two applications. One resulted in the appeal of a decision by a third party to the Administrative Decisions Tribunal (ADT).

In the matter of the appeal against CSAHS regarding its determination of an application for an amendment of records under Schedule 47 of the FOI Act, the ADT commissioner presiding over the case found in favour of the appellant. CSAHS has lodged an appeal against the decision.

FREEDOM OF INFORMATION STATISTICAL RETURNS

| NUMBER OF APPLICATIONS | 1999/2000 Personal | 1999/2000 Non-Personal | 2000/01 Personal | 2000/01 Non-Personal |
|--|-----------------------|---------------------------|---------------------|-------------------------|
| Applications carried forward from 30 June (applications not completed in the previous period) | 1 | 1 | 2 | 1 |
| New applications | 184 | 13 | 142 | 18 |
| Applications completed | 146 | 11 | 140 | 18 |
| Number of amendments and/or notations | 1 | 0 | 0 | 1 |
| OUTCOME OF APPLICATIONS | | | | |
| Outcome of completed applications | | | | |
| Granted in full | 140 | 10 | 79 | 16 |
| Granted in part | 6 | 1 | 6 | 2 |
| Refused | 35 | 0 | 53 | 0 |
| Deferred | 0 | 0 | 0 | 0 |
| Applications granted in part or refused | | | | |
| Exempt (Schedule 1) | 7 | 0 | 7 | 2 |
| Unreasonable diversion of resources | 0 | 0 | 0 | 0 |
| Otherwise available | 35 | 0 | 52 | 0 |
| Other | 2 | 1 | 0 | 0 |
| No record held | 1 | 1 | 2 | 0 |
| No fees submitted | 0 | 0 | 0 | 0 |
| FEES | | | | |
| Fees received (\$) | 3,699 | 510 | 3,515 | 1,475.50 |
| Number of discounts allowed | 25 | 0 | 43 | 0 |
| Financial Hardship | 11 | 0 | 43 | 0 |
| Public Interest | 0 | 0 | 0 | 0 |
| PROCESSING TIME | | | | |
| 0-14 days | 123 | 8 | 128 | 14 |
| 15-21 days | 13 | 0 | 6 | 0 |
| Over 21 days | 10 | 3 | 6 | 4 |
| Reviews and appeals | 2 | 0 | 1 | 2 |

PUBLIC AFFAIRS & MARKETING

The unit plays a crucial role in promoting the corporate identity of CSAHS and each of its hospitals and healthcare facilities. Activities are coordinated with an emphasis on optimising positive media coverage.

Issues management, the formulation of internal and external communication strategies, media advocacy, specialised promotional campaigns, corporate publications and events management are among its wide range of expertise.

Highlights included:

- Coordination of the official opening of the RPA Institute of Rheumatology & Orthopaedics in conjunction with the 1999/2000 CSAHS Annual General Meeting.
- Publicity and event coordination for the unveiling of the completed redevelopment works at the United Dental Hospital.
- Orchestrating a thank you to CSAHS's 500 dedicated volunteers held at Canterbury Hospital, marking 2001 as the International Year of the Volunteer. Among the special guests were actor Rachel Ward and our board chairman Chris Puplick.
- Winning a Gold Serif Award from the Australian Institute of Professional Communicators for the 1998/99 Annual Report, and a Bronze Annual Report Award for the 1999/2000 Annual Report.
- Producing regular publications including the staff newsletter *newsworks* which provides a general overview of activities, and *RTP news* to update readers on the progress of major construction projects. The *CSAHS Year in Review* and *Statutory Annual Report* were also produced. A brochure on the new RPA Institute of Rheumatology & Orthopaedics was designed and distributed to every GP in the State.
- Continuing success of the Logie award-winning Channel Nine reality television series *RPA*, which received its second consecutive Logie nomination this year.
- Widespread media coverage on a range of health issues including the trial of a new drug at RPA to fight rheumatoid arthritis and world-first research into gum and heart disease at UDH.
- Coordination of a comprehensive publicity and marketing strategy to support the 12-month pilot of the *HealthConnect* telephone medical advice line.

VOLUNTEERS AND DONORS

With selfless commitment and dedication, many willing supporters from the community generously donate their time, energy and talents to our hospitals and healthcare facilities.

2001 is the International Year of the Volunteer. The contribution of our 500-strong band of community workers was recognised at the inaugural NSW Health Volunteer Appreciation Day in February. Representatives joined board chairman Chris Puplick, special guest actor

Rachel Ward and staff for a special celebration at Canterbury Hospital.

Our volunteers raise funds for research and equipment, visit patients and support the work of staff in many areas.

Donations are made to our hospitals, programs and centres by hundreds of individuals, businesses, private estates and foundations with some groups coordinating fundraising initiatives on our behalf.

.....

The following individuals and organisations provided more than \$5000 in support:

M Angelo
Nick Balagiannis
Balmain Hospital Ladies Auxiliary
Campsie RSL Club
Canterbury Council
Canterbury-Hurlstone Park RSL Club
Brian J Carr
Coloplast
Concord Hospital Volunteer Service
Auxiliary Inc
James Dive
Dive & Kerr Solicitors
The Doll Collectors Club of NSW Inc
Earlwood-Bardwell Park Women's Bowling Club
Earlwood Ex-Services Club
George Elias
John Foley
James Gibbs (estate)
M Grant
Mrs Dagmar Halas
Johnson & Johnson Pacific
Kingsgrove RSL Club

Kingsgrove RSL Club Sub Branch
F S Knuvers (bequest)
Richard Mew Jork
Lakemba Services Club
Lakemba Soldiers Club
Lebanon Rugby Leagues Club
Lions Club of Bankstown
Lions Club of Beverly Hills
Lions Club of Sydney Korean Inc
Nestle
Nine Network Australia
Dr O'Brien
Graham O'Neill
Punchbowl RSL Club
RAAF Association Bankstown
John Slattery (bequest)
St George Hotel
Sydney Markets Industries Lions Club Inc
Sydney Orchid Society
John Swindells
A Tannous
Western Suburbs Soccer Club

Thank you to all our donors, volunteers and supporters

OPERATIONAL EFFICIENCY

Energy management

- A review of electricity consumption was undertaken and completed this year.

Strategies have been identified to ensure continued compliance with the Government Energy Management Policy. These include increasing education about energy conservation and adopting the most energy efficient lighting tubes.

They build on previous achievements including:

- Appointing an energy manager and establishing a working party to set strategies and directions
- Incorporating energy management strategies into the Resource Transition Program
- Developing an energy plan and staff awareness program
- Conducting energy audits, and
- Establishing baseline data from which to monitor future savings.

Waste management

- The CSAHS Waste Minimisation Plan was further reviewed in accordance with Government policy. It has been submitted to the Environment Protection Authority.
- All facilities undertake recycling programs, and management initiatives continue to be implemented across CSAHS with advice from the Inner West Waste Management Board.

Other services

- The CSAHS Supply Service proceeded with following the NSW Health Supply Chain Reform Initiatives through centralised management of procurement and logistics functions
- Details about operational costs including linen, cleaning and catering services are listed in the audited financial statements.

SES OFFICERS' REPORT

| | | |
|-----------------|--|---|
| Name | Dr Diana Horvath AO | commitment to the continued improvement of services |
| Position | Chief Executive Officer Central Sydney Area Health Service SES Level 7 | <ul style="list-style-type: none"> • Supported the official launch of the Aboriginal and Torres Strait Islander Employment Strategy. |

Period in position First appointed in December 1992; re-appointed in December 1997

**RESULTS:
Strategic Initiatives:**

- Major capital works continued to progress under CSAHS's \$390 million Resource Transition Program during the year. These included:
 - The \$10 million redevelopment of the United Dental Hospital
 - Official opening of the RPA Institute of Rheumatology & Orthopaedics, a \$17.4 million refurbishment of the QEII building to accommodate the relocation of inpatient services from Rachel Forster Hospital at Redfern
 - Commencement of upgrade works at Concord Hospital, and
 - Continued redevelopment at Royal Prince Alfred Hospital.
- Provided healthcare support services to the main sporting venues and to athletes, delegates and officials during the Sydney Olympic and Paralympic games
- Established effective initiatives for research fundraising through the development of the RPA Foundation
- Supported health outcomes and promotion initiatives
- Restructured the executive management organisation to provide enhanced focus on strategic and quality issues
- Endorsed the clinical quality action plan to review processes as part of a

Management Accountabilities:

- Met financial management targets and achieved a favourable net cost of services
- Kept Australian Council on Healthcare Standards accreditation for all hospitals within CSAHS
- Developed improved bed management programs to reduce the number of patients required to be sent out of the area for their intensive care
- Maintained the highest level of paid study leave for nursing staff in NSW
- Continued progress with the second Tobacco Control Plan including the targeting of specific ethnic communities
- Met day-of-surgery admission rates across CSAHS
- Achieved all capital works milestones
- Integrated the mental health patient database with acute hospital patient systems
- Continued to develop and implement energy and waste management initiatives in accordance with Government policy
- Integrated the mental health patient database with acute hospital patient systems.

Name: Michael Wallace

Position Deputy Chief Executive Officer, Central Sydney Area Health Service
SES Level 5

Period in position: First appointed in February 1993; re-appointed in May 1998

RESULTS:
Strategic Initiatives:

- Continued to progress the implementation of CSAHS's capital asset program, the \$390 million Resource Transition Program, through ongoing planning and negotiations. Key areas included:
 - The completed upgrade of the United Dental Hospital
 - Completion of the concrete structure for the new clinical services building at Royal Prince Alfred Hospital
 - Progression of the reconstruction process at Concord Hospital including the completion of demolition work
 - Commencement of the masterplanning process for the Rozelle Hospital site and development of plans to integrate and relocate Mental Health Services to the Concord Hospital campus
 - Ongoing planning for the Camperdown Community Health Centre following completion of the schematic design, and
 - Review of proposals for the Inner West Health Centre following the call for submissions.

- Managed the ongoing development of performance benchmarks particularly in regard to capital assets
- Advised on the development and implementation of nurse recruitment and retention strategies
- Devised and implemented strategies to enhance medical research potential in major hospital sites
- Developed safe operating practices.

Management Accountabilities:

- Met financial management targets
- Implemented cost-saving initiatives and controls to achieve favourable net cost of services
- Attained capital works milestones
- Improved revenue collection performance
- Continued the development of risk management programs.

NON-GOVERNMENT ORGANISATIONS

CSAHS is responsible for administering the following non-government organisations (NGOs) funded through the NSW Health NGO grant program.

Subsidy NGO Grant 2000/2001

| | RECIPIENTS/GRANTEES | Program | 2000/2001 Grant |
|----|---|-------------------------|------------------------|
| 1 | Australian Nutrition Foundation | Health Promotion | 48,200 |
| | | | 48,200 |
| 2 | Barnardo's - Marrickville | Drug & Alcohol | 80,200 |
| 3 | Barnardo's - Youth at Risk | Drug & Alcohol | 76,400 |
| 4 | Building Trades Union | Drug & Alcohol | 113,800 |
| 5 | CO AS IT | Drug & Alcohol | 48,200 |
| 6 | Cyrenian House - ADF NSW | Drug & Alcohol | 228,952 |
| 7 | Fact Tree Youth Services - Making It | Drug & Alcohol | 88,500 |
| 8 | Guthrie House | Drug & Alcohol | 114,200 |
| 9 | Leichhardt Women's Health Centre | Drug & Alcohol | 56,400 |
| 10 | South Sydney Women's Therapy Centre | Drug & Alcohol | 106,500 |
| 11 | We Help Ourselves | Drug & Alcohol | 411,800 |
| 12 | Youth Unlimited | Drug & Alcohol | 41,700 |
| 13 | Kathleen York House | Drug & Alcohol | 25,000 |
| | | | 1,391,652 |
| 14 | Family Planning NSW | AIDS | 396,800 |
| 15 | Haemophilia Society of NSW | AIDS | 65,000 |
| 16 | Stanford House Inc | AIDS | 115,900 |
| 17 | The Gender Centre | AIDS | 168,700 |
| 18 | We Help Ourselves | AIDS | 83,700 |
| | | | 830,100 |
| 19 | Dental Health Foundation | Dental | 51,700 |
| | | | 51,700 |
| 20 | Centacare Services - Sydney | Community Services | 26,000 |
| 21 | Dympna House | Community Services | 297,600 |
| 22 | Family Planning NSW | Community Services | 519,000 |
| 23 | Leichhardt Women's Health Centre | Community Services | 447,800 |
| 24 | Lifeline Sydney | Community Services | 45,300 |
| 25 | NSW Council Child's Film & TV | Community Services | 1,200 |
| 26 | Sydney Rape Crisis Centre | Community Services | 448,900 |
| 27 | South Sydney Women's Therapy Centre | Community Services | 190,500 |
| 28 | Sydney Indo-Chinese Youth Support | Community Services | 50,400 |
| 29 | Thalassaemia Society of NSW | Community Services | 45,600 |
| | | | 2,072,300 |
| 30 | After Care - Administration | Mental Health | 76,500 |
| 31 | After Care - Ashfield/Parramatta | Mental Health | 72,300 |
| 32 | After Care - Psycho Support Services | Mental Health | 63,500 |
| 33 | CO AS IT | Mental Health | 108,300 |
| 34 | GROW (Community Services) | Mental Health | 370,200 |
| 35 | Homicide Victims Support Group | Mental Health | 366,500 |
| 36 | Richmond Fellowship | Mental Health | 595,200 |
| | | | 1,652,500 |
| 37 | Diabetes Australia | Aged & Disabled | 17,900 |
| 38 | Ella Community Centre | Aged & Disabled | 44,800 |
| 39 | Motor Neurone Disease Association | Aged & Disabled | 105,600 |
| 40 | Royal Blind Society of NSW | Aged & Disabled | 169,600 |
| 41 | Stroke Recovery Association | Aged & Disabled | 84,300 |
| 42 | Kindilan Centre | Aged & Disabled | 139,400 |
| | | | 561,600 |
| 43 | NSW Rape Crisis Centre | National Women's Health | 132,600 |
| 44 | Fairfield Multicultural Family Planning | National Women's Health | 377,400 |
| 45 | Women's Incest Survivors Network | National Women's Health | 7,500 |
| | | | 517,500 |
| | TOTAL | | 7,125,552 |

TREASURER'S REPORT

The year commenced and ended with a great deal of time being expended on the administration and management of the tax system. The compliance component of the Goods and Services Tax, and to a lesser degree, the Fringe Benefits and Pay As You Go taxes absorbed significant staff resources.

Expenses for the year were \$777.863 million compared to the \$789.786 million budget. The favourability for the year was \$11.923 million of which \$9.1 million was this year's budgeted allocation to the Resource Transition Program. The year's outgoings were within \$1.8 million (0.23%) of the expenditure of a year earlier.

The recurrent contribution to the Resource Transition Program this year is our largest, and was only possible because of the unusual 27th pay in the prior financial year.

The Revenue budget of \$230.718 million was exceeded by \$6.188 million.

The overall Net Cost of Services of \$538.166 million was \$17.752 million favourable to the \$555.918 million budget target. This includes all Trusts, Grants and Special Purposes.

The Equity at June 2000 was \$559.999 million – that sum increased \$88.223 million to \$648.222 million in the year 2001.

Again this year the provision of services to other (NSW) area health services was significant; they were costed at \$120.685 million (up \$2.901 million on last year). Those sums compare with the \$53.777 million worth of services (\$53.183 million in the year 2000) provided to CSAHS residents by other area health services.

The capital outlay in the rebuilding of the Area's facilities for the year was \$126 million.

Again this year I extend my congratulations to the staff of the Area Health Service on delivering an excellent result.

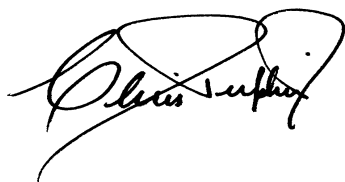


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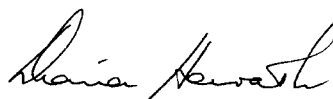
Certification of Financial Statements

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

- (i) have been prepared in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group Consensus Views, the requirements of the Public Finance and Audit Act, 1983 and its regulations, the requirements of the Health Services Act 1997, the Accounts and Audit Determination, and the Accounting Manual for Area Health Services, District Health Services and Public Hospitals; and
- (ii) present fairly the financial position and transactions of the Health Service; and
- (iii) have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate



.....
Christopher Puplick AM
Chairman
27 August, 2001



.....
Dr Diana G Horvath AO
Chief Executive Officer
27 August, 2001



BOX 12 GPO
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

CENTRAL SYDNEY AREA HEALTH SERVICE

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

Scope

I have audited the accounts of the Central Sydney Area Health Service for the year ended 30 June 2001. The financial report includes the consolidated accounts of the economic entity comprising the Service and the entity it controlled at the year's end or from time to time during the financial year. The Board is responsible for the financial report consisting of the statement of financial position, statement of financial performance, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and Members of the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* (the PF&A Act) and section 24 of the *Charitable Fundraising Act 1991* (the CF Act). My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

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

These procedures have been undertaken to form an opinion:

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

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

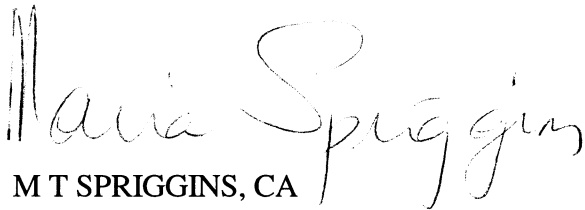
Audit Opinion Pursuant to the *Public Finance and Audit Act 1983*

In my opinion, the financial report of the Central Sydney Area Health Service complies with section 45E of the PF&A Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service and economic entity as at 30 June 2001 and the results of their operations and their cash flows for the year then ended.

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

I report that:

- i) the accounts of the Central Sydney Area Health Service and economic entity show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2001;
- ii) the accounts and associated records of the Central Sydney Area Health Service and economic entity have been properly kept during the year in accordance with the CF Act;
- iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act; and
- iv) there are reasonable grounds to believe that the Central Sydney Area Health Service and economic entity will be able to pay their debts as and when they fall due.



M T SPRIGGINS, CA
DIRECTOR OF AUDIT
(duly authorised by the Auditor-General of New South Wales)

SYDNEY
30 August 2001

Beginning of Audited Financial Statements

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

| Parent | | | Consolidated | | | |
|--------------------------------|-------------------------|-------------------------|--------------|-------------------------|-------------------------|-------------------------|
| Actual 2001 \$000 | Budget 2001 \$000 | Actual 2000 \$000 | Notes | Actual 2001 \$000 | Budget 2001 \$000 | Actual 2000 \$000 |
| ASSETS | | | | | | |
| Current Assets | | | | | | |
| 23,523 | 12,524 | 54,965 | | 25,908 | 12,524 | 57,746 |
| 18,990 | 11,458 | 15,159 | 2(r)(i),16 | 19,000 | 11,458 | 15,163 |
| 5,164 | 5,301 | 5,325 | 2(r)(ii),18 | 5,164 | 5,301 | 5,325 |
| 28,149 | 28,149 | - | 2(o),19 | 28,149 | 28,149 | - |
| | | | 2(r)(iii),17 | | | |
| 75,826 | 57,432 | 75,449 | | 78,221 | 57,432 | 78,234 |
| Non-Current Assets | | | | | | |
| 687,127 | 692,199 | 588,531 | | 692,712 | 692,199 | 593,582 |
| 52,037 | 55,114 | 54,595 | 2(i),2(l),20 | 52,240 | 55,114 | 54,651 |
| 739,164 | 747,313 | 643,126 | | 744,952 | 747,313 | 648,233 |
| 500 | 500 | 1,000 | 2(j),20 | | | |
| 739,664 | 747,813 | 644,126 | | 745,452 | 747,813 | 649,233 |
| 815,490 | 805,245 | 719,575 | | 823,673 | 805,245 | 727,467 |
| LIABILITIES | | | | | | |
| Current Liabilities | | | | | | |
| 33,049 | 37,259 | 30,988 | | 33,160 | 37,259 | 30,998 |
| 54,896 | 47,199 | 50,142 | 2(r)(iv),22 | 54,921 | 47,199 | 50,142 |
| 87,945 | 84,458 | 81,130 | 2(b),23 | 88,081 | 84,458 | 81,140 |
| Non-Current Liabilities | | | | | | |
| 87,370 | 90,213 | 86,328 | | 87,370 | 90,213 | 86,328 |
| 87,370 | 90,213 | 86,328 | 2(b),23 | 87,370 | 90,213 | 86,328 |
| 175,315 | 174,671 | 167,458 | | 175,451 | 174,671 | 167,468 |
| 640,175 | 630,574 | 552,117 | | 648,222 | 630,574 | 559,999 |
| Equity | | | | | | |
| 147,789 | 151,961 | 151,961 | 24 | 147,789 | 151,961 | 151,961 |
| 492,386 | 478,613 | 400,156 | 24 | 500,433 | 478,613 | 408,038 |
| 640,175 | 630,574 | 552,117 | | 648,222 | 630,574 | 559,999 |

The accompanying notes form part of these financial statements

CENTRAL SYDNEY AREA HEALTH SERVICE
Statement of Financial Performance for the Year Ended 30 June 2001

| Parent | | | | | | | | | Consolidated | | |
|-------------------------|-------------------------|-------------------------|--|--------|-------------------------|-------------------------|-------------------------|--|--------------|--|--|
| Actual 2001 \$000 | Budget 2001 \$000 | Actual 2000 \$000 | | Notes | Actual 2001 \$000 | Budget 2001 \$000 | Actual 2000 \$000 | | | | |
| | | | Expenses | | | | | | | | |
| 490,203 | 495,887 | 487,837 | Operating Expenses | | | | | | | | |
| 23,671 | 25,311 | 24,587 | Employee Related | 3 | 490,410 | 495,887 | 488,017 | | | | |
| 204,335 | 205,721 | 199,206 | Visiting Medical Officers | | 23,671 | 25,311 | 24,587 | | | | |
| 20,834 | 24,162 | 21,991 | Goods and Services | 4 | 204,589 | 205,721 | 199,373 | | | | |
| 26,307 | 26,666 | 29,825 | Maintenance | 2(m),5 | 21,146 | 24,162 | 21,996 | | | | |
| 7,126 | 7,008 | 7,851 | Depreciation | 2(k),6 | 26,455 | 26,666 | 29,830 | | | | |
| | | | Grants and Subsidies | 7 | 7,126 | 7,008 | 7,851 | | | | |
| 4,466 | 5,031 | 4,395 | Payments to Affiliated Health Organisations | | | | | | | | |
| | | | - Recurrent | 8 | 4,466 | 5,031 | 4,395 | | | | |
| 776,942 | 789,786 | 775,692 | Total Expenses | | 777,863 | 789,786 | 776,049 | | | | |
| | | | Revenues | | | | | | | | |
| 201,163 | 198,567 | 193,783 | Sale of Goods and Services | 2(e),9 | 201,163 | 198,567 | 193,783 | | | | |
| 3,722 | 3,128 | 3,258 | Investment Income | 10 | 3,844 | 3,128 | 3,536 | | | | |
| 20,939 | 20,038 | 26,240 | Grants and Contributions | 11,14 | 21,813 | 20,038 | 26,758 | | | | |
| 9,996 | 8,985 | 5,292 | Other Revenue | 12,14 | 10,086 | 8,985 | 5,442 | | | | |
| 235,820 | 230,718 | 228,573 | Total Revenues | | 236,906 | 230,718 | 229,519 | | | | |
| (2,791) | (3,150) | (3,326) | (Gain)/Loss on Disposal of Non Current Assets | 13 | (2,791) | (3,150) | (3,326) | | | | |
| 538,331 | 555,918 | 543,793 | Net Cost of Services | 29 | 538,166 | 555,918 | 543,204 | | | | |
| | | | Government Contributions | | | | | | | | |
| 501,266 | 501,266 | 490,824 | NSW Health Department Recurrent Allocations | 2(a) | 501,266 | 501,266 | 490,824 | | | | |
| 90,889 | 90,938 | 28,170 | NSW Health Department Capital Allocations | 2(a) | 90,889 | 90,938 | 28,170 | | | | |
| 35,444 | 35,500 | 31,263 | Acceptance by the Crown Entity of Superannuation Liability | 2(c) | 35,444 | 35,500 | 31,263 | | | | |
| 627,599 | 627,704 | 550,257 | Total Government Contributions | | 627,599 | 627,704 | 550,257 | | | | |
| 89,268 | 71,786 | 6,464 | Result for the Year from Ordinary Activities | 24 | 89,433 | 71,786 | 7,053 | | | | |
| - | - | - | Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity | | - | - | - | | | | |
| 89,268 | 71,786 | 6,464 | Total Changes in Equity Other Than Those Resulting From Transactions with Owners as Owners | | 89,433 | 71,786 | 7,053 | | | | |

The accompanying notes form part of these financial statements

CENTRAL SYDNEY AREA HEALTH SERVICE
Statement of Cash Flows for the Year Ended 30 June 2001

| Parent | | | Consolidated | | | |
|---|-------------------------|-------------------------|--------------|-------------------------|-------------------------|-------------------------|
| Actual 2001 \$000 | Budget 2001 \$000 | Actual 2000 \$000 | Notes | Actual 2001 \$000 | Budget 2001 \$000 | Actual 2000 \$000 |
| Cash Flows From Operating Activities | | | | | | |
| Payments | | | | | | |
| (448,992) | (453,622) | (453,704) | | (449,161) | (453,622) | (453,885) |
| (7,839) | (7,721) | (7,851) | | (7,839) | (7,721) | (7,851) |
| (278,559) | (282,500) | (237,875) | | (279,131) | (282,506) | (238,051) |
| (735,390) | (743,843) | (699,430) | 2(w) | (736,131) | (743,849) | (699,787) |
| Total Payments | | | | | | |
| Receipts | | | | | | |
| 206,386 | 201,908 | 195,956 | | 206,386 | 201,908 | 196,029 |
| 4,091 | 3,128 | 3,117 | | 4,213 | 3,128 | 3,416 |
| 50,206 | 49,492 | 28,637 | | 51,188 | 49,509 | 29,198 |
| 260,683 | 254,528 | 227,710 | | 261,787 | 254,545 | 228,643 |
| Total Receipts | | | | | | |
| Cash Flows From Government | | | | | | |
| 501,266 | 501,266 | 490,824 | | 501,266 | 501,266 | 490,824 |
| 90,889 | 90,938 | 28,170 | | 90,889 | 90,938 | 28,170 |
| 592,155 | 592,204 | 518,994 | | 592,155 | 592,204 | 518,994 |
| NET CASH FLOWS FROM GOVERNMENT | | | | | | |
| NET CASH FLOWS FROM OPERATING ACTIVITIES | | | | | | |
| 117,448 | 102,889 | 47,274 | | 117,811 | 102,900 | 47,850 |
| Cash Flows From Investing Activities | | | | | | |
| 6,738 | 6,576 | 15,280 | | 6,738 | 6,576 | 15,280 |
| (124,993) | (131,174) | (68,158) | | (125,822) | (131,174) | (72,804) |
| (28,149) | - | - | | (28,149) | - | - |
| (763) | 3,175 | 2,693 | | (693) | 3,164 | 2,696 |
| (147,167) | (121,423) | (50,185) | | (147,926) | (121,434) | (54,828) |
| NET CASH FLOWS FROM INVESTING ACTIVITIES | | | | | | |
| Cash Flows From Financing Activities | | | | | | |
| - | - | (750) | | - | - | (750) |
| (1,723) | - | - | | (1,723) | - | - |
| (1,723) | - | (750) | | (1,723) | - | (750) |
| NET CASH FLOWS FROM FINANCING ACTIVITIES | | | | | | |
| (31,442) | (18,534) | (3,661) | | (31,838) | (18,534) | (7,728) |
| 54,965 | 31,058 | 58,626 | | 57,746 | 31,058 | 65,474 |
| 23,523 | 12,524 | 54,965 | | 25,908 | 12,524 | 57,746 |
| NET INCREASE/(DECREASE) IN CASH | | | | | | |
| Opening Cash and Cash Equivalents | | | | | | |
| CLOSING CASH AND CASH EQUIVALENTS | | | | | | |

The accompanying notes form part of these financial statements

**Central Sydney Area Health Service
Program Statement — Expenses and Revenues
for the Year Ended 30 June 2001**

| CSAHS EXPENSES AND REVENUES | Program 1.1 | | Program 1.2 | | Program 1.3 | | Program 2.1 | | Program 2.2 | | Program 2.3 | | Program 3.1 | | Program 4.1 | | Program 5.1 | | Program 6.1 | | Grand Total | | |
|---|---------------|---------------|--------------|--------------|----------------|----------------|---------------|---------------|----------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|--------------|
| | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | 2001 | 2000 | |
| | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> |
| Expenses | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Expenses | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Related | 24,044 | 23,927 | 276 | 275 | 75,511 | 75,143 | 21,898 | 21,791 | 212,006 | 210,971 | 28,746 | 28,606 | 49,127 | 48,887 | 29,409 | 29,265 | 6,684 | 6,651 | 42,709 | 42,501 | 490,410 | 488,017 | |
| Visiting Medical Officers | 1,054 | 1,095 | 10 | 10 | 4,898 | 5,088 | 875 | 909 | 10,077 | 10,467 | 2,488 | 2,584 | 1,661 | 1,725 | 1,170 | 1,215 | 520 | 540 | 918 | 954 | 23,671 | 24,587 | |
| Other Operating Expenses | 6,660 | 6,513 | 61 | 60 | 30,931 | 30,249 | 5,530 | 5,408 | 118,736 | 115,413 | 15,713 | 15,366 | 10,490 | 10,259 | 7,384 | 7,221 | 3,281 | 3,209 | 5,803 | 5,675 | 204,589 | 199,373 | |
| Maintenance | 628 | 653 | 2 | 2 | 4,242 | 4,413 | 910 | 947 | 9,162 | 9,529 | 1,740 | 1,810 | 1,169 | 1,216 | 1,093 | 1,137 | 420 | 437 | 1,780 | 1,852 | 21,146 | 21,996 | |
| Depreciation | 297 | 335 | 1 | 1 | 4,640 | 5,232 | 1,382 | 1,558 | 14,444 | 16,289 | 2,120 | 2,390 | 1,234 | 1,391 | 1,029 | 1,160 | 263 | 296 | 1,045 | 1,178 | 26,455 | 29,830 | |
| Grants and Subsidies | 3,725 | 4,103 | - | - | - | - | - | - | - | - | - | - | 1,443 | 1,590 | 444 | 489 | 44 | 49 | 1,470 | 1,620 | 7,126 | 7,851 | |
| Other Expenses | 465 | 458 | - | - | 388 | 382 | - | - | 3,613 | 3,555 | - | - | - | - | - | - | - | - | - | - | 4,466 | 4,395 | |
| Total Expenses | 36,873 | 37,084 | 350 | 348 | 120,610 | 120,507 | 30,595 | 30,613 | 368,038 | 366,224 | 50,807 | 50,756 | 65,124 | 65,068 | 40,529 | 40,487 | 11,212 | 11,182 | 53,725 | 53,780 | 777,863 | 776,049 | |
| Retained Revenue | | | | | | | | | | | | | | | | | | | | | | | |
| Sale of Goods and Services | 2,403 | 2,147 | - | - | 27,450 | 26,674 | 7,857 | 7,639 | 118,346 | 114,654 | 12,915 | 12,468 | 17,812 | 17,144 | 13,266 | 12,634 | 56 | 21 | 1,058 | 402 | 201,163 | 193,783 | |
| Investment Income | 384 | 353 | - | - | 248 | 228 | 34 | 31 | 915 | 869 | 72 | 66 | 43 | 39 | 226 | 208 | 38 | 9 | 1,884 | 1,733 | 3,844 | 3,536 | |
| Grants and Contributions | 2,179 | 2,630 | - | - | 1,405 | 1,696 | 192 | 232 | 5,372 | 6,460 | 410 | 495 | 242 | 292 | 1,280 | 1,546 | 40 | 72 | 10,693 | 13,335 | 21,813 | 26,758 | |
| Other Revenue | 1,008 | 544 | - | - | 650 | 350 | 89 | 49 | 2,434 | 1,328 | 190 | 102 | 112 | 60 | 592 | 319 | 66 | 21 | 4,945 | 2,669 | 10,086 | 5,442 | |
| Total Retained Revenue | 5,974 | 5,674 | - | - | 29,753 | 28,948 | 8,172 | 7,951 | 127,067 | 123,311 | 13,587 | 13,131 | 18,209 | 17,535 | 15,364 | 14,707 | 200 | 123 | 18,580 | 18,139 | 236,906 | 229,519 | |
| Gain/(Loss) on Disposal of Non Current Assets | (33) | (33) | - | - | - | (35) | - | - | 2,888 | 3,735 | - | - | (44) | (20) | (20) | (321) | - | - | - | - | 2,791 | 3,326 | |
| NET COST OF SERVICES | 30,932 | 31,443 | 350 | 348 | 90,857 | 91,594 | 22,423 | 22,662 | 238,083 | 239,178 | 37,220 | 37,625 | 46,959 | 47,553 | 25,185 | 26,101 | 11,012 | 11,059 | 35,145 | 35,641 | 538,166 | 543,204 | |

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

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

1. Central Sydney Area Health Service Reporting Entity

Central Sydney Area Health Service (CSAHS) was established on 1 August 1988. CSAHS incorporates and manages all the operating activities of the following hospitals, community health services and other facilities under its control:

- C Royal Prince Alfred Hospital
- C Concord Repatriation General Hospital
- C Balmain Hospital
- C Canterbury Hospital
- C HealthQuest
- C NSW Institute of Forensic Medicine
- C Population Health
- C Institute of Rheumatology and Orthopaedics
- C Rozelle Hospital
- C Thomas Walker Hospital
- C United Dental Hospital
- ANZAC Health and Medical Research Foundation

In addition, the following Affiliated Health Organisations are associated by special arrangements with CSAHS:

- C Central Sydney Scarba Service
- C Tresillian Family Care Centres

The Centre for Education and Information on Drugs and Alcohol (CEIDA) was transferred to NSW Health Department from 1 July 2000.

The Financial Statements encompass the activities of the General Fund and the controlled segment of the Special Purposes and Trust Fund. As CSAHS 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 CSAHS.

The primary objectives of CSAHS are to protect, promote and maintain the health of Central Sydney residents and to provide state and nationwide health services, research and training.

Principles of Consolidation

The consolidated accounts are those of the consolidated entity, comprising CSAHS (the chief entity), and its controlled entity, ANZAC Health and Medical Research Foundation.

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

The ANZAC Health and Medical Research Foundation is a controlled entity of CSAHS by virtue of CSAHS'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 CSAHS is 100%.

The revenue of the Foundation for the year was \$1,087,131 (2000 \$945,823), expenditure was \$921,792 (2000 \$357,199) and the surplus was \$165,339 (2000 \$588,624).

2. Summary of Significant Accounting Policies

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

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

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

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

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

(a) NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for CSAHS as adjusted for approved supplementations, mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the Result from Ordinary Activities on the basis that the allocation is earned in return for the health services provided in 2000/2001 on behalf of the Department.

General operating expenses/revenues of Affiliated Health Organisations ie Tresillian Family Care Centres and Central Sydney Scarba Service have only been included in the Statement of Financial Performance to the extent of the net cash payments made to the facilities concerned. CSAHS is not deemed to own or control the various assets/liabilities of the aforementioned Affiliated Health Organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

The NSW Health Department has implemented a policy of net appropriation with all revenues earned being retained at CSAHS level and, with NSW Health Department Cash Payments, applied to offset net expenditure.

Capital Allocations have been treated as revenue in these financial statements and have been brought to account after Net Cost of Services.

(b) Employee Entitlements

The elements of the entitlements are: salaries and wages, annual leave, long service leave, sick leave and on-costs.

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

Long Service Leave measurement is based on the remuneration rates at year end for all employees with five or more years of service. It is considered that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

Employee leave entitlements are dissected between the "Current" and "Non Current" components on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the entitlements accrued in the future.

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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The outstanding amounts of workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee entitlements to which they relate have been recognised.

Under the Leave Mobility provisions applicable in the Government Sector from May 1993, CSAHS paid and received monies in respect of employee leave transferred.

(c) Superannuation

CSAHS's liability for superannuation is assumed by the Crown Entity. CSAHS accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Superannuation Liability".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (ie. Basic Benefit and First State Superannuation) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

In the eight years ending 30 June 2001, since Concord Repatriation General Hospital was absorbed into CSAHS, the superannuation expenditure associated with those staff who have remained in the Federal Superannuation Fund was paid by NSW Health Department. That expenditure totalled \$5.684 million in 2000/01 and \$6.877 million in 1999/00.

(d) Insurance

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

(e) Revenue Recognition

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

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

Patient Fees

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

Debt Forgiveness

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

Use of Hospital Facilities

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

Use of Outside Facilities

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

(f) Goods and Services Tax (GST)

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

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

(g) Inter Area and Interstate Patient Flows

CSAHS recognised the flow of acute inpatients from the area in which they are resident to other areas within the State and across Australia. The expense and revenue values reported within the financial statements have been based on 1999/2000 activity data using standard cost weighted separation values to reflect estimated costs in 2000/01 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the area providing the service is reimbursed by the benefiting Area.

The reporting adopted also aims to provide a greater accuracy of the cost of service provision to the Area's resident population and disclose the extent to which service is provided to non-residents.

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

In 2000/01 calculation of the patient flows has been amended to include the flows to/from other Australian States and Territories. (Refer Note 2w)

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

(h) Research and Development Costs

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

(i) Acquisition of Assets

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

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

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

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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Where settlement of any part of cash consideration is deferred, the amounts payable in the future are discounted to their present value at the acquisition date. The discount rate used is the incremental borrowing rate, being the rate at which similar borrowing could be obtained.

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

Construction in Progress is carried at cost and relates to Capital Work on the redevelopment of the Resource Transition Program and miscellaneous projects.

(j) Plant and Equipment

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

(k) Depreciation

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

Property, Plant and Equipment have been depreciated from not later than the month following acquisition or operation. Depreciation rates on individual assets are reviewed annually.

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

| | |
|---|---------------|
| Buildings | 0.2% - 2.8% |
| Electro Medical Equipment | |
| - Costing less than \$200,000 | 10.0% |
| - Costing more than or equal to \$200,000 | 12.5% |
| Computer Equipment | 20.0% |
| Computer Software | 20.0% |
| Office Equipment | 10.0% - 12.5% |
| Plant and Machinery | 10.0% |
| Furniture, Fittings and Furnishings | 10.0% |
| Linen | 20.0% - 33.3% |
| Motor Vehicles - Trucks, Buses and Vans | 20.0% |

(l) Revaluation of Physical Non Current Assets

Buildings and improvements and infrastructure assets (excluding land) are valued on the basis of the estimated written down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis.

Plant and equipment are carried at net book value, which management has assessed to approximate written down replacement cost. Construction in progress is shown at cost. Land and buildings surplus to CSAHS's requirements are stated at market value.

Land and buildings are revalued every 5 years by independent valuation. The last such revaluation was completed as at 1 July 1997.

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

Where assets are revalued upward or downward using the replacement cost basis, CSAHS restates separately the gross amount and the related accumulated depreciation of that class of assets.

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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The recoverable amount test has not been applied as CSAHS is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

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

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

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

(m) Maintenance and Repairs

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

(n) Leased Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits. CSAHS 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 Statement of Financial Performance in the periods in which they are incurred.

(o) Inventories

All inventories have been valued at the lower of cost and net realisable value. Costs are assigned to individual items of stock mainly on a weighted average cost basis.

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

(p) Investments

Marketable securities and deposits are valued at cost unless specifically stated in Note 17. Non marketable securities are brought to account at cost.

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

For current investments, revaluation increments and decrements are recognised in the Statement of Financial Performance.

Interest revenues are recognised as they accrue.

(q) Administrative Restructuring

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

Transfer of the net assets of CEIDA was effected to the NSW Health Department on 1 July 2000. The transfer of \$1.210 million in net assets has been treated as a direct adjustment to the opening balance of Accumulated Funds. Details of assets and liabilities transferred are disclosed in note 24.

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

(r) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either CSAHS or its counterparty and a financial liability (or equity instrument) of the other party. For CSAHS these include cash at bank, receivables, other financial assets and payables.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 34 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

(i) 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 interest rate ranging from 4.70% to 6.98% (4.05% to 5.3% in 1999/00).

(ii) Receivables

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

Terms and Conditions - Accounts are issued on 7 and 30 day terms.

(iii) Investments

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

Terms and Conditions - Deposits with effective interest rates of 4.55% to 9.32%.

(iv) Payables

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

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

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

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

(s) Payables

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

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

(t) Trust Funds

CSAHS receives monies in a trustee capacity for various trusts as set out in Note 26. As CSAHS performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of CSAHS' own objectives, they are not brought to account in the financial statements.

(u) Reclassification of financial information

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

(v) Equity

Equity consists of the excess of the value of the total assets of the organisation over its liabilities. Increases or decreases in equity arise primarily from:

- (a) Excesses of revenues over expenditure, or excesses of expenditure over revenues from operations of the organisation (ie transactions other than with owners of the organisation in their capacity as owners);
- (b) Contributions by owners or distributions to owners (ie transactions with owners of the organisation in their capacity as owners of the organisation);
- (c) Increments or decrements resulting from periodic revaluations of non current assets (ie further transactions other than with owners of the organisation in their capacity as owners).

(w) Statement of Cash Flows

Other payments are for visiting medical officers, goods and services, maintenance, grants and subsidies and payments to Affiliated Health Organisations.

(x) Budgeted amounts

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

(y) Changes in Accounting Policy

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

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

The effect of the change in the current year is that Net Cost of Services is \$739,000 less than it would otherwise have been.

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

3. Employee Related Expenses

| Parent | | | Consolidated | |
|---------------|---------------|------------------------------------|---------------|---------------|
| 2001 | 2000 | | 2001 | 2000 |
| <u>\$000</u> | <u>\$000</u> | | <u>\$000</u> | <u>\$000</u> |
| 374,810 | 377,296 | Salaries and Wages | 374,969 | 377,473 |
| 5,469 | 4,751 | Enterprise Agreements/Awards | 5,469 | 4,751 |
| 11,451 | 12,379 | Long Service Leave [see note 2(b)] | 11,451 | 12,379 |
| 38,404 | 38,743 | Annual Leave [see note 2(b)] | 38,427 | 38,746 |
| 5,655 | 5,360 | Nursing Agency Payments | 5,655 | 5,360 |
| 1,024 | 978 | Other Agency Payments | 1,036 | 978 |
| 17,870 | 17,007 | Workers Compensation Insurance | 17,870 | 17,007 |
| 35,520 | 31,323 | Superannuation [see note 2(c)] | 35,533 | 31,323 |
| <hr/> 490,203 | <hr/> 487,837 | | <hr/> 490,410 | <hr/> 488,017 |

Salaries and Wages includes \$144,740 paid to members of the Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

| \$ range | Number Paid |
|----------------------|-------------|
| \$0 to \$9,999 | - |
| \$10,000 to \$19,999 | 10 |
| \$20,000 to \$29,999 | 1 |

4. Goods and Services

| | | | | |
|---------------|---------------|------------------------------------|---------------|---------------|
| 2,810 | 2,572 | Computer Related Expenses | 2,814 | 2,572 |
| 11,461 | 10,668 | Domestic Charges | 11,469 | 10,668 |
| 35,145 | 36,297 | Drug Supplies | 35,145 | 36,297 |
| 5,750 | 6,048 | Food Supplies | 5,751 | 6,048 |
| 8,093 | 7,830 | Fuel, Light and Power | 8,093 | 7,830 |
| 10,951 | 11,207 | General Expenses | 11,002 | 11,276 |
| 385 | 331 | Hospital Ambulance Transport Costs | 385 | 331 |
| 1,165 | 856 | Insurance | 1,165 | 856 |
| 53,777 | 53,183 | Inter Area Patient Outflows, NSW * | 53,777 | 53,183 |
| 1,324 | - | Interstate Patient Outflows** | 1,324 | - |
| 47,160 | 45,226 | Medical and Surgical Supplies | 47,171 | 45,227 |
| 3,736 | 3,910 | Postal and Telephone Costs | 3,739 | 3,910 |
| 3,577 | 3,332 | Printing and Stationery | 3,607 | 3,360 |
| 1,771 | 2,075 | Rental | 1,771 | 2,075 |
| 181 | 259 | Rates and Charges | 181 | 259 |
| 13,422 | 12,066 | Special Service Departments | 13,447 | 12,066 |
| 1,023 | 1,059 | Staff Related Costs | 1,043 | 1,061 |
| 640 | 326 | Sundry Operating Expenses | 719 | 390 |
| 1,964 | 1,961 | Travel Related Costs | 1,986 | 1,964 |
| <hr/> 204,335 | <hr/> 199,206 | | <hr/> 204,589 | <hr/> 199,373 |

(a) Sundry Operating Expenses comprise:

| | | | | |
|-----------|-----------|-------------------------------|-----------|-----------|
| 546 | 326 | Aircraft Expenses (Ambulance) | 546 | 326 |
| 94 | - | Other | 173 | 64 |
| <hr/> 640 | <hr/> 326 | | <hr/> 719 | <hr/> 390 |

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

| Parent | | | Consolidated | |
|--------------|--------------|---|--------------|--------------|
| 2001 | 2000 | | 2001 | 2000 |
| <u>\$000</u> | <u>\$000</u> | | <u>\$000</u> | <u>\$000</u> |
| | | (b) General Expenses include: | | |
| 762 | 685 | Advertising | 766 | 685 |
| 1,148 | 1,000 | Books and Magazines | 1,155 | 1,001 |
| | | Consultancies | | |
| 1,424 | 3,294 | - Operating Activities | 1,462 | 3,357 |
| 176 | 186 | Courier and Freight | 178 | 188 |
| 244 | 150 | Auditor's Remuneration - Audit of financial reports | 244 | 152 |
| 612 | 416 | Legal Expenses | 612 | 416 |
| 388 | 380 | Membership/Professional Fees | 388 | 381 |
| 2,921 | 3,173 | Operating Lease Expense | 2,921 | 3,173 |
| 12 | 8 | Payroll Services | 12 | 8 |
| 3,264 | 1,915 | Provision for Bad and Doubtful Debts | 3,264 | 1,915 |
| <hr/> | <hr/> | | <hr/> | <hr/> |
| 10,951 | 11,207 | | 11,002 | 11,276 |

*** Payments for Inter Area Patient Flows from other NSW Area Health Services were as follows (\$000):**

South Eastern Sydney Area Health Service: \$30,081 (\$28,676). South Western Sydney Area Health Service: \$9,645 (\$11,227). Northern Sydney Area Health Service: \$3,888 (\$3,862). Western Sydney Area Health Service: \$3,815 (\$3,571). Royal Alexandria Hospital for Children: \$4,948 (\$4,732). Other Area Health Services (12 in all): \$1,400 (\$1,115).

**** Payments for Interstate Patient Flows were as follows (\$000):**

Australian Capital Territory: \$163. Northern Territory: \$15. Queensland: \$670. South Australia: \$211. Tasmania: \$13. Victoria: \$178. Western Australia: \$74

5. Maintenance

| | | | | |
|--------|--------|---|--------|--------|
| 10,412 | 10,710 | Repairs and Routine Maintenance | 10,432 | 10,711 |
| | | Other | | |
| 4,265 | 5,824 | - Renovations and Additional Works | 4,270 | 5,824 |
| | | - Replacements and Additional Equipment less than \$5,000 | | |
| 6,157 | 5,457 | | 6,444 | 5,461 |
| <hr/> | <hr/> | | <hr/> | <hr/> |
| 20,834 | 21,991 | | 21,146 | 21,996 |

6. Depreciation

| | | | | |
|--------|--------|------------------------------------|--------|--------|
| 13,177 | 14,556 | Depreciation - Buildings | 13,307 | 14,556 |
| 13,130 | 15,269 | Depreciation - Plant and Equipment | 13,148 | 15,274 |
| <hr/> | <hr/> | | <hr/> | <hr/> |
| 26,307 | 29,825 | | 26,455 | 29,830 |

7. Grants and Subsidies

| | | | | |
|-------|-------|---|-------|-------|
| 7,126 | 6,231 | Payments to Non Government Organisations | 7,126 | 6,231 |
| - | 272 | Institute of Respiratory Medicine | - | 272 |
| - | 720 | Heart Research Institute | - | 720 |
| - | 348 | Centre for Health Economics and Research Evaluation | - | 348 |
| - | 200 | Centre for Education and Research on Ageing | - | 200 |
| - | 70 | Perinatal Health | - | 70 |
| - | 10 | Other | - | 10 |
| <hr/> | <hr/> | | <hr/> | <hr/> |
| 7,126 | 7,851 | | 7,126 | 7,851 |

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

8. Payments to Affiliated Health Organisations

| Parent | | | Consolidated | |
|---------------|---------------|--------------------------------|---------------|---------------|
| 2001 \$000 | 2000 \$000 | | 2001 \$000 | 2000 \$000 |
| 4,121 | 4,049 | Recurrent | 4,121 | 4,049 |
| 345 | 346 | Tresillian Family Care Centres | 345 | 346 |
| | | Central Sydney Scarba Service | | |
| <u>4,466</u> | <u>4,395</u> | | <u>4,466</u> | <u>4,395</u> |

9. Sale of Goods and Services

| | | | | |
|----------------|----------------|--|----------------|----------------|
| 50,654 | 49,906 | Patient Fees [see note 2(e)] | 50,654 | 49,906 |
| 697 | 763 | Staff Meals and Accommodation | 697 | 763 |
| 11,416 | 11,112 | Use of Hospital Facilities [see note 2(e)] | 11,416 | 11,112 |
| 1,295 | 1,107 | Car Parking | 1,295 | 1,107 |
| 400 | 390 | Child Care Fees | 400 | 390 |
| 193 | 344 | Fees for Medical Records | 193 | 344 |
| 892 | 746 | Lease and Rental Income | 892 | 746 |
| 1,922 | 2,253 | Non Staff Meals | 1,922 | 2,253 |
| 144 | 128 | Linen Service Revenues - Other Health Services | 144 | 128 |
| 5,743 | 4,386 | Sale of Prostheses | 5,743 | 4,386 |
| 2,063 | - | Patient Inflows from Interstate** | 2,063 | - |
| 120,685 | 117,784 | Inter Area Patient Inflows * | 120,685 | 117,784 |
| 1,568 | 1,927 | HealthQuest Revenue | 1,568 | 1,927 |
| 3,491 | 2,937 | Other | 3,491 | 2,937 |
| <u>201,163</u> | <u>193,783</u> | | <u>201,163</u> | <u>193,783</u> |

*** Revenues from Inter Area Patient Flows provided to other NSW Area Health Services were as follows (\$000) :**

South Western Sydney Area Health Service: \$23,079 (\$23,147). Northern Sydney Area Health Service: \$18,625 (\$18,941). Western Sydney Area Health Service: \$18,693 (\$18,889). South Eastern Sydney Area Health Service: \$18,208 (\$16,359). Illawarra Area Health Service: \$10,831 (\$8,667). Mid-Western Area Health Service: \$4,606 (\$4,826). Central Coast Area Health Service: \$4,560 (\$4,585). Macquarie Area Health Service: \$5,800 (\$5,318). Wentworth Area Health Service: \$3,566 (\$3,996). Mid-North Coast Area Health Service: \$3,798 (\$3,692). New England Area Health Service: \$1,574 (\$1,627). Southern Area Health Service: \$2,016 (\$2,178). Greater Murray Area Health Service: \$1,726 (\$1,848). Hunter Area Health Service: \$1,698 (\$1,971). Far Western Area Health Service: \$909 (\$1,067). Northern Rivers Area Health Service: \$996 (\$673).

**** Revenues from Patient Inflows from Interstate are as follows (\$000):**

Australian Capital Territory: \$985. Northern Territory: \$86. Queensland: \$491. South Australia: \$103. Tasmania: \$49. Victoria: \$303. Western Australia: \$46.

10. Investment Income

| | | | | |
|--------------|--------------|----------|--------------|--------------|
| 3,722 | 3,258 | Interest | 3,844 | 3,536 |
| <u>3,722</u> | <u>3,258</u> | | <u>3,844</u> | <u>3,536</u> |

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

11. Grants and Contributions

| Parent | | | Consolidated | |
|---------------|---------------|---|---------------|---------------|
| 2001 \$000 | 2000 \$000 | | 2001 \$000 | 2000 \$000 |
| 337 | 437 | University Commission Grants | 337 | 437 |
| 4,879 | 4,501 | Commonwealth Government Grants | 4,879 | 4,501 |
| 1,814 | 3,343 | Research Grant Non Governments | 2,059 | 3,555 |
| | | Other | | |
| 2,589 | 3,593 | - Mammography | 2,589 | 3,593 |
| - | 2,649 | - Centre for Education and Information on Drugs and Alcohol | - | 2,649 |
| 433 | 65 | - Manufacturing | 435 | 66 |
| 19 | 5 | - Wholesale and Retail Trade | 19 | 5 |
| 50 | 68 | - Finance, Property and Business Services | 177 | 142 |
| - | 16 | - Public Administration and Defence | - | 16 |
| 1,057 | 356 | - Clinical Drug Trials | 1,057 | 429 |
| 86 | 52 | - Community Services | 118 | 72 |
| 5,556 | 9,213 | - Recreation, Personal and Other Services | 5,582 | 9,306 |
| 4,119 | 1,942 | - Industry Contributions and Others | 4,561 | 1,987 |
| <u>20,939</u> | <u>26,240</u> | | <u>21,813</u> | <u>26,758</u> |

12. Other Revenue

| | | | | |
|--------------|--------------|-------------------------------------|---------------|--------------|
| 9,996 | 5,292 | Local Fund Contributions and Others | 10,086 | 5,442 |
| <u>9,996</u> | <u>5,292</u> | | <u>10,086</u> | <u>5,442</u> |

13. (Gain)/Loss on Disposal of Non Current Assets

| | | | | |
|----------------|----------------|--|----------------|----------------|
| 5,685 | 21,951 | Property, Plant and Equipment | 5,685 | 21,955 |
| (1,738) | (9,997) | Less Accumulated Depreciation | (1,738) | (10,001) |
| <u>3,947</u> | <u>11,954</u> | Written Down Value | <u>3,947</u> | <u>11,954</u> |
| (6,738) | (15,280) | Less Proceeds from Sale | (6,738) | (15,280) |
| <u>(2,791)</u> | <u>(3,326)</u> | (Gain)/Loss on Disposal of Non Current Assets | <u>(2,791)</u> | <u>(3,326)</u> |

Central Sydney Area Health Service
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14. Conditions on Contributions

Contributions recognised as revenues during current year for which expenditure in manner specified has not occurred as at balance date.

| Parent | | Major Category | Consolidated | |
|------------------------|------------------------|---|------------------------|------------------------|
| Total 2001 \$000 | Total 2000 \$000 | | Total 2001 \$000 | Total 2000 \$000 |
| 7,292 | 7,351 | Health Promotion, Education and Research | 8,379 | 8,296 |
| 976 | 4,268 | Purchase of Assets | 976 | 4,268 |
| 5,273 | 3,624 | Fellowships, Education, Prizes and Others | 5,273 | 3,624 |
| 13,541 | 15,243 | Total | 14,628 | 16,188 |

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

| Major Category | Parent | | | | 2001 Total \$000 |
|---|------------------|--------------------|--------------------|--------------------|---------------------|
| | <1 Year \$000 | 1-2 Years \$000 | 2-3 Years \$000 | 3-4 Years \$000 | |
| Health Promotion, Education and Research | 1,823 | 1,823 | 1,823 | 1,823 | 7,292 |
| Purchase of Assets | 244 | 244 | 244 | 244 | 976 |
| Fellowships, Education, Prizes and Others | 1,318 | 1,318 | 1,318 | 1,319 | 5,273 |
| Parent Total | 3,385 | 3,385 | 3,385 | 3,386 | 13,541 |

| Major Category | Consolidated | | | | 2001 Total \$000 |
|---|------------------|--------------------|--------------------|--------------------|---------------------|
| | <1 Year \$000 | 1-2 Years \$000 | 2-3 Years \$000 | 3-4 Years \$000 | |
| Health Promotion, Education and Research | 2,094 | 2,094 | 2,094 | 2,097 | 8,379 |
| Purchase of Assets | 244 | 244 | 244 | 244 | 976 |
| Fellowships, Education, Prizes and Others | 1,318 | 1,318 | 1,318 | 1,319 | 5,273 |
| Consolidated Total | 3,656 | 3,656 | 3,656 | 3,660 | 14,628 |

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

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

| Parent | | Major Category | Consolidated | |
|---------------|---------------|---|---------------|---------------|
| 2001 \$000 | 2000 \$000 | | 2001 \$000 | 2000 \$000 |
| 7,485 | 5,031 | Health Promotion, Education and Research | 8,407 | 5,388 |
| 974 | 839 | Purchase of Assets | 974 | 839 |
| 3,796 | 2,341 | Fellowships, Education, Prizes and Others | 3,796 | 2,341 |
| <u>12,255</u> | <u>8,211</u> | Total | <u>13,177</u> | <u>8,568</u> |

Total Amount of unexpended Contributions as at Balance Date.

| | | Major Category | <u>00</u> | |
|---------------|---------------|---|---------------|---------------|
| 2001 | 2000 | | 2001 | 2000 |
| 16,980 | 16,955 | Health Promotion, Education and Research | 23,027 | 22,837 |
| 8,142 | 8,384 | Purchase of Assets | 10,142 | 10,384 |
| 15,552 | 9,053 | Fellowships, Education, Prizes and Others | 15,552 | 9,053 |
| <u>40,674</u> | <u>34,392</u> | Total | <u>48,721</u> | <u>42,274</u> |

Comment on restricted assets appears in Note 21.

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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15. Programs/Activities of CSAHS

| | |
|----------------------------------|---|
| Program 1.1 Objective: | Primary and Community Based Services 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 Objective: | Aboriginal Health Services To raise the health status of Aborigines and to promote a healthy lifestyle. |
| Program 1.3 Objective: | Outpatient Services To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting. |
| Program 2.1 Objective: | Emergency Services 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 Objective: | Overnight Acute Inpatient Services 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 Objective: | Same Day Acute Inpatient Services 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 Objective: | Mental Health Services To improve the health, wellbeing 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 Objective: | Rehabilitation and Extended Care Services To improve or maintain the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill. |
| Program 5.1 Objective: | Population Health Services 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 Objective: | Teaching and Research 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 wellbeing of the people of New South Wales. |

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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16. Cash

| Parent | | | Consolidated | |
|---|---------------|---|---------------|---------------|
| 2001 \$000 | 2000 \$000 | | 2001 \$000 | 2000 \$000 |
| 7,207 | 1,612 | Current | | |
| 16,316 | 53,353 | Cash at Bank and on Hand | 7,395 | 1,877 |
| 23,523 | 54,965 | Deposits at Call | 18,513 | 55,869 |
| | | | 25,908 | 57,746 |
| Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows: | | | | |
| 23,523 | 54,965 | Cash (per Statement of Financial Position) | 25,908 | 57,746 |
| 23,523 | 54,965 | Closing Cash and Cash Equivalents (per Statement of Cash Flows) | 25,908 | 57,746 |
| | | | 28,149 | - |
| 17. Other Financial Assets | | | | |
| 28,149 | - | Current | | |
| 28,149 | - | NSW Treasury Corporation - Hour Glass Facility | 28,149 | - |
| | | | 28,149 | - |

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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18. Receivables

| Parent | | | Consolidated | |
|--|---------------|-----------------------------------|---------------|---------------|
| 2001 \$000 | 2000 \$000 | | 2001 \$000 | 2000 \$000 |
| Current | | | | |
| (a) Sale of Goods and Services | | | | |
| 8,413 | 10,246 | Sale of Goods and Services | 8,413 | 10,246 |
| - | 12 | Prepayments | - | 12 |
| 1,144 | 1,338 | Prostheses | 1,144 | 1,338 |
| 1,825 | 1,180 | Intra Area charges | 1,825 | 1,180 |
| 1,169 | 725 | Debtors - NSW Health Department | 1,169 | 725 |
| 437 | 343 | Workers Compensation | 437 | 343 |
| 2,269 | 2,391 | Sundry Debtors | 2,269 | 2,391 |
| 745 | 902 | Leave Mobility Debtors | 745 | 902 |
| 4,959 | 47 | GST Debtors | 4,965 | 47 |
| 1,898 | 1,396 | Other Debtors | 1,902 | 1,400 |
| 22,859 | 18,580 | Sub Total | 22,869 | 18,584 |
| (3,519) | (3,153) | less Provision for Doubtful Debts | (3,519) | (3,153) |
| (350) | (268) | Others | (350) | (268) |
| 18,990 | 15,159 | | 19,000 | 15,163 |
| (b) Bad Debts written off during the year | | | | |
| Current Receivables | | | | |
| - Patients' Fees | | | | |
| 958 | 213 | - Private | 958 | 213 |
| 1,551 | 644 | - Overseas visitors | 1,551 | 644 |
| 235 | 229 | - Compensable | 235 | 229 |
| 71 | 47 | - Other Debtors | 71 | 47 |
| 2,815 | 1,133 | | 2,815 | 1,133 |
| (c) Sale of Goods and Services includes: | | | | |
| 1,865 | 2,196 | Patient Fees - Compensable | 1,865 | 2,196 |
| 4,219 | 5,099 | Patient Fees - Ineligible | 4,219 | 5,099 |
| 2,329 | 2,951 | Patient Fees - Other | 2,329 | 2,951 |
| 8,413 | 10,246 | | 8,413 | 10,246 |
| Non Current | | | | |
| Other Debtors | | | | |
| 500 | 1,000 | - Leave Mobility Receivable | 500 | 1,000 |
| 500 | 1,000 | | 500 | 1,000 |

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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(d) Reconciliation of Non-Current Receivables

| 2001 | Sale of Goods and Services \$000 | Prepayments \$000 | Other \$000 | Total \$000 |
|---------------------------------------|--|----------------------|----------------|----------------|
| Carrying amount at start of year | - | - | 1,000 | 1,000 |
| Repayments | - | - | (500) | (500) |
| Carrying amount at end of year | - | - | 500 | 500 |

| 2000 | Sale of Goods and Services \$000 | Prepayments \$000 | Other \$000 | Total \$000 |
|---------------------------------------|--|----------------------|----------------|----------------|
| Carrying amount at start of year | - | - | 1,500 | 1,500 |
| Repayments | - | - | (500) | (500) |
| Carrying amount at end of year | - | - | 1,000 | 1,000 |

19. Inventories

| Parent | | | Consolidated | |
|---------------|---------------|----------------------------------|---------------|---------------|
| 2001 \$000 | 2000 \$000 | | 2001 \$000 | 2000 \$000 |
| | | Current - at cost | | |
| 3,403 | 3,558 | Drugs | 3,403 | 3,558 |
| 1,175 | 1,203 | Medical and Surgical Supplies | 1,175 | 1,203 |
| 419 | 335 | Food and Hotel Supplies | 419 | 335 |
| 19 | 60 | Printing and Stationery | 19 | 60 |
| 148 | 169 | Other including goods in transit | 148 | 169 |
| 5,164 | 5,325 | | 5,164 | 5,325 |

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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20. Property, Plant and Equipment

| (a) Parent | 2001 | | | | 2000 | |
|--|----------------|----------------|---------------------|------------------------|------------------|------------------|
| | Land | Buildings | Work In Progress | Plant and Equipment | Total | Total |
| | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> |
| Balance 1 July 2000 | | | | | | |
| At Valuation | 216,785 | 702,871 | - | 75,529 | 995,185 | 1,001,715 |
| At Cost | - | 80,252 | 94,376 | 129,528 | 304,156 | 252,645 |
| Capital Expenditure/Donations [see note 2(i)] | | 23,047 | 91,976 | 11,346 | 126,369 | 66,932 |
| Disposals | (3,250) | - | - | (2,435) | (5,685) | (21,951) |
| Adjustment for Administrative Restructure | - | - | - | (144) | (144) | - |
| Balance at 30 June 2001 | | | | | | |
| At Valuation | 213,535 | 702,871 | - | 73,282 | 989,688 | 995,185 |
| At Cost | - | 103,299 | 186,352 | 140,542 | 430,193 | 304,156 |
| Total | 213,535 | 806,170 | 186,352 | 213,824 | 1,419,881 | 1,299,341 |
| Depreciation | | | | | | |
| Balance 1 July 2000 | | | | | | |
| At Valuation | - | 501,891 | - | 73,893 | 575,784 | 566,231 |
| At Cost | - | 3,862 | - | 76,569 | 80,431 | 70,156 |
| Charge for the year [see note 2(i)] | - | 13,177 | - | 13,130 | 26,307 | 29,825 |
| Adjustment for disposals | - | - | - | (1,738) | (1,738) | (9,997) |
| Adjustment for Administrative Restructure | - | - | - | (67) | (67) | - |
| Balance at 30 June 2001 | | | | | | |
| At Valuation | - | 512,855 | - | 71,809 | 584,664 | 575,784 |
| At Cost | - | 6,075 | - | 89,978 | 96,053 | 80,431 |
| Total | - | 518,930 | - | 161,787 | 680,717 | 656,215 |
| Carrying Amount at 30 June | | | | | | |
| At Valuation date 1 July 1997 | 213,535 | 190,016 | - | 1,473 | 405,024 | 419,401 |
| At Cost | - | 97,224 | 186,352 | 50,564 | 334,140 | 223,725 |
| Total | 213,535 | 287,240 | 186,352 | 52,037 | 739,164 | 643,126 |
| Parent | | | | | | |
| Carrying amount at 30 June | 213,535 | 287,240 | 186,352 | 52,037 | 739,164 | 643,126 |

Central Sydney Area Health Service
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| (b) Consolidated | 2001 | | | | | 2000 |
|---|--------------|--------------|------------------|---------------------|--------------|--------------|
| | Land | Buildings | Work In Progress | Plant and Equipment | Total | Total |
| | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> |
| Balance 1 July 2000 | | | | | | |
| At Valuation | 216,785 | 702,871 | - | 75,529 | 995,185 | 1,001,715 |
| At Cost | - | 84,701 | 94,978 | 129,590 | 309,269 | 253,082 |
| Capital Expenditure/Donations [see note 2(i)] | | 24,311 | 91,376 | 11,511 | 127,198 | 71,612 |
| Disposals | (3,250) | - | - | (2,435) | (5,685) | (21,955) |
| Adjustment for Administrative Restructure | - | - | - | (144) | (144) | - |
| Balance at 30 June 2001 | | | | | | |
| At Valuation | 213,535 | 702,871 | - | 73,282 | 989,688 | 995,185 |
| At Cost | - | 109,012 | 186,354 | 140,769 | 436,135 | 309,269 |
| Total | 213,535 | 811,883 | 186,354 | 214,051 | 1,425,823 | 1,304,454 |
| Depreciation | | | | | | |
| Balance 1 July 2000 | | | | | | |
| At Valuation | - | 501,891 | - | 73,893 | 575,784 | 566,231 |
| At Cost | - | 3,862 | - | 76,575 | 80,437 | 70,162 |
| Charge for the year [see note 2(i)] | - | 13,307 | - | 13,148 | 26,455 | 29,829 |
| Adjustment for disposals | - | - | - | (1,738) | (1,738) | (10,001) |
| Adjustment for Administrative Restructure | - | - | - | (67) | (67) | - |
| Balance at 30 June 2001 | | | | | | |
| At Valuation | - | 512,855 | - | 71,809 | 584,664 | 575,784 |
| At Cost | - | 6,205 | - | 90,002 | 96,207 | 80,437 |
| Total | - | 519,060 | - | 161,811 | 680,871 | 656,221 |
| Carrying Amount at 30 June | | | | | | |
| At Valuation date 1 July 1997 | 213,535 | 190,016 | - | 1,473 | 405,024 | 419,401 |
| At Cost | - | 102,807 | 186,354 | 50,767 | 339,928 | 228,832 |
| Total | 213,535 | 292,823 | 186,354 | 52,240 | 744,952 | 648,233 |
| Consolidated | | | | | | |
| Carrying amount at 30 June | 213,535 | 292,823 | 186,354 | 52,240 | 744,952 | 648,233 |

- (i) Land and Buildings include land owned by the NSW Health Department and administered by CSAHS [see note 2(i)].
- (ii) Land and Buildings were valued by Preston Rowe Paterson NSW Pty Ltd, property valuers at 1 July 1997. The firm also provides property management services to CSAHS.
- (iii) Plant and Equipment (excluding Concord Hospital's), other than motor vehicles were valued by CSAHS on 1 July 1992 on the basis of depreciated replacement cost. Plant and Equipment of Concord Hospital have been valued at cost of acquisitions.
- (iv) As of 30 June 2001, CSAHS continues to derive service potential and economic benefits from the following fully depreciated assets comprised 2,292 pieces of Medical Equipment, 232 pieces of Non Medical Equipment, 67 items of Furniture and Equipment, 463 units of Plant and Machinery, 549 units of Computer Equipment and 14 units of Motor Vehicle.
- (v) The Rozelle Hospital site is the subject of a master planning process, which is examining options for the future use of this site. Under State Environmental Planning Policy 56 a Master Plan must be prepared before any development application can proceed. The Master Plan should be completed in early 2002.

The value of the site is reflected in the financial statements at \$69.437 million, comprised of \$57.680 million for land, and \$11.757 million for buildings.

It is the opinion of the Board that the planning process is not at this point sufficiently well advanced to permit a realistic reappraisal of the value of the Rozelle Hospital site.

Consequently, no adjustment has been made to the values reflected above.

Central Sydney Area Health Service
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21. Restricted Assets

CSAHS'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.

| Parent | | | Consolidated | |
|--|---------------|--------------------|---------------|---------------|
| 2001 \$000 | 2000 \$000 | | 2001 \$000 | 2000 \$000 |
| Major Categories of Contributions | | | | |
| 16,980 | 16,955 | Research Grants | 23,027 | 22,837 |
| 8,142 | 8,384 | Purchase of Assets | 10,142 | 10,384 |
| 15,552 | 9,053 | General | 15,552 | 9,053 |
| 40,674 | 34,392 | | 48,721 | 42,274 |

22. Accounts Payable

| | | Current | | |
|--------|--------|-------------------------------------|--------|--------|
| 24,430 | 24,641 | Creditors | 24,430 | 24,641 |
| 1,784 | - | Other Creditors | | |
| 3,481 | 2,603 | - GST Creditors | 1,801 | - |
| 389 | 1,127 | - Sundry Creditors | 3,575 | 2,613 |
| 2,965 | 2,617 | - Leave Mobility Creditors | 389 | 1,127 |
| | | - Accrual Visiting Medical Officers | 2,965 | 2,617 |
| 33,049 | 30,988 | | 33,160 | 30,998 |

23. Current / Non Current Liabilities - Employee Entitlements and Other Provisions

| | | Current | | |
|--------------------|--------|---|--------|--------|
| 38,183 | 36,850 | Employee Annual Leave | 38,205 | 36,850 |
| 7,452 | 6,345 | Employee Long Service Leave | 7,452 | 6,345 |
| 5,415 | 2,917 | Accrued Salaries and Wages | 5,418 | 2,917 |
| 3,846 | 4,030 | Taxation and other Payroll Deductions | 3,846 | 4,030 |
| 54,896 | 50,142 | Aggregate Employee Entitlements and Other Provisions | 54,921 | 50,142 |
| Non Current | | | | |
| 15,275 | 14,711 | Employee Annual Leave | 15,275 | 14,711 |
| 72,095 | 71,617 | Employee Long Service Leave | 72,095 | 71,617 |
| 87,370 | 86,328 | Aggregate Employee Entitlements and Other Provisions | 87,370 | 86,328 |

Central Sydney Area Health Service
Notes to and forming part of the Financial Statements
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24. Equity

| | Accumulated Funds | | Asset Revaluation Reserve | | Total Equity | |
|--|-------------------|----------------|---------------------------|----------------|----------------|----------------|
| | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 |
| Parent | | | | | | |
| Balance at the beginning of the financial year | 400,156 | 393,692 | 151,961 | 151,961 | 552,117 | 545,653 |
| Changes in Equity - Transactions with Owners as Owners | | | | | | |
| Decrease in Net Assets from Administrative Restructuring | (1,210) | - | - | - | (1,210) | - |
| Changes in Equity - other than Transactions with Owners as Owners | | | | | | |
| Result for the Year from Ordinary Activities | 89,268 | 6,464 | - | - | 89,268 | 6,464 |
| Transfer from Revaluation Reserve on Disposal of Land and Buildings | 4,172 | - | (4,172) | - | - | - |
| Balance at the end of the financial year | 492,386 | 400,156 | 147,789 | 151,961 | 640,175 | 552,117 |
| Consolidated | | | | | | |
| Balance at the beginning of the financial year | 408,038 | 400,985 | 151,961 | 151,961 | 559,999 | 552,946 |
| Changes in Equity - Transactions with Owners as Owners | | | | | | |
| Decrease in Net Assets from Administrative Restructuring | (1,210) | - | - | - | (1,210) | - |
| Changes in Equity - other than Transactions with Owners as Owners | | | | | | |
| Result for the Year from Ordinary Activities | 89,433 | 7,053 | - | - | 89,433 | 7,053 |
| Transfer from Revaluation Reserve on Disposal of Land and Buildings | 4,172 | - | (4,172) | - | - | - |
| Balance at the end of the financial year | 500,433 | 408,038 | 147,789 | 151,961 | 648,222 | 559,999 |

As indicated in Note 2(q) CEIDA was transferred to the NSW Health Department on 1 July 2000.

Net Assets transferred are as follows:

| | \$000 |
|--|--------------|
| Cash | 11 |
| Inventories | 24 |
| Receivables | 90 |
| Other Financial Assets — Current | 1,711 |
| Plant and Equipment | 77 |
| Total Assets | 1,913 |
| Payables | 299 |
| Employee Entitlements | 404 |
| | 703 |
| Decrease in Net Assets from Administrative Restructuring | 1,210 |

Central Sydney Area Health Service
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25. Commitments for Expenditure

| Parent | | Consolidated | |
|--|--------------|--------------|--------------|
| 2001 | 2000 | 2001 | 2000 |
| <u>\$000</u> | <u>\$000</u> | <u>\$000</u> | <u>\$000</u> |
| (a) Capital Commitments | | | |
| Aggregate Capital Expenditure contracted for at Balance Date but not provided for in the accounts: | | | |
| 107,027 | 104,329 | 107,027 | 104,329 |
| 65,937 | 99,000 | 65,937 | 99,000 |
| - | 49,916 | - | 49,916 |
| <hr/> | <hr/> | <hr/> | <hr/> |
| 172,964 | 253,245 | 172,964 | 253,245 |
| Total Capital Expenditure Commitments (including GST) | | | |

Of the commitments reported at 30 June 2001 it is expected that \$54.39 million will be made from locally generated monies.

| | | | |
|---|--------|--------|--------|
| (b) Operating Lease Commitments | | | |
| Commitments in relation to non cancellable operating leases are payable as follows: | | | |
| 4,873 | 4,353 | 4,873 | 4,353 |
| 5,358 | 4,062 | 5,358 | 4,062 |
| 10,297 | 9,502 | 10,297 | 9,502 |
| 11,808 | 12,231 | 11,808 | 12,231 |
| <hr/> | <hr/> | <hr/> | <hr/> |
| 32,336 | 30,148 | 32,336 | 30,148 |
| Total Operating Lease Commitments (including GST) | | | |

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

(c) Contingent Asset related to Commitments for Expenditure

The total "Expenditure Commitments" above includes input tax credits of \$2.940 million that are expected to be recoverable from the Australian Taxation Office.

Central Sydney Area Health Service
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26. Trust Funds

CSAHS holds Trust Fund monies of \$41.616 million (2000 \$38.720 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 CSAHS cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust accounts.

| | Patients' Trusts | | Refundable Deposits | | Private Practice Trust Funds | |
|---|------------------|---------------|---------------------|---------------|------------------------------|---------------|
| | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 |
| Cash Balance at the beginning of the financial year | 160 | 160 | 9,277 | 9,613 | 29,283 | 24,307 |
| Receipts | 13 | 9 | 4,987 | 7,604 | 34,626 | 41,904 |
| Expenditure | (35) | (9) | (4,173) | (7,940) | (32,522) | (36,928) |
| Cash Balance at the end of the financial year | 138 | 160 | 10,091 | 9,277 | 31,387 | 29,283 |

27. Contingent Liabilities

(a) Claims on Managed Fund

Since 1 July 1989, CSAHS has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of CSAHS 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 State wide implications. The costs relating to such exceptions are to be absorbed by CSAHS. Since 1 July 1989, no contingent liabilities exist in respect of liability claims against CSAHS. 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 incurred before 1 July 1989 that would have become verdicts against the State. The Solvency Fund will likewise respond to all claims against CSAHS. There is an unquantified liability in respect of the claims for Workers Compensation as the payments in respect of some claims are not finalised until eighteen months after the financial year in which the claims are made. (See the following note).

(b) Workers Compensation Hindsight Adjustment

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

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

The interim hindsight adjustment has now been effected for the 1997/98 year and resulted in an increase in expenses of \$1.555 million.

A contingent liability or asset may now exist in respect of the 1997/98, 1998/99 and 1999/2000 Workers Compensation Fund years.

The Treasury Managed Fund provide estimates as at 30 June each year and the latest available, viz those advised as at 30 June 2000 estimate that a liability of \$41,549 is applicable.

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

(c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AAS24, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in CSAHS'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 NSW Health Department.

(d) Claim by Lessee of Certain Property

The lessee of certain property controlled by CSAHS has made a claim against CSAHS. 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 paid to date amounting to approximately \$5 million together with damages which have not been quantified.

It is the opinion of the Board 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.

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

As part of the original agreement for construction of the private hospital, the lessee constructed a private car park on the land leased from CSAHS. The lease was cancelled in March 2000 and, after an interlocutory hearing, CSAHS was granted the right to operate the car park from 26 June 2000. In doing so, CSAHS 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 \$225,000. The car park has not been recognised as an asset in the financial statements as ownership has not been transferred.

(e) Claim by Medical Officer

A medical officer is claiming that their contract with CSAHS is unfair and should be declared void, or varied in whole or part so that they are appointed to a higher position than is currently the case. The claim is also for increased compensation between 1990 and the present.

The claim has not been particularised. CSAHS is defending the claim, which the Board believes is unlikely to succeed. Accordingly no provision in relation to this matter has been reflected in the financial statements.

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

28. Charitable Fundraising Activities

Fundraising Activities

CSAHS conducts direct fundraising in all units under its control.

Income received and the cost of raising income for specific fundraising have been recognised in the financial statement of CSAHS. Fundraising activities are dissected as follows:

| | 2001 | | | 2000 | |
|-----------------------|---------------------------|--------------------------------|----------------------------------|--------------------------|--------------------------|
| | Income Raised \$000 | Direct Expenditure \$000 | Indirect Expenditure \$000 | Net Proceeds \$000 | Net Proceeds \$000 |
| Appeals (Consultants) | - | - | - | - | - |
| Appeals (In House) | 3,060 | 355 | 14 | 2,691 | 770 |
| Fetes | 11 | 2 | - | 9 | - |
| Raffles | 3 | - | - | 3 | - |
| Functions | - | - | - | - | 549 |
| Parent | 3,074 | 357 | 14 | 2,703 | 1,319 |
| Percentage of Income | 100% | 11.6% | 0.5% | 87.9% | 86.2% |
| Consolidated* | 3,352 | 410 | 14 | 2,928 | 1,637 |
| Percentage of Income | 100% | 12.2% | 0.4% | 87.4% | 86.1% |

Note: 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.

| | 2001 | 2000 |
|--|--------------|--------------|
| | \$000 | \$000 |
| Consolidated: | | |
| The net proceeds were used for the following purposes: | | |
| Purchase of Equipment | 353 | 567 |
| Research | 310 | 110 |
| Held in Special Purpose and Trust Fund Pending Expenditure | 2,265 | 960 |
| | 2,928 | 1,637 |

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

* The consolidated figures are:

| | 2001 | | | 2000 | |
|-----------------------|---------------------------|--------------------------------|----------------------------------|--------------------------|--------------------------|
| | Income Raised \$000 | Direct Expenditure \$000 | Indirect Expenditure \$000 | Net Proceeds \$000 | Net Proceeds \$000 |
| Appeals (Consultants) | 65 | - | - | 65 | - |
| Appeals (In House) | 3,166 | 358 | 14 | 2,794 | 999 |
| Fetes | 11 | 2 | - | 9 | - |
| Raffles | 7 | - | - | 7 | - |
| Functions | 103 | 50 | - | 53 | 638 |
| Consolidated | 3,352 | 410 | 14 | 2,928 | 1,637 |

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

29. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities

| Parent | | | Consolidated | |
|---------------|--------------|--|---------------------|--------------|
| 2001 | 2000 | | 2001 | 2000 |
| \$000 | \$000 | | \$000 | \$000 |
| 117,448 | 47,274 | Net Cash Flows from Operating Activities | 117,811 | 47,850 |
| (26,307) | (29,825) | Depreciation | (26,455) | (29,830) |
| (448) | (782) | Provision for Doubtful Debts | (448) | (782) |
| (35,444) | (31,263) | Acceptance by the Crown Entity of Superannuation Liability | (35,444) | (31,263) |
| (6,385) | (705) | (Increase)/Decrease in Provisions | (6,411) | (704) |
| 3,869 | (605) | Increase/(Decrease) in Prepayments and Other Assets | 3,874 | (591) |
| (1,700) | (12,219) | (Increase)/Decrease in Creditors | (1,729) | (12,216) |
| 2,791 | 3,326 | Net (Loss)/Gain on Sale of Property, Plant and Equipment | 2,791 | 3,326 |
| (501,266) | (490,824) | NSW Health Department Recurrent Allocations | (501,266) | (490,824) |
| (90,889) | (28,170) | NSW Health Department Capital Allocations | (90,889) | (28,170) |
| (538,331) | (543,793) | Net Cost of Services | (538,166) | (543,204) |

30. 2000/2001 Voluntary Services

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

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

31. Unclaimed Monies

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 CSAHS 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 CSAHS.

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.

32. Budget Review

Net Cost of Services

The actual Net Cost of Services for the year of \$538.166 million was lower than the budget of \$555.918 million by \$17.752 million (3.19%).

The variation reflects favourabilities in revenues (\$6.188 million), expenses (\$11.923 million), and unfavourably in sale of Non Current Assets (\$359,000).

Movement in Accumulated Funds from Ordinary Activities

The movement in accumulated funds from ordinary activities is principally attributed to the Net Cost of Services variation.

Assets and Liabilities

Assets totalled \$823.673 million and were \$18.428 million favourable to budget. This represented \$20.789 million improvement in Current Assets and \$2.361 million decrease in Non-Current Assets.

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

Cash Flows

The net decrease in Cash for the year was \$31.838 million or \$13.304 million more than the budgeted sum; the majority of the variance is explained by the purchase of investment with Treasury Corporation of \$28.149 million.

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

| | <u>2001</u> <u>\$000</u> |
|--|---|
| Initial Allocation, 16 June 2000 | 578,770 |
| Award Increases | 5,469 |
| Motor Vehicle Leases | 1,888 |
| Rollover Funding | 1,017 |
| Olympic Services Funding | 432 |
| Others | 8,447 |
| Balance excluding Department of Veteran Affairs (DVA) Revenue and Inter Area & Inter State Flows Adjustments | 596,023 |
| Less: DVA Revenue and Inter Area & Inter State Flows Adjustments | |
| DVA Revenue | (27,110) |
| Inter Area Net Flows | (66,908) |
| Inter State Net Flows | (739) |
| Balance as per Statement of Financial Performance | 501,266 |

33. Olympic Games Expenditure

Staff employed by CSAHS on initiatives directly and specifically related to the Games

Numbers of staff directly allocated to games activities (equivalent full-time staff): 1.5

Total Staff costs \$116,000

Staff seconded to other agencies on initiatives directly and specifically related to the Games

Number of staff seconded (equivalent full-time staff): 1.5

Total Staff costs \$78,000

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

34. Financial Instruments - Consolidated

- a) Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. CSAHS's exposure to interest rate risks and the effective interest rates of financial assets and liabilities both recognised and unrecognised, at the Statement of Financial Position date are as follows:

| Financial Instruments | Floating interest rate | | Fixed Interest rate maturing in | | | | | | Non-interest bearing | | Total carrying amount as per the Statement of Financial Position | | Weighted average effective interest rate* | |
|------------------------------------|------------------------|---------------|---------------------------------|---------------|-------------------|---------------|-------------------|---------------|----------------------|---------------|--|---------------|---|----------|
| | | | 1 year or less | | Over 1 to 5 years | | More than 5 years | | | | | | | |
| | | | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 | | | | | | |
| Financial Assets | | | | | | | | | | | | | | |
| Cash | 25,874 | 1,842 | - | - | - | - | - | - | 34 | 35 | 25,908 | 1,877 | 5.84 | 4.52 |
| Receivables | - | - | - | - | - | - | - | - | 19,000 | 15,163 | 19,000 | 15,163 | - | N/A |
| NSW Treasury Corp Investments | 28,149 | - | - | - | - | - | - | - | - | - | 28,149 | - | - | - |
| Other Loans and Deposits | - | 18,075 | - | 37,794 | - | - | - | - | - | - | - | 55,869 | 6.94 | 5.29 |
| Total Financial Assets | 54,023 | 19,917 | - | 37,794 | - | - | - | - | 19,034 | 15,198 | 73,057 | 72,909 | | - |
| Financial Liabilities | | | | | | | | | | | | | | |
| Accounts Payable | - | - | - | - | - | - | - | - | 33,160 | 30,998 | 33,160 | 30,998 | N/A | N/A |
| Total Financial Liabilities | - | - | - | - | - | - | - | - | 33,160 | 30,998 | 33,160 | 30,998 | - | - |

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

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

- b) 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. CSAHS's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

| | Government | | Banks | | Patients | | Other | | Total | |
|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 | 2001 \$000 | 2000 \$000 |
| Financial Assets | | | | | | | | | | |
| Cash | - | - | 25,874 | 1,842 | - | - | 34 | 35 | 25,908 | 1,877 |
| Receivables | 4,965 | - | - | - | 4,894 | 7,093 | 9,141 | 8,070 | 19,000 | 15,163 |
| NSW Treasury Corp Investments | 28,149 | - | - | - | - | - | - | - | 28,149 | - |
| Other Loans and Deposits | - | - | - | 55,869 | - | - | - | - | - | 55,869 |
| Total Financial Assets | 33,114 | - | 25,874 | 57,711 | 4,894 | 7,093 | 9,175 | 8,105 | 73,057 | 72,909 |

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 \$4.219 million at balance date.

- c) As stated in Note 2(r) all financial instruments are carried at Net Fair Value, the values of which are reported in the Statement of Financial Position.
- d) CSAHS holds no Derivative Financial Instruments.

End of Audited Financial Statements

**Central Sydney Area Health Service
Year Ended 30 June 2001**

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by CSAHS

| | Description | Land & Buildings were valued at 1/7/97 (refer to Note 20 for the details of carrying value) | | Current Use | Potential for alternative use |
|-----|---|---|-------------------------------|------------------------|-------------------------------------|
| | | | | | |
| 1. | Royal Prince Alfred Hospital Missenden Road Camperdown NSW 2050 | \$62.800m \$123.684m | Land Buildings | Hospital | Nil |
| 2. | Rhodes House Unit 525 Unit 506 Missenden Road Camperdown NSW 2050 | \$0.207m \$0.177m | Strata Title Strata Title | Guest Accommodation | Nil |
| 3. | Dame Eadith Walker Estate Nullawarra Road Concord West NSW 2138 | \$37.000m \$1.504m | Land Buildings | Health Facility | Nil |
| 4. | Rachel Forster Hospital Complex 149-155 Pitt Street 38 Douglas Street Redfern NSW 2016 | \$3.850m \$4.034m | Land Buildings | Community Health | Nil |
| 5. | Concord Repatriation General Hospital Hospital Road Concord NSW 2139 | \$22.000m \$69.446m | Land Buildings | Hospital | Nil |
| 6. | Rozelle Hospital Cnr Church and Glover Street Leichardt NSW 2040 | \$57.680m \$10.720m | Land Buildings | Hospital | Nil |
| 7. | NSW Institute of Forensic Medicine 42-50 Parramatta Road Glebe NSW 2037 | \$1.600m \$5.911m | Land Buildings | Forensic Science | Nil |
| 8. | Sydney Dental Hospital United Dental Hospital 2 Chalmers Street Surry Hills NSW 2010 20-28 Chalmers Street Surry Hills NSW 2010 | \$3.800m \$6.461m \$1.890m | Land Buildings Land | Hospital | Nil |
| 9. | Balmain Hospital Booth Street Balmain NSW 2041 | \$5.350m \$7.771m | Land Buildings | Hospital | Nil |
| 10. | Former Western Suburbs Hospital Site 22 Croydon Avenue Croydon NSW 2132 | \$5.700m \$0.021m | Land only Buildings | | |
| 11. | Canterbury Hospital Cnr Canterbury Road and Tudor Street Campsie NSW 2194 | \$5.000m \$60.062m | Land Buildings | Hospital | Nil |

**Central Sydney Area Health Service
Year Ended 30 June 2001**

| | Description | Land & Buildings were valued at 1/7/97 (refer to Note 20 for the details of carrying value) | | Current Use | Potential for alternative use |
|-----|--|---|-----------|-----------------|-------------------------------------|
| 12. | <p>Community and Mental Health Services Houses</p> <p>4 Ewell Street Balmain NSW 2041</p> <p>117 James Street Leichhardt NSW 2040</p> <p>34 Malvern Avenue Croydon NSW 2132</p> <p>114 Ewart Street Dulwich Hill NSW 2203</p> <p>11 Berna Street Canterbury NSW 2193</p> <p>46 Charlotte Street Ashfield NSW 2131</p> <p>11 Euralla Street Burwood NSW 2134</p> <p>155, 157-159, 182, 184 and 186 Livingston Road Marrickville NSW 2204</p> <p>15 Tranmere Street Drummoyne NSW 2047</p> <p>9A Wrights Road Drummoyne NSW 2047</p> <p>17 Atkins Avenue Five Dock NSW 2046</p> <p>229 Bridge Street Glebe NSW 2037</p> <p>491 Parramatta Road Leichhardt NSW 2040</p> <p>184 Glebe Point Road Glebe NSW 2037</p> | | | Health Facility | Residential House |
| | | \$6.865m | Land | | |
| | | \$3.057m | Buildings | | |

**Central Sydney Area Health Service
Year Ended 30 June 2001**

GENERAL FUND CONSULTANCY FEES OVER \$30,000

| Name | \$000 |
|---|------------|
| General Consultancy | |
| Clinical Support Solutions | 115 |
| KPMG | 31 |
| Latrobe University | 32 |
| LEBA Ethnic Medicine | 45 |
| Millenium Marketing | 46 |
| Paramedical Pty Ltd. | 47 |
| Real Time Australia Pty Ltd | 50 |
| Sequent Computer | 68 |
| University of Newcastle | 64 |
| Capital Works | |
| Computemr Australia P/L | 36 |
| Fujitsu Australia | 67 |
| Real Time Australia | 59 |
| Total Consultants Fees over \$30,000 | 660 |

GENERAL FUND CONSULTANCY FEES UNDER \$30,000

| | |
|----------------------------------|-----|
| Total number of Consultancies 26 | 419 |
|----------------------------------|-----|

PATIENTS FEES AGEING ANALYSIS

| Consolidated 30 June 2001 | < 30 days \$000 | 30-60 Days \$000 | 60-90 Days \$000 | > 90 Days \$000 | 2001 \$000 | 2000 \$000 |
|------------------------------|--------------------|---------------------|---------------------|--------------------|---------------|---------------|
| Compensable | 158 | 116 | 237 | 1,353 | 1,864 | 2,196 |
| Ineligible | 466 | 583 | 464 | 2,706 | 4,219 | 5,099 |
| Other | 1,719 | 112 | 174 | 325 | 2,330 | 2,951 |
| Total | 2,343 | 811 | 875 | 4,384 | 8,413 | 10,246 |

TRADE CREDITORS AGEING ANALYSIS

| | 2001 \$000 | 2000 \$000 |
|------------------|---------------|---------------|
| < 30 Days | 23,174 | 24,439 |
| 30-59 Days | 1,256 | 245 |
| 60 Days and Over | - | - |
| | 24,430 | 24,641 |

PAYMENT PERFORMANCE INDICATORS

Payment Performance Indicators for the Three Month Period Ending 30 June 2001

| | 2001 \$000 | 2000 \$000 |
|--|---------------|---------------|
| Percentage of accounts paid on time (based on dollar amount) | 74.75% | 66.82% |
| Total dollar amount of accounts paid on time | 78,955 | 53,755 |
| Total dollar amount of accounts paid | 105,605 | 80,451 |

MISCELLANEOUS FINANCIAL INFORMATION

- CSAHS received the 2001/02 Budget Allocation in September 2001. The initial annual allocation shows an increase of 3.4% over the year 2000/01.
- The reduction of \$18,000 in Program 2.1 over the 2000/01 year is mainly due to a significant area of floorspace at the Emergency Department at Concord Repatriation General Hospital being used as a temporary location for some Cardiology Catheter activities during the rebuilding program.

**Central Sydney Area Health Service
Year Ended 30 June 2001**

STATISTICS STATEMENT

| All Facilities (Consolidated) | 2000/2001 | 1999/2000 |
|---------------------------------------|------------------|------------------|
| Bed Capacity | | |
| Total Beds as at 30 June 2001 | 1,692 | 1,781 |
| Average Available Beds | 1,654 | 1,791 |
| Patient Details | | |
| Inpatients | | |
| No. in Hospital at 1 July 2000 | 1,451 | 1,661 |
| Admissions during the year | 130,306 | 133,648 |
| Total Patients Treated | 131,757 | 135,309 |
| No. in Hospital at 30 June 2001 | 1,358 | 1,491 |
| Bed Days of Inpatients Treated | 562,337 | 588,784 |
| Number of Operations | 35,086 | 35,680 |
| Babies | | |
| No. of live Births | 5,358 | 5,610 |
| Bed days of new born babies | 15,267 | 16,952 |
| Outpatients | | |
| Total Occasions of Service | 1,741,628 | 1,848,412 |
| Averages | | |
| Daily average of Inpatients | 1,499 | 1,565 |
| Adjustment for Outpatients and Babies | 498 | 529 |
| Adjusted Daily Average (ADA) | 1,997 | 2,094 |
| Average stay of Inpatients (Days) | 4.3 | 4.4 |
| Bed Occupancy Rate (%) | 90.6% | 87.4% |
| Staff Details | | |
| Staff employed at 30 June 2001 | | |
| Nursing | 3,250.2 | 3,264.1 |
| Medical | 968.0 | 975.4 |
| Other | 4,364.6 | 4,397.3 |
| Total EFT's (Including O/Time) | 8,582.8 | 8,636.8 |

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ACKNOWLEDGMENTS

The CSAHS 2000/2001 Statutory Annual Report provides a summary of the organisation and its operations, and highlights significant achievements and events for the year. The report also presents performance and outcome information in a candid and reader-friendly manner.

Guided by criteria determined by NSW Health, NSW Treasury and the Annual Report Awards Inc, it is benchmarked against reports from other leading Australian businesses each year to maintain our award-winning status.

This year, 300 copies of the *CSAHS 2000/2001 Statutory Annual Report* were produced at a cost of 4c per page, in keeping with requirements from NSW Health:

- to be produced at a maximum cost of 7c a page
- printed on environmentally friendly paper

It can be read in conjunction with *Together Caring: Central Sydney Area Health Service 2000/2001 Year in Review* which completes our annual reporting for the year. They are available at www.cs.nsw.gov.au or by phoning (02) 9515 9600.

Central Sydney Area Health Service
Building 11
RPA campus
Missenden Road
Camperdown NSW 2050

Telephone: (02) 9515 9600
Fax: (02) 9515 9611
E-mail: centreg@cs.nsw.gov.au
www.cs.nsw.gov.au

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