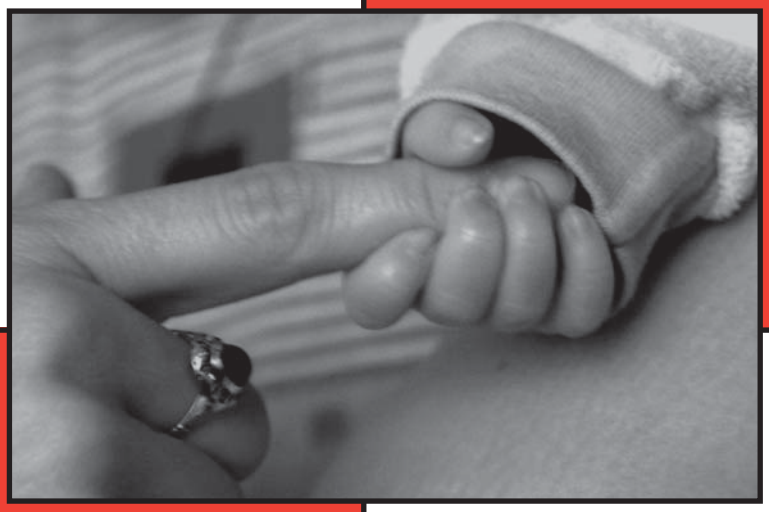
Annual Report

2005-2006



ADELONG ALBURY ARDLETHAN
BARELLAN BARHAM BARMEDMAN
BATLOW BATEMANS BAY BEGA
BERRIGAN BOMBALA BOOROWA BRAIDWOOD
COOLAMON-GANMAIN COLEAMBALLY COOMA
COOTAMUNDRA COROWA CROOKWELL CULCAIRN
DARLINGTON POINT DELEGATE DENILIQUIN EDEN
FINLEY GOULBURN GRIFFITH GUNDAGAI GUNNING HAY
HENTY HILLSTON HOLBROOK JERILDERIE JINDABYNE
JUNEE LEETON LOCKHART MATHOURA MOAMA
MORUYA MOULAMEIN MURRUMBURRAH-HARDEN
NAROOMA NARRANDERA PAMBULA QUEANBEYAN
TARCUTTA TEMORA THE ROCK TOCUMWAL TOOLEYBUC
TUMBARUMBA TUMUT UNGARIE URANA WAGGA
WAGGA WEETHALLE WEST WYALONG YASS YOUNG

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Map of Greater Southern Area Health Service

Key

- Health Services (Hospital, Inpatient Mental Health and Community Health)
- Health Service (Hospital and Community Health)
- Multi Purpose Service
- Community Health Service only

Acknowledgments

Chief Executive, Executive team and staff of Greater Southern Area Health Service who made contributions to this Annual Report

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November 2006

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Coolamon-
Ganmain
Coleambally
Cooma
Cootamundra
Corowa
Crookwell
Culcairn
Darlington Point
Delegate
Deniliquin
Eden
Finley
Goulburn
Griffith
Gundagai
Gunning
Hay
Henty
Hillston
Holbrook
Jerilderie
Jindabyne
Junee
Leeton
Lockhart
Mathoura
Moama
Moruya
Moulamein
Murrumburrah-
Harden
Narooma
Narrandera
Pambula
Queanbeyan
Tarcutta
Temora
The Rock
Tocumwal
Tooleybuc
Tumbarumba
Tumut
Ungarie
Urana
Wagga Wagga
Weethalle
West Wyalong
Yass
Young

Better Health for Rural Australia

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

The Hon. John Hatzistergos MLC
Minister for Health
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Minister

I have pleasure in submitting the Greater Southern Area Health Service 2005/06 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit determination for public health organisations and the 2005/06 Directions for Health Service Annual Reporting.

Yours sincerely

Heather Gray
Chief Executive
Greater Southern Area Health Service

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GREATER SOUTHERN AREA HEALTH SERVICE: THE YEAR IN REVIEW

During a year of great change, Greater Southern Area Health Service (GSAHS) has moved forward with many key achievements. Completion of service plans and the attainment of amalgamation savings have enabled a focus on front line patient care. Working with our communities, we strengthened the provision of safe clinical care and achieved shorter waiting times for booked non-emergency surgical care.

Extensive strategic service planning across GSAHS over the past 12 months will enable the organisation to finalise structures which focus on patient centred care. The integrated service model, which realigns hospital and community services to provide care in the right setting, has an enhanced primary health focus and looks at the health of the whole population. This approach will help reduce illness and disability, and reduce the need for more intensive health services. This translates into better quality of life for the residents of GSAHS and reduced demand for health services.

A significant achievement for GSAHS was the reduction of waiting times for booked non-emergency surgical care. More elective surgery was performed across GSAHS to address an increasing number of patient bookings. The proportion of older people continues to grow across the Area, placing greater demands on health services. Access to elective surgery is a high priority for GSAHS. At the end of June 2006, no patients were waiting more than 12 months for their elective surgery and the organisation remains committed to maintaining this excellent performance. More people are receiving treatment locally and I congratulate our hard working staff for their efforts attending to the increased number of patients.

GSAHS has completed a comprehensive analysis of delivery of surgery at three base hospitals. The analysis identified the root causes and opportunities to improve operational effectiveness of operating theatres, surgical patient flow, waiting times, and scheduling of surgeries. Subsequently, a Clinical Services Redesign Program focusing on the patient's journey was commenced. This multi-year program, sponsored by NSW Health, will enable GSAHS to improve patient flows, reduce waiting times and improve the timely delivery of safe, effective patient care.

The focus on patient safety is high on the list of area achievements. The finalised structure of the Clinical Governance unit has enabled a focus on maintaining the high standards of clinical safety and quality in the Greater Southern Area. The Incident Information Management System (IIMS) was implemented across all GSAHS sites. This system assists all clinicians, managers and other health care workers to minimise risks that exist in health services by managing all incidents as they occur. The IIMS provides a consistent means of identifying, tracking and managing clinical, workforce and corporate incidents.

Recent NSW Government health reform which saw the merger of two Area Health Services into one organisation, enabled a number of fundamental benefits to be realised. GSAHS successfully achieved significant amalgamation savings, ensuring resources were redirected into direct patient care, providing services closer to where people live. GSAHS continues to face significant financial challenges with increasing service demand. Crucial strategies have been developed to give the organisation the best possible chance of meeting service demands and increases within the allocated resources. These include streamlining non-clinical support services and removing duplication, general efficiencies for the short, medium and long term, best practice initiatives in financial control of expenditure and collection of revenue and a move towards NSW Shared Services.

A comprehensive community engagement framework has been implemented across GSAHS. The three-tiered framework involves community and clinician involvement in Local Health Service Advisory Committees, Cluster Health Service Advisory Councils and the Area Health Advisory Council (AHAC). This structure ensures the two-way flow of information between the community, GSAHS and the Area Health Advisory Council. I am pleased to report the successful establishment of 44 Local Health Service Advisory Committees representing 55 different communities in GSAHS.

The AHAC, established in November 2005, comprises a Chairperson and 12 community/clinician members from across the region. The council has successfully travelled around the region to harness the spirit of collaboration with local clinicians and community representatives. Dr Bob Byrne, AHAC Chair, announced his resignation in May 2006. Dr Byrne, who has commitments to a busy medical practice, has shown dedication to chairing the AHAC and improving health services for rural committees. I would like to thank Dr Byrne for his efforts and wish him all the best for the future.

The inaugural GSAHS 'Better Health for Rural Australia Quality Awards' were held in June 2006. These awards showcased 53 quality improvement projects from across GSAHS and demonstrated the skill and talent in our workforce. Three finalists from GSAHS were selected for consideration for the NSW Health Baxter Awards. GSAHS was committed and talented staff, enthusiastic volunteers and dedicated supportive communities. It is these people and their deep commitment to providing quality health care that is driving the organisation forward. I thank you all for meeting challenges and making the contributions that are fundamental in GSAHS's achievements.

Heather Gray
Chief Executive

HIGHLIGHTS OF 2005/06

- The inaugural Greater Southern Area Health Service (GSAHS) 'Better Health for Rural Australia' Quality Awards were held in June 2006. These awards show cased 53 quality improvement projects from across GSAHS. Winners in nine categories were awarded.
- Three finalists from GSAHS were selected for consideration for the NSW Health Baxter Awards:
  - Improving Patient Safety and Care through Culture Change - Ann Stewart and Tony Robben (winner Director General's Encouragement Award);
  - Improving the Quality and Availability of Information through an Innovative Education Solution - Ann Stewart and Tony Robben;
  - Aboriginal Elders Yarn Up Day - Margaret Dalmau and Greg Packer.
- The Incident Information Management System (IIMS) was implemented across all GSAHS sites. This system assists clinicians, managers and other health care workers to minimise risks that exist in health services by managing incidents as they occur. The IIMS provides a consistent means of identifying, tracking and managing clinical, workforce and corporate incident information.
- The second draft of Greater Southern Area Health Services Plan was completed and forwarded to NSW Health for comment. The Plan contains overarching priorities for service delivery in the following key areas:
  - Cancer Services
  - Mental Health/Drug and Alcohol
  - Population Health
  - Critical Care
  - Medical and Chronic Care
  - Rehabilitation Services
  - Oral Health; Surgical Services
  - Child and Family Services
  - Care of vulnerable populations
  - Telehealth and Transport
- GSAHS completed a comprehensive analysis of delivery of surgery at three base hospitals. The analysis identified the root causes and opportunities to improve operational effectiveness of operating theatres, surgical patient flow, waiting times and scheduling of surgeries.
- A Clinical Services Redesign Program was commenced. This is a multi-year program sponsored by NSW Health to assist Area Health Services improve patient flow, reduce wait times and improve the timely delivery of safe effective patient care.
- GSAHS completed a pilot leadership development program for front-line managers. LEAD (Leadership, Enhancement, Analysis, Development) involves working with individual front-line managers to 'up-skill' them in enhancing their ability to manage work, schedule staff, manage and control quality, safety and service levels.
- A comprehensive community engagement framework was implemented. The three-tiered framework involves community and clinician involvement in Local Health Service Advisory Committees, Cluster Health Service Advisory Councils and the Area Health Advisory Council (AHAC). This structure ensures a flow of information between the community, GSAHS and the AHAC.
- A Mental Health Emergency Care initiative provided new funding to improve emergency mental health care via improved education for non mental health staff, increased mental health staff levels to support decision making when mental health clients present to hospitals and improved transport initiatives.
- Implementation of the Aboriginal Health Data Collection which has seen an increase in an understanding of the services provided by Aboriginal Health Workers locally.
- 'Write Right', a self directed documentation learning package received recognition in a number of forums and has been requested by many external organisations.
- The Minister for Health, John Hatzistergos, officially opened the new $2.56 million Emergency Department at Batemans Bay Hospital on Wednesday 12 April.
- Other achievements this year included:
  - Completion of capital works at Nolan House, Albury
  - Minor capital works at Gissing House, Wagga Wagga completed
  - Health Service Plans for each site are on track to be completed by September 2006
  - Renal services expanded in Eurobodalla, Griffith and Wagga Wagga
  - Orthopaedic services reviewed in Albury, Bega and Wagga Wagga
  - Maternity Services Review in Eurobodalla completed
  - Area-wide sterilising services review undertaken
  - Transitional Aged Care places opened
  - Review of Yass Hospital and introduction of a Nurse Practitioner in Emergency Department completed
  - Interventional cardiology introduced at Wagga Wagga
  - Development of cancer service and partnerships
  - Queanbeyan Hospital chosen as a pilot site for the Sub-Acute Fast Track Elderly Care program
  - Increased clinicians delivering specialist mental health services for the aged
  - Increased funding to develop mental health rehabilitation services in the community
  - Roll out of Family and Carer mental health support services across the Area
  - Increased numbers of Housing and Accommodation Support Initiative across the Area
  - Better communication and working partnership with the Divisions of General Practice and GSAHS ratified by the signing of a Heads of Agreement

TABLE OF CONTENTS

GREATER SOUTHERN AREA HEALTH SERVICE PROFILE

Greater Southern Area Health Service (GSAHS) was formed on January 1 2005 through the amalgamation of the previous Greater Murray and Southern Area Health Services.

The area encompasses 39 local government areas, including: Albury, Bega Valley, Berrigan, Bland, Bombala, Boorowa, Carrathool, Conargo, Coolamon, Cooma Monaro, Cootamundra, Corowa, Deniliquin, Eurobodalla, Goulburn-Mulwaree, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Palerang, Queanbeyan, Snowy River, Temora, Tumbarumba, Tumut, Upper Lachlan, Urana, Yass Valley, Young, Wagga Wagga and Wakool.

Much of the industry of the Greater Southern Area is related to agriculture. There is, however, a variety of business and industrial enterprises outside of agriculture including; government departments, the Defence Forces, tertiary institutions, forestry and tourism. The GSAHS contributes significantly to communities as one of the major employers in the region, employing over 5,000 (Full Time Equivalent) staff in a range of clinical and non-clinical roles.

In 2006 GSAHS has a population of approximately 469,460 people. The population is expected to grow to approximately 500,000 by 2021.

In 2001 half of all GSAHS residents were aged 35-39 years and older and this applied to both women and men. Over 14% of the population were aged 65 years and over.

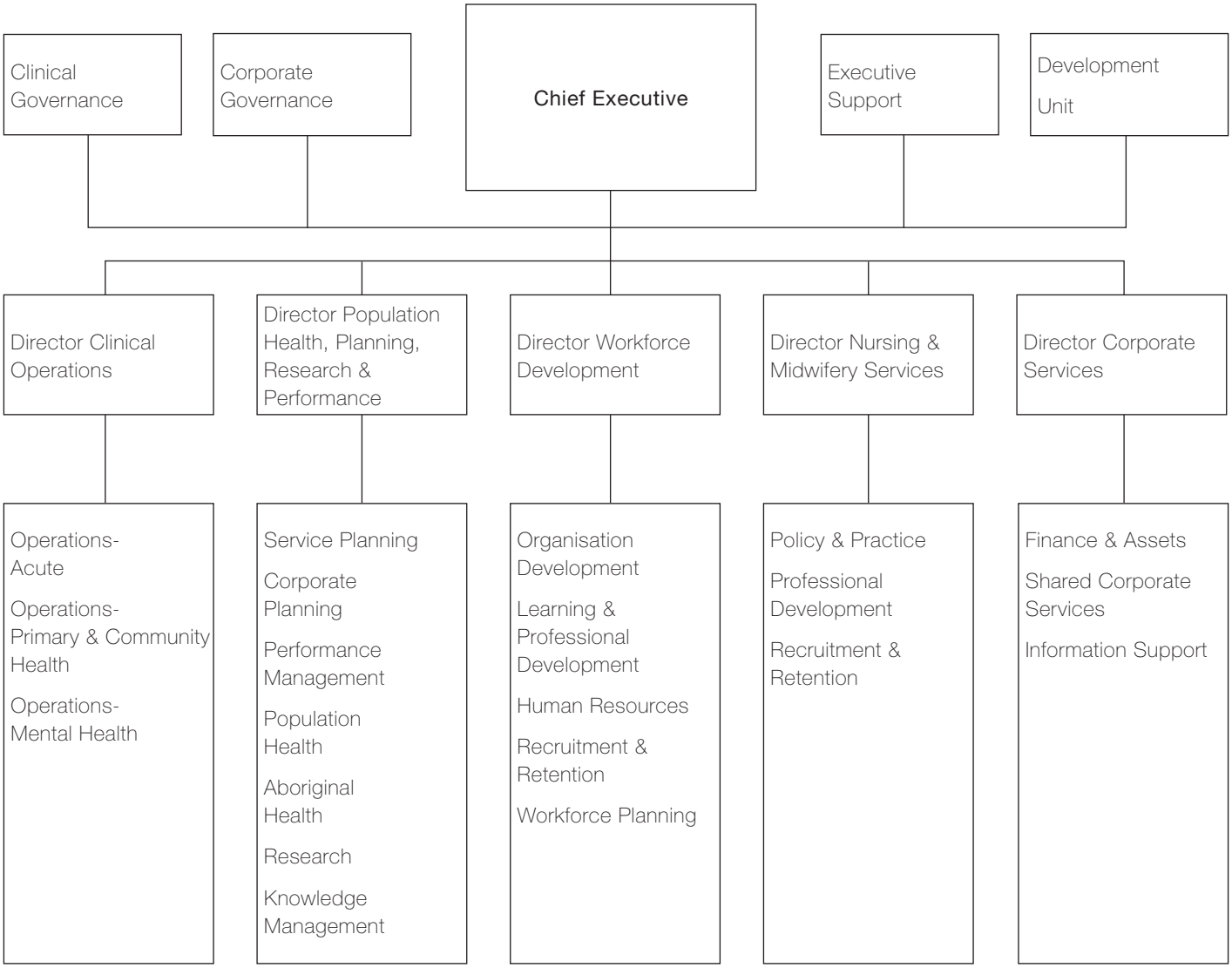
There are 35 hospitals and two affiliated public hospitals within the GSAHS providing a range of services and varying levels of care.

There are also 10 Multi Purpose Services and 62 Community Health Centres predominantly co-located with hospitals across the area. These major centres provide outreach services to another 40 smaller towns and villages. All hospitals are open 24 hours per day, seven days per week and the community health facilities are open from 8.30am to 5.00pm Monday to Friday.

GSAHS STRUCTURE

GSAHS Organisation Chart of Senior Management

Executive Structure



GSAHS Who's Who

Chief Executive

Assoc. Prof. Stuart Schneider BSc, Dip Ed, B.Ed (Monash), MHP (UNSW), Dip Corp Dir (UNE), FCHSE, CHE.

Prior to becoming the Chief Executive of GSAHS, Associate Professor Stuart Schneider was the Administrator of Greater Murray and Southern Area Health Services, having been the Chief Executive Officer of Southern Area Health Service and of New England Area Health Service. Stuart has had extensive experience in leadership, strategic and operational management of health services. He has held executive roles in several Victorian health care facilities, including Chief Executive Officer of Victoria's Western District Health Service.

Acting Chief Executive

Dr Nigel Lyons BMed (Hons), MHA.

Dr Lyons has 20 years experience as health service manager across metropolitan and rural service settings. Prior to this position he was General Manager of the Greater Newcastle Sector of Hunter Health directly responsible for John Hunter and a group of acute hospitals in metropolitan Newcastle. Nigel was instrumental in the implementation of a GP After Hours Service in Hunter Health in 1998. During 2000 he was seconded to NSW Health and developed the plan for the networking of Paediatric Service across NSW. Since 2002 he has been instrumental in leading the Maggie Programme of Clinical Redesign Hunter New England Health. From the outset, as executive lead of the first project conducted he has been at the forefront of the challenges of this transformational change strategy and is well placed to speak on the many challenges that have confronted the staff in this successful programme.

Chair, Area Health Advisory Council

Dr Bob Byrne MBBS (Sydney) LMM, FACRRM,

Dr Byrne is Chair of the Area Health Advisory Council (AHAC), which provides advice to the Chief Executive on issues such as health service planning, workforce development and health service budgets and ensures that local communities and clinicians play an integral role in the planning and development of health services in the Greater Southern Area. Dr Byrne graduated from the University of Sydney. He practised in Griffith before moving to general practice in Coleambally. He is a former chair of the Murrumbidgee Division of General Practice and the Rural Doctors Network and is highly regarded in the western Riverina area. Dr Byrne resides in Leeton.

Executive

Director, Clinical Operations

Dr McGirr MB, BS, BSc (Med), FACEM was born in Sydney and studied medicine at the University of Sydney Medical School. He has a fellowship of the Australasian College for Emergency Medicine.

Joe first came to the area as an intern at Wagga Wagga Base Hospital in 1984 and has lived permanently in Wagga Wagga since 1991, when he took on the position as Director of the Emergency Department at the Hospital. Joe was the Director of Health Service Development for Greater Murray Area Health Service from 2000 to 2002 before becoming the Chief Executive Officer of GMAHS in October 2002.

Director, Clinical Operations - Acute

Ted Rayment BBus, Grd Dip Public Sector Management; and a Certificate in Health Economics. Mr Rayment commenced with GSAHS in April 2006 in his current position. Earlier in his career Ted worked in Human Resource Management for the State Energy Commission in Western Australia and in health, education and local government in the United Kingdom.

Ted was the Chief Executive Officer of the Royal Hobart Hospital from 2003-2005 and Chief Executive Officer of The Canberra Hospital for 4 years. He also spent several years in the Northern Territory in senior management positions within the Department of Health and Community Services including the management of the five hospitals. He undertook the role of Lecturer-in-Charge of Industrial Relations, Northern Territory University. Ted was the Tasmanian Health Department Director of Consultant Quality and Risk Management from November 2005 until April 2006.

Director Clinical Governance

Dr Paul Curtis MBBS (Sydney), MHA (UNSW), FRACMA graduated from Sydney University in 1977 and was an intern at St George Hospital and an RMO at Sutherland Hospital in Sydney. He then spent six years in Nepal as a general practitioner and Community Medical Officer based in Kathmandu.

On return to Australia in 1987 Dr Curtis became the Director of Medical Services at Nepean Hospital for 4 years. In 1992 he moved to Wagga Wagga to become the Director of Clinical Services for Wagga Wagga Base Hospital, then the Riverina District and later the Greater Murray Area Health Service.

Director Corporate Services

Peter Gould BBus (Acct), Post Grad (Securities Institute), FCPA, FFin. Born in Perth, Peter has worked in a number of industries including, trustee, insurance, local government and finance.

In his last position in Perth, Peter was the Chief Executive Officer of a major Credit Society and after bringing about a successful merger to form StateWest Credit Society relocated to Melbourne in 1995 to take up the position of General Manager - Corporate Services at the City of Greater Geelong.

Director, Clinical Operations, Mental Health

Dr Murray Wright MB, BS (Sydney), FRANZCP has held academic and clinical positions in Consultation-Liaison Psychiatry at Prince of Wales and Royal North Shore Hospitals and also worked as a VMO psychiatrist in Wagga, Griffith and Tumut prior to taking up a role as Clinical Director for Mental Health at GMAHS in 2003. He was appointed to the position of Director Clinical Operations, Mental Health, in 2005.

Director, Clinical Operations – Primary and Community Health

Karen Edwards BA, Grad. Dip. Continuing Education (Adult Ed.), MBA, Associate Fellow ACHSE, joined GSAHS in June 2005. She was previously the Director Community and Mental Health for Hunter New England Area Health Service, a position she filled for five years. Karen has 14 years experience in health service delivery in NSW and prior experience in social services and management.

Director of Nursing and Midwifery

Moyra Lewis RN, RM, B.Teach (Adult Ed), M of Mid, MACMI, AFCHSE, came to GSAHS in early April 2005. She was previously the Co-Director of the Centre for Continuing Education, Children Youth and Women's Health Service, South Australia.

Moyra has over 25 years experience in nursing and midwifery having commenced her nursing training in 1979 at Salisbury, England, and then her midwifery education at Bath, England, in 1983. Moyra emigrated to Australia in 1988.

Director of Population Health, Planning, Research and Performance

Dr Maggie Jamieson BA (Glasgow) MPH (Dundee) PhD (Wollongong) came to GSAHS having previously worked in New England Area Health Service, where she was Director of Service Development, Population Health and Research. Her portfolio also included Aboriginal Health. Maggie holds an Adjunct Associate Professor position at the University of New England, where she continues to be a doctoral supervisor and examiner. She is an active researcher in sexual and rural health issues. Dr Jamieson has numerous peer reviewed publications and continues to actively publish.

Director Workforce

Sandra Budd RGON, RM, Adv Dip of Nursing and Maternal Health, Post Grad Cert in Health Management, Dip Strategic Management, ACHSE Assoc. Fellow. Sandra has over 30 years experience in health with more than a decade in senior management positions. From New Zealand Sandra led major change in neonatal and maternity care in a challenging competitive environment that maintained National Women's Hospital as a national leader. She implemented models of care that centred on the patient's journey, shaped new roles for nurses and midwives and, in collaboration with universities, implemented NZ's first Masters prepared Neonatal Nurse Practitioners.

Sandra came to GSAHS from the Children Youth and Women's Health Service, South Australia, where she held the position of Executive Director, Clinical Services (Nursing/Midwifery) for four years.

GSAHS Purpose and Goals

GSAHS strives to achieve better health and good health care by:

- Making available a range of quality health care services for promotion of health and treatment and care
- Creating environments to support good health
- Encouraging individuals to participate in their own health care
- Supporting and facilitating staff and community involvement in planning health services for the future

Vision

To deliver better health for rural Australia.

Mission

To promote and deliver accessible quality health services for all people living in the Greater Southern Area through an integrated health system.

The values identified by the organisation are:

Patients First
Best Value
Results Matter
Improvements through Knowledge
[Being] Open to Possibilities

The concepts underpinning and activating these values are:

Accountability
Integrity
Respect
Competence
Leadership
Quality
Equity

Respect, caring and trust characterise our relationships.

Goals

The goals of GSAHS are:

- To keep people healthy
  - More people adopt health lifestyles
  - Prevention and early detection of health problems
  - A healthy start to life
- To provide the health care people need
  - Emergency care without delay
  - Shorter waiting times for booked non-emergency care
  - Fair access to health services
- To deliver high quality health services
  - Consumers satisfied with all aspects of services provided
  - High quality clinical treatment
  - Care in the right setting
- To manage health services well
  - Sound resource and financial management
  - Skilled, motivated staff working in innovative environments
  - Strong corporate and clinical governance

GSAHS PERFORMANCE SUMMARY

Goal: To Keep People Healthy

Encouraging people to adopt healthy lifestyles is vital to improving the quality of life for individuals and communities. GSAHS has been working with communities to improve the health of people across the life span. In particular, programs focusing on childhood obesity are making changes for children today, as well as aiming to positively impact on the health of our future population. Keeping people healthy reduces demands for health services now and in the future.

More people adopt healthy lifestyles

Childhood Obesity

Controlling childhood obesity has been set as one of the three priority areas for Health Development by the NSW Department of Health. This is outlined in the 2005-2006 Population Health Service Level Agreement. In 2005-2006, the focus has on been bedding down the Fresh Tastes Healthy Canteen Strategy:

- Health Development Officers and Dietitians worked together with School Canteen Managers and Principals to ensure that food sold in school canteens complies with the Fresh Tastes guidelines.
- Fresh Tastes was developed by the NSW Department of Education and Training, Catholic Education Office and Association of Independent Schools and is compulsory for all state schools, and highly recommended for all Catholic and Independent schools. The strategy has divided food and drinks into green, amber and red categories. Green foods are highly nutritious and should dominate the menu, amber products should be added to menus with caution because of energy density and lower nutrient quality. Red foods are permitted to be featured a maximum of twice per term.
- While some schools have made the transition easily, others have required support. Health Development Officers and Dietitians have used strategies such as Canteen Networks to promote the Fresh Tastes Strategy and to allow Canteen Managers a forum for sharing ideas and solving problems.

In addition, GSAHS trialled two other programs targeting childhood obesity that are being considered for wider implementation. These are:

- *'It's a Girl Thing'* (Young, Yass, Harden) – aimed to address the decline in participation in physical activity among adolescent girls. Senior high school girls with dance experience were trained as dance leaders. These students then worked with interested younger girls at their own schools, training them in dance during lunch breaks on school grounds under the supervision of a teacher for a full school term. The finale of the 12 month program was a non competitive dance concert put on by all groups in the program, with money raised from ticket sales put back into the program for the following year.
- *'Q4: Live Outside the Box'* was adapted from a program developed by the NSW Central Coast Health Promotion Unit. The activity involves students recording their eating and activity habits over two weeks, with parents 'signing off' on their behaviour each day. Other complementary activities included in-class and homework activities provided to teachers, regular newsletter articles, canteen specials around fruit and vegetable items and other food based events in schools without canteens.

To ensure a planned and multi-strategic approach to childhood obesity is implemented across GSAHS, the Health Development Team will be commencing a five year planning process for the three priority areas of childhood obesity, falls prevention and tobacco control. Three working groups will be established to identify the contributing factors to the three priority health issues and to develop an intervention portfolio that is grounded in evidence. It is expected the intervention portfolio will include actions that target both physical activity levels as well as food intake.

Community Weight Loss Challenges

The success of the Welling-tonne Challenge has been mirrored in several sites across GSAHS. Howlong commenced in September 2005 with approximately 100 participants.

Tobacco

The Young Women Smoking Project was implemented in the Eurobodalla. The program taught a group of young people film making and media skills with a 65% reduction by young women smoking in the group. The film produced by the group is currently being used by the local youth service as a training resource for schools and community groups in the shire.

Breast Screening

Breast Screen South West provides an evidenced based method for breast cancer population screening. There are two facilities at Albury and Wagga and a relocatable unit that improves access for more remote and rural areas of GSAHS. Breast Screen South East is provided through ACT Health under contract of the Cancer Institute NSW with out reach services to ensure equitable service to screening. Breast Screening services have attracted additional funding to increase target and participation rates, implement a new quality program, along with a new public breast screening awareness campaign being established through Breast Screen NSW - The Cancer Institute NSW.

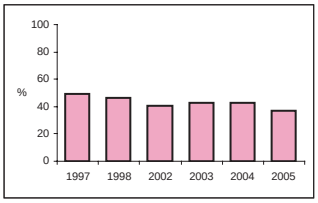
Chronic Disease Risk Factors

Source: NSW Health Survey. Centre for Epidemiology and Research

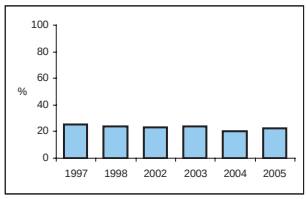
	Year					
Chronic Disease Risk Factors	1997	1998	2002	2003	2004	2005
Alcohol - risk drinking behaviour (%)	49	46.4	40.3	42.4	42.7	36.6
Smoking - daily or occasionally (%)	25.4	24.2	23.3	24.1	20	22.5
Overweight or obese (%)	47.2	49.7	51.2	53.5	52.1	57.5
Physical activity - adequate (%)	na	46.6	49.1	42.1	50.1	50.7
Fruit - recommended daily intake (%)	41.3	41.9	44.3	40.1	44.9	47.1
Vegetables - recommended daily intake (%)	7.5	7.5	8.9	10.6	10.3	9.7

NA: Survey data for 1997 not provided due to difference in definition from 1998 onwards.

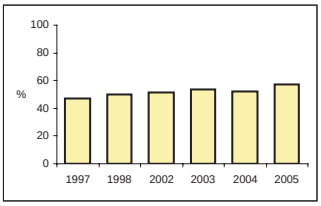
Alcohol - risk drinking behaviour (%)
GSAHS



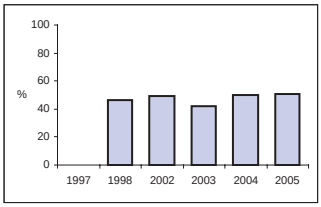
Smoking - daily or occasionally (%)
GSAHS



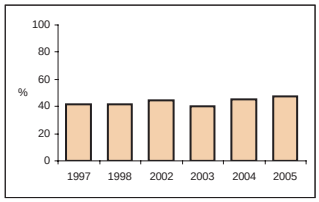
Overweight or obese (%)
GSAHS



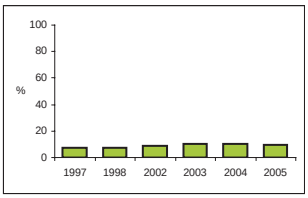
Physical activity - adequate (%)
GSAHS



Fruit - recommended daily intake (%)
GSAHS



Vegetables-recommended daily intake (%)
GSAHS



Comment:

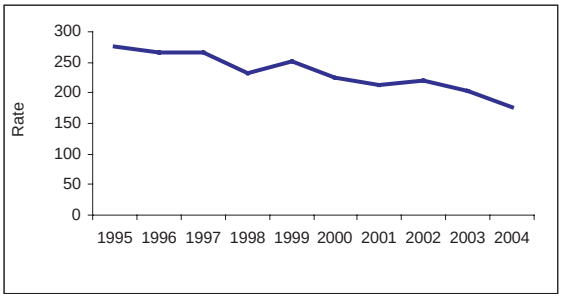
Decreasing smoking rates are contributing to significant improvements in health status. GSAHS implements strategies including enforcement of legislation related to marketing, promotion and smoke free environments, smoking cessation programs and creation of a smoke free workplace. Alcohol misuse is an important contributing factor to injuries, chronic disease and hospitalisation. GSAHS programs have contributed to the decreasing trend in high risk alcohol use. Increasing rates of chronic disease particularly diabetes, associated with obesity, poor food choices and lack of physical activity will present a major challenge for GSAHS. The Health Service will implement a range of programs including participation in the Australian Better Health Initiative over the next five years.

Potentially Avoidable Mortality - persons aged 75 and under (age-adjusted rate per 100,000 population)

Source: ABS mortality data and population estimates (HOIST)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
GSAHS	275.9	265.7	267.3	231.3	251.8	225.6	212.5	220.1	202.3	175.5

GSAHS



Comment:

Potentially avoidable mortality continues to fall in line with NSW trends as a result of decreasing smoking rates and other behavioural improvements along with improved medical care.

Prevention and Early Detection of Health Problems

Falls

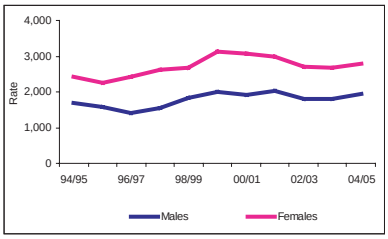
The GSAHS Falls Injury Prevention Program has commenced within GSAHS. A Falls Management group has been established to coordinate the implementation of the Area Draft Falls Management Plan.

Fall Injuries - for people aged 65 yrs+ (age standardised hospital separation rate per 100,000 pop.)

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST)

	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05
Males	1685	1590	1410	1562	1836	1991	1917	2016	1800	1803	1950
Females	2423	2260	2433	2623	2674	3136	3072	2978	2696	2686	2799

GSAHS



Comment:

Fall-related injuries are one of the most common injury-related preventable hospitalisations for people 65 years and over in GSAHS. The increase in incidence of hospitalisation and community related falls is consistent with the demographic shift associated with an ageing population. The Area is focusing on proactive approaches with a focus on healthy ageing, education and information to promote participation of older people in activity which maintains mobility, strength and balance, along with organising their environment to reduce risk of falls.

Adult Immunisation

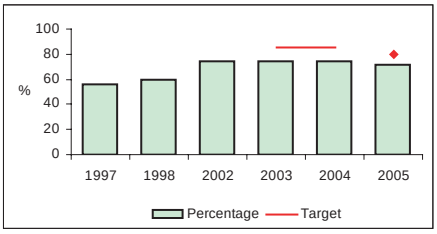
Source: NSW Health Survey, Centre for Epidemiology and Research

	Year					
People aged 65 years and over vaccinated against:	1997	1998	2002	2003	2004	2005
Influenza - in the last 12 months (%)	55.6	59.2	74.6	74.5	74	72
Pneumococcal disease - in the last 5 years (%)	na	na	33.1	42.2	47.4	48.7

NA - not available

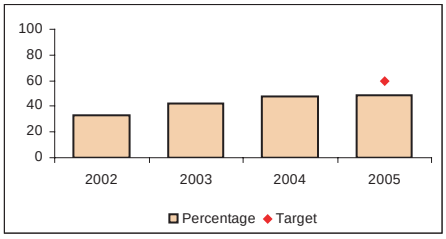
People aged 65 years and over vaccinated against influenza - in the last 5 years

GSAHS



People aged 65 years and over vaccinated against (%)pneumococcal disease- in the last 5 years (%)

GSAHS



Comment:

GSAHS promotes the use of influenza and pneumococcal vaccine and supports immunisation providers.

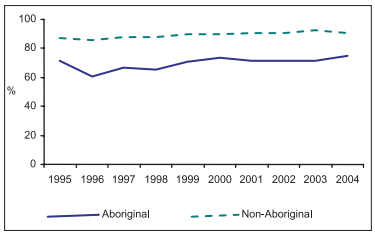
A Healthy Start to Life

First antenatal visit - before 20 weeks gestation (%):

Source: NSW Midwives Data Collection (HOIST)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Aboriginal	71.3	60.4	66.9	65.2	70.7	73.3	71.6	71.5	71.2	74.6
Non-Aboriginal	86.8	86.0	87.5	87.9	89.9	89.8	90.4	90.5	92.3	90.3

GSAHS



Comment:

The increase in the 2003 – 2005 percentages of Aboriginal women attending their first antenatal visit is attributed to a program specifically targeting Aboriginal women.

State-Wide Infant Hearing Screening Program

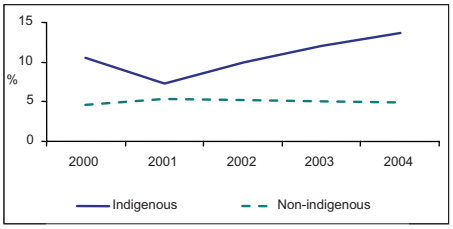
Consolidated the State-Wide Infant Hearing Screening Program across the area and raised the proportion of newborn children screened by the area to nearly 95%.

Low Birthweight Babies - births with birthweight less than 2,500g (%)

Source: NSW Midwives Data Collection (HOIST)

	2000	2001	2002	2003	2004
Aboriginal	10.6	7.3	10.0	12.1	13.7
Non-Aboriginal	4.6	5.3	5.2	5.0	4.9
Total	4.9	5.4	5.4	5.3	5.3

GSAHS

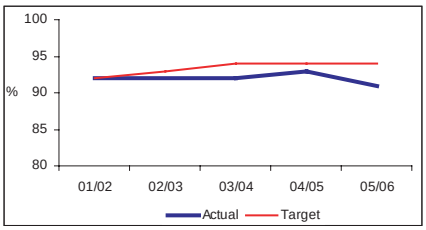


Infants Fully Immunised - at 1 year (%)

Source: Australian Childhood Immunisation Register (ACIR)

	01/02	02/03	03/04	04/05	05/06
Actual	92	92	92	93	91
Target	92	93	94	94	94

GSAHS



Comment:

GSAHS continues to have among the highest childhood vaccination rates in NSW, although fluctuations in the data do occur. The Area provides public immunisation clinics, school-based programs and supports other immunisation providers.

Goal: To Provide the Health Care People Need

GSAHS is aiming to provide an integrated approach to patient care to ensure that health service provision focuses the patient's journey. This involves planning and working together across a range of disciplines and process to optimise resource use and reduce duplication.

Aboriginal Housing for Health Program (target houses improved)

During 2005/06, 63 homes were fixed under the Housing for Health Program: Darlington Point (20 houses), Grong Grong (18 houses), Leeton (13 houses) and West Wyalong (16 houses) have been approved for Housing for Health.

NSW Health has engaged project managers to assist in achieving target. GSAHS will assume this responsibility in the medium term.

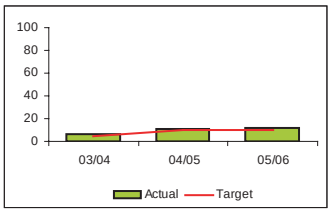
Emergency Care without Delay

Off Stretcher Time - transfer of care to the Emergency Department >= 30 minutes from ambulance arrival (%)

Source: Ambulance Service of NSW CAD System

GSAHS

	Actual	Target
03/04	6	5
04/05	11	10
05/06	12	10



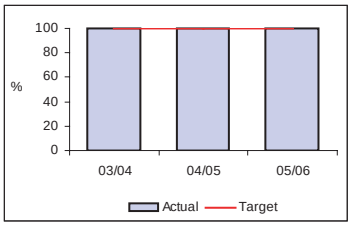
Emergency Department - cases treated within Australian College of Emergency Medicine (ACEM) benchmark times (%):

Source: EDIS

Triage 1 (within 2 minutes)

GSAHS

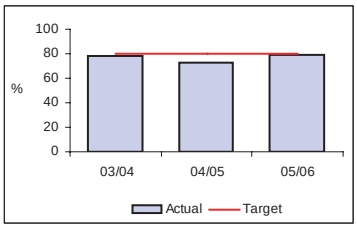
	Actual	Target
03/04	100	100
04/05	100	100
05/06	100	100



Triage 2 (within 10 minutes)

GSAHS

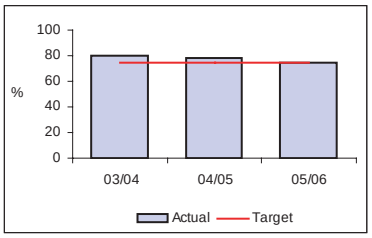
	Actual	Target
03/04	78	80
04/05	73	80
05/06	79	80



Triage 3 (within 30 minutes)

GSAHS

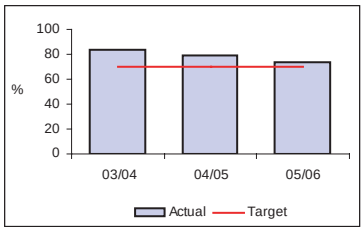
	Actual	Target
03/04	80	75
04/05	78	75
05/06	75	75



Triage 4 (within 60 minutes)

GSAHS

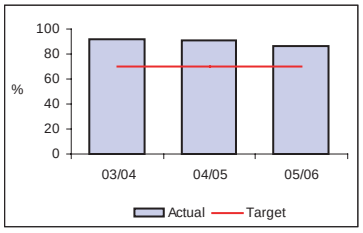
	Actual	Target
03/04	84	70
04/05	79	70
05/06	74	70



Triage 5 (within 120 minutes)

GSAHS

	Actual	Target
03/04	92	70
04/05	91	70
05/06	86	70



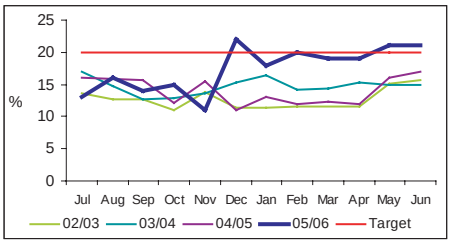
Comment:

- Emergency Department (ED) presentations have increased 5.7% and patients admitted from EDs by 1.7% in the 05/06 year Area-wide.
- Nurse Practitioner and 3-2-1 programs are being progressively introduced in Albury and Wagga Wagga. Structural alterations are completed at Wagga Wagga and underway at Albury to facilitate this process.
- An ED Director has been appointed at Griffith and the recruitment process for two additional Career Medical Officerss and the introduction of a Nurse Practitioner is underway

Access Block - Emergency Department patients not admitted to an inpatient bed within eight hours of commencement of active treatment (%)

Source: EDIS

GSAHS



	02/03	03/04	04/05	05/06	Target
Jul	14	17	16	13	20
Aug	13	15	16	16	20
Sep	13	13	16	14	20
Oct	11	13	12	15	20
Nov	14	14	15	11	20
Dec	11	15	11	22	20
Jan	11	16	13	18	20
Feb	12	14	12	20	20
Mar	12	14	12	19	20
Apr	12	15	12	19	20
May	15	15	16	21	20
Jun	16	15	17	21	20

Access Block – Emergency Department Access Block for Mental Health Problems

Source: Centre for Mental Health

% June 05	% June 06
15%	26%

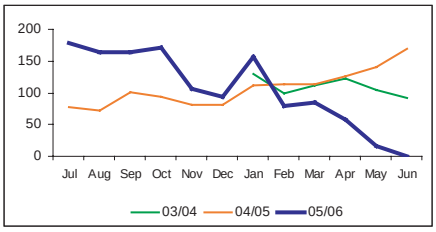
Comment:

A Clinical Services Redesign program has been undertaken between Mental Health and Critical Care to provide timely access to care for mental health clients presenting to Emergency Departments.

Shorter Waiting Times for Booked Non-Emergency Care

Waiting Times - booked medical and surgical patients: More than 30 days - categories 1 and 2 (number)
Data Source: WLCOS

GSAHS



	03/04	04/05	05/06
Jul	na	77	179
Aug	na	72	164
Sep	na	100	164
Oct	na	93	171
Nov	na	81	107
Dec	na	81	93
Jan	130	111	157
Feb	99	113	79
Mar	112	113	84
Apr	122	127	57
May	105	141	16
Jun	92	170	0

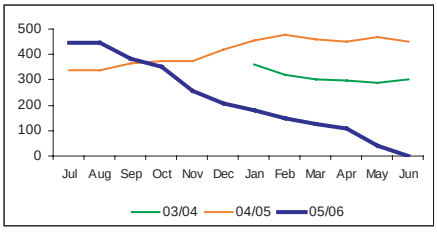
Comment:

GSAHS achieved the target of zero patients waiting more than 30 days for surgery using a combination of strategies. These included improving the process for management of theatre and increasing the number of theatre sessions. Introduction of a new wait list policy by NSW Health resulted in a more consistent approach to managing waiting lists as well.

Waiting Times - booked medical and surgical patients: More than 12 months - categories 1, 2, 7 and 8 (number)

Data Source: WLCOS

GSAHS



	03/04	04/05	05/06
Jul	na	337	446
Aug	na	339	445
Sep	na	365	381
Oct	na	375	352
Nov	na	373	259
Dec	na	420	205
Jan	360	456	182
Feb	321	476	150
Mar	300	458	126
Apr	297	451	110
May	287	467	41
Jun	303	450	0

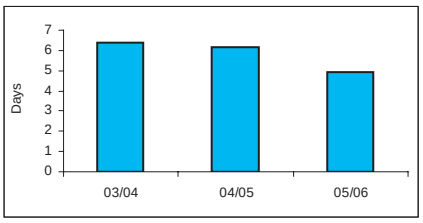
Comment:

The target of zero patients waiting more than 12 months was achieved by increasing support and funding for the sites. This included use of locum orthopaedic surgeons and anaesthetists to assist with increased operating theatre sessions and better utilisation of district theatre resources.

Overall Length of Stay - including same day admissions (days)

Data Source: ISC

GSAHS



	GSAHS
03/04	6.39
04/05	6.14
05/06	4.9

Comment:

The reduction in length of stay can be attributed to an increase in same day procedures.

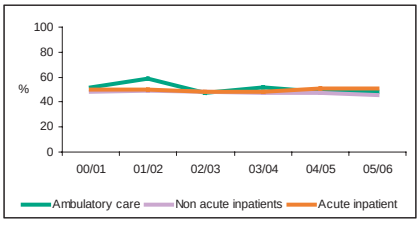
Fair Access to Health Services

Mental Health – need met for services (%):

Source: DOHRS (Acute inpatient, Non acute inpatient), National Survey of Mental Health Services (Ambulatory care)

	GSAHS					
	00/01	01/02	02/03	03/04	04/05	05/06
Ambulatory care	52	59	47	52	48	48
Non acute inpatients	48	49	48	47	47	46
Acute inpatient	50	50	48	48	51	51

GSAHS



Comment:

These figures are largely static over the last few years, and reflect the general unchanged acute and subacute inpatient bed numbers, along with ambulatory staffing figures that have also been essentially static. Ambulatory staffing has been targeted in enhancements for 06-07, and should improve over the coming year.

Goal: To Deliver High Quality Health Services

GSAHS strives to ensure that health care satisfies the patient's needs, is of a high quality and is delivered as close to home as possible. This involves coordinating a wide range of services while continually reviewing and improving the delivery of these services. This is achieved through seeking patient feedback and implementing sound quality processes.

Alcohol and Other Drugs

Alcohol and Other Drug Services are offered from a range of GSAHS facilities. Service provision is guided by national and state policy and community need. Central intake provides timely access to services including a range psycho-social interventions, inpatient or outpatient supervised withdrawal management and the Opioid Treatment Program.

Major Goals and Outcomes

- The Magistrates Early Referral into Treatment (MERIT) services operate from Queanbeyan and Wagga with some outreach to other courts.
- Prison in-reach services cover Goulburn, Junee and Cooma gaols and promote continuity of care for clients on opioid treatments following release from prison.
- Drink driver education and prevention services promote safer driving practices and education programs for first offenders charged with driving while over the prescribed content of alcohol.

Future Directions

We will:

- implement consultation and liaison services for clients who have co-morbid conditions as a component of the national focus on mental health
- introduce telehealth service delivery option, and develop service models for working with families

Consumers satisfied with all aspects of services provided

Surveyed population rating their health care as "excellent, very good or good"(%)

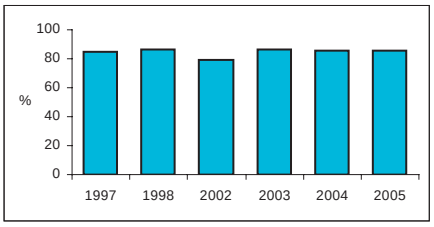
Source: NSW Health Survey 1997, 1998, 2002, 2003 and 2004. Centre for Epidemiology and Research

Surveyed population rating their health care as "excellent, very good or good" (%):	Year						
	1997	1998	2002	2003	2004	2005	2006
Emergency Department	GSAHS	84.9	86.6	79.2	86.4	85.3	85.5
Hospital inpatients	GSAHS	92.1	91.9	90.9	94.6	92.2	93
Community health centre	GSAHS	na	na	94.3	89	96.5	na

na = not available

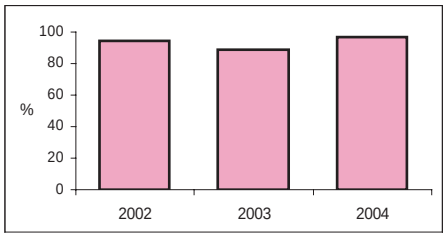
Emergency Department

GSAHS



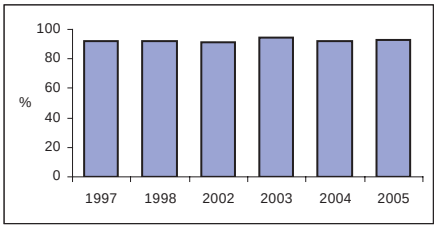
Community Health Centre

GSAHS



Hospital Inpatient

GSAHS



Comment:

GSAHS performance on this indicator has been high and stable over time.

Complaints resolved within 35 days

	Complaints Resolved within 35 Days	Total Complaints Received	% of Complaints resolved within 35 days
Greater Southern	138	241	57%
All AHSs	4,173	5,576	65%

Complaints Management

There has been an increase in the reporting of complaints received by 34% from June 05 to May 2006. It is assumed this is due to staff becoming more familiar with the relatively recent introduction of the IIMS system, education on its access and use and coaching of staff and managers in better practice complaints management, of which open reporting is an important part.

Compliance with the NSW Health Key Performance indicator of 80% of complaints to be resolved within 35 calendar days has improved during 2006 and now stands at 57%. GSAHS continues to work to meet the 80% benchmark. It is anticipated continued education on the principles of better practice management of complaints and greater access and familiarity with IIMS for all staff will improve this result further. Formal education for sites on better practice for management of complaints and professional practice concerns has commenced and coaching of staff and managers continues.

Almost 80% of all complaints relate to three main causes: communication issues (28%), treatment (25%) and professional conduct (23%). GSAHS awaits the roll out of the NSW Health initiative on providing education strategies to improve communication processes for clinicians.

Complaints, concerns and feedback received by GSAHS over the past 12 months relate primarily to nursing services (41%), medical officers (38%) and allied health services (20%).

Complaints can be resolved in various ways. Most complainants (75%) are resolved following a detailed explanation to person raising the concern(s) (43%) and / or a genuine apology (32%).

High Quality Clinical Treatment

Unplanned and Unexpected Hospital Admissions

The total number of unplanned and unexpected re-admissions within 28 days of separation, during the time period under study/The total number of separations (excluding deaths) during the time period under study.

	2001/02	2002/03	2003/04	2004/05	2005/06
Greater Southern	0.75	0.80	0.50	0.64	na
NSW Total	2.76	3.26	3.24	3.30	na

na: not available

Unplanned readmission into an ICU, up to and including 72 hours post-discharge from the ICU

The total number of unplanned re-admissions, as defined above, into an ICU within 72 hours of discharge from an ICU/ The total number of admissions into an ICU.

	2001/02	2002/03	2003/04	2004/05	2005/06
Greater Southern	N/A	1.67	3.27	4.80	na
NSW Total	1.08	1.47	1.67	1.55	na

na: not available

Unplanned return to the operating room during the same admission

The number of patients having an unplanned return to the operating room during the same admission, during the time period under study/ The total number of patients having operations or procedures in the operating room during the time period under study.

	2001/02	2002/03	2003/04	2004/05	2005/06
Greater Southern	N/A	1.85	1.32	0.83	na
NSW Total	0.64	0.69	0.57	0.60	na

na: not available

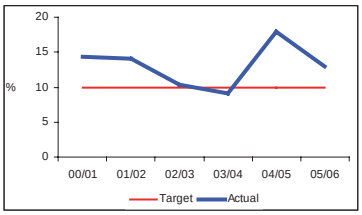
Comment:

Data for 2005/06 was unavailable, but will be available for the next financial year.

Mental Health Acute Adult Readmission - within 28 days to same mental health facility (%)

Source: Admitted Patient Collection on HOIST and HIE Datamart

GSAHS



	GSAHS	
	Actual	Target
00/01	14.4	10
01/02	14.1	10
02/03	10.3	10
03/04	9.1	10
04/05	18.0	10
05/06	13.0	10

Comment:

This has improved from 18% in 04-05 to 13% in 05-06, and should continue to improve with management and staffing improvements currently being implemented.

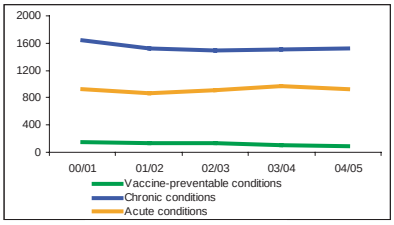
Care in the Right Setting

Potentially Avoidable Hospital Admissions by Category - (age-adjusted rates of per 100,000 population)

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST)

		00/01	01/02	02/03	03/04	04/05
GSAHS	Vaccine-preventable conditions	157	130	133	100	95
	Chronic conditions	1644	1520	1492	1508	1525
	Acute conditions	929	873	916	976	924

GSAHS

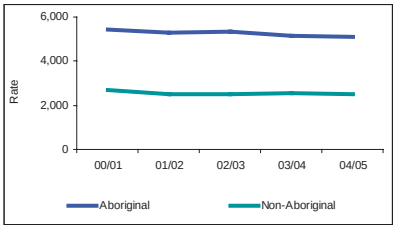


Potentially Avoidable Hospital Admissions by Aboriginal Status - (age-adjusted rates of per 100,000 population)

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST)

		00/01	01/02	02/03	03/04	04/05
GSAHS	Aboriginal	5433	5301	5362	5058	5088
	Non-Aboriginal	2677	2498	2491	2571	2527

GSAHS

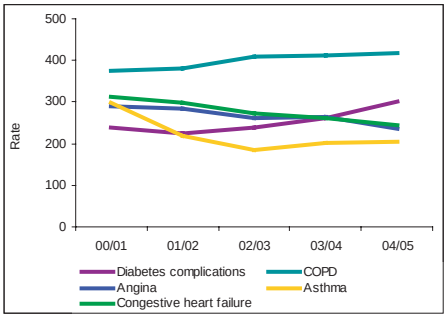


Potentially Avoidable Hospital Admissions Top 5 Chronic Conditions - (age-adjusted rates of per 100,000 population)

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST),

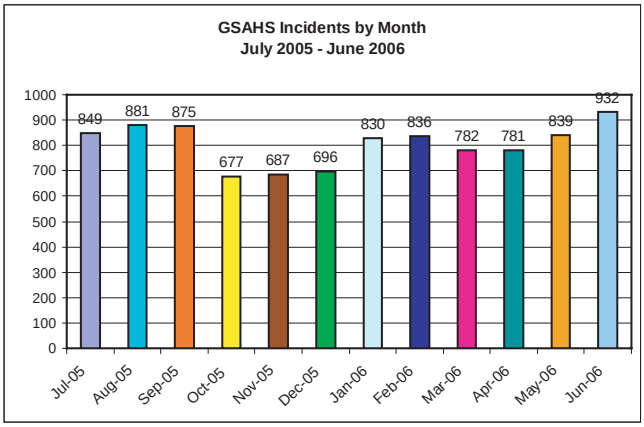
	00/01	01/02	02/03	03/04	04/05
Diabetes complications	239	225.6	238.8	261.7	302.1
COPD	375.6	380.4	408.3	412.7	419
Angina	290.1	282.7	261.8	263.5	234.7
Asthma	299.5	219.3	185.9	200.4	205.1
Congestive heart failure	312.6	297.5	271.8	260.5	245.1

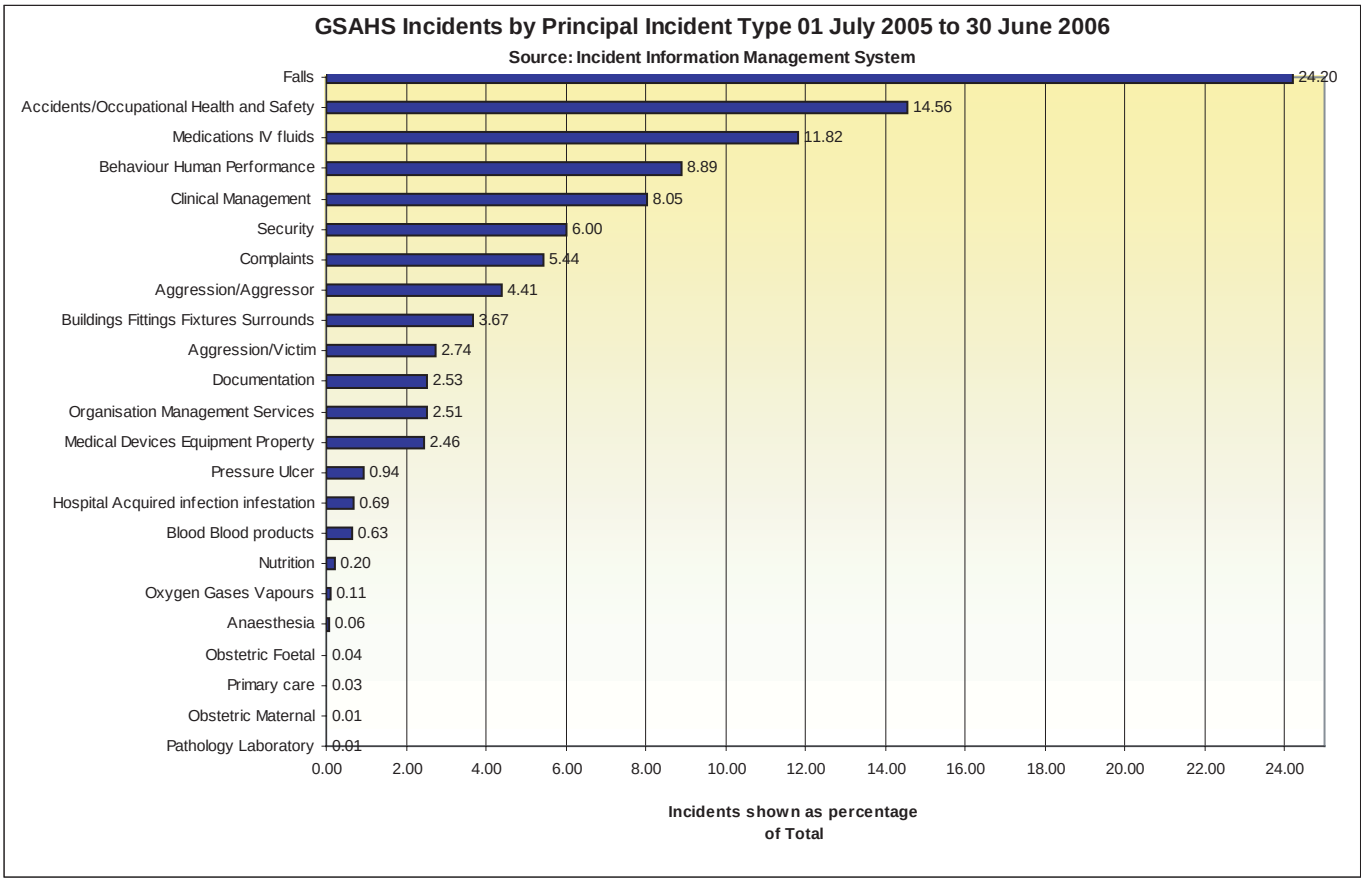
GSAHS



Incident Management Reporting

The introduction of the State-wide data system for incident monitoring, the Incident Information Management System (IIMS), has seen a steady level of reporting of incidents, hazards and 'near misses' in GSAHS at around 800 incidents per month. This indicates that staff and consumers are active in reporting incidents of concern.





The three main of incidents in GSAHS are:

- Falls - A GSAHS Falls Coordinator was appointed in early 2006 to reduce patient falls. Information on falls prevention is currently being evaluated.
- Accidents/OHS – Analysis of these incidents indicates a larger number of low level incidents which are managed at the local site. GSAHS Executive Directors are seeking to improve processes for managing and monitoring these incidents.
- Medication incidents – The National Inpatient Medication Chart has been implemented across GSAHS. This state-wide initiative was shown to reduce incidents by 35% during the pilot phase.

The Clinical Governance Unit (CGU) ensures incidents surrounding patient safety are appropriately managed and recommendations following incident investigation are actioned. A Root Cause Analysis (RCA) is used to investigate incidents related to serious patient safety concerns and identifies system related causal factors that increase the likelihood of the incident. Independent expert clinicians objectively review the processes and systems involved in the provision of treatment to a patient. Each RCA delivers recommendations to improve patient treatment processes and to prevent a similar incident from occurring. These recommendations are endorsed by the Chief Executive.

The CGU monitors the RCA recommendation implementation across GSAHS. At June 30 2006, 77% of the RCA recommendations had been implemented and 66% of these were implemented within the required time frames.

Goal: To Manage Health Services Well

Sound resource use is vital in the current health climate and requires input from multiple stake holders to achieve optimum efficiency. In real terms, GSAHS is seeking partnerships with other agencies to strengthen health care delivery and reviewing models of health care delivery to ensure the best use of resources.

GSAHS and Coalition of Greater Southern Divisions of General Practice Agreement

On June 14 2006 a Heads of Agreement for collaboration between GSAHS and the Coalition of Greater Southern Divisions of General Practice was signed. The agreement will support shared planning and service delivery between GSAHS and the five Divisions of General Practice that operate within its catchment boundaries. It presents a significant opportunity to engage General Practice with the range of generalist and specialist primary and community health services provided by GSAHS and deliver genuine improvements in the effectiveness and efficiency of health services.

Sound Resource and Financial Management

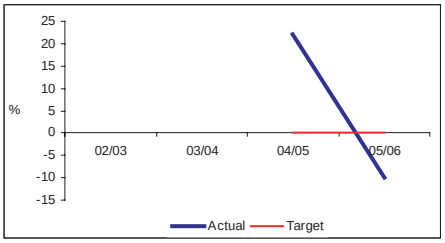
Major and Minor Works - variance against approved BP4 Capital allocation (%)

Source: Asset Management Services

	GSAHS	
	Actual	Target
02/03	na	na
03/04	na	na
04/05	22.2	0
05/06	-10.0	0

na: not available

GSAHS



Comment:

Expenditure variation has been largely due to complex planning issues that have impacted on the design and documentation phases of the large redevelopment projects.

Corporate Governance Statement

The Chief Executive is responsible for the corporate governance practices of the GSAHS. This statement sets out the main corporate governance practices in operation throughout the financial year, except where indicated.

The Chief Executive

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

The Chief Executive is committed to better practices contained in the Interim Corporate Governance Guidelines for Chief Executives of Area Health Services, issued by the NSW Department of Health.

The Chief Executive has in place, or is working towards having in place, practices that ensure that the primary governing responsibilities in relation to the Area Health Service are fulfilled with respect to:

- setting strategic direction
- ensuring compliance with statutory requirements
- monitoring performance of the Area Health Service
- monitoring financial performance of the Area Health Service
- monitoring the quality of health services
- industrial relations/workforce development
- monitoring clinical, consumer and community participation
- ensuring ethical practice.

Strategic Direction

The Chief Executive has in place, or is working towards having in place, processes for the effective planning and delivery of health services to the communities and patients serviced by the Health Service. This process includes setting of a strategic direction for both the organisation and for the health services it provides.

Code of Conduct

The Chief Executive and the Area Health Service has reviewed and will adopt the NSW Code of Conduct to guide all and contractors in carrying out their duties and responsibilities. The Code is designed to:

- State the standards expected of staff within Health services in relation to conduct in their employment;
- Assist in the prevention of corruption, maladministration and serious and substantial waste by alerting staff to behaviours that could potentially be corrupt or involve maladministration or waste; and
- Provide a resources list to assist staff to gain further information or more detailed guidance.

The NSW Health Code of Conduct has been finalised and is being prepared for distribution and will replace the Code of Conduct documents previously in place within the GSAHS. The Chief Executive will arrange for distribution in accord with NSW Department of Health direction.

Risk Management

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

The Chief Executive receives and considers all reports of the Service's External and Internal Auditors and, through the Audit and Risk Management Committee, ensures that audit recommendations are implemented.

An Area-wide corporate and clinical Risk Assessment project was initiated in March 2006 and this will be incorporated into the Risk Management Plan for the Area Health Service. It will also produce a three year risk based Internal Audit Plan and a Fraud Control Plan.

Committee Structure

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

Quality Committee

The Chief Executive has established an Area Quality Committee which meets monthly. This committee consists of the following members:

- Chief Executive (Chairperson)
- Division of General Practice Representative
- Medical Staff Council Representative
- Director Clinical Operations
- Director Primary and Community Health
- Director of Clinical Operations - Mental Health
- Director of Clinical Operations - Acute
- Director Corporate Services.
- Director Population, Health, Planning Research and Development
- Director Workforce
- Director Nursing and Midwifery Services
- Director Clinical Governance
- Senior Allied Health Advisor
- Chairperson of each Health Service Cluster
- Health Quality Committees
- Two Community Representatives
- Clinical Governance Representative
- Corporate Governance Unit Representative
- Area Health Advisory Council Representative.

The purpose of the Area Quality Committee is to ensure the integrity of the Health Service's system to monitor the quality of care and services provided, and to ensure continuous improvement occurs in the quality of care and services:

- Oversight the development of strategies, policies and programs to implement the NSW Health policy on quality of care and services through the implementation of the Clinical and Corporate Quality Management Framework and Plan.
- Provide leadership for improving the quality and models of health care in the Health Service;
- Build effective partnerships with clinicians, community members and other service providers to evaluate and improve health care services in the Area;
- Review and monitor the Health Service's systems to manage quality of care;
- Review and monitor clinical quality indicators including trending and benchmarking of key performance indicators (KPIs) and monitor remedial action where required;
- Recognise barriers to quality improvement and make recommendations on the implementation of Area-wide best practice based on evidence, education and resource realignment; and
- Encourage the flow of information between the Area Quality Committee and Sub-committees, and other Area Committees.

Audit and Risk Management Committee

The Chief Executive has established an Audit Committee. This committee consists of two independent members, Mr Chris Conybeare who is Chairman and Mr Andrew Bowcher. The Chief Executive is also a member of this committee.

The Audit Committee meets four times each year with additional meetings if required to consider the Annual Financial Statements or other matters of importance. The following officers have standing invitations to attend the Audit and Risk Management Committee:

- Director Corporate Services;
- Director Clinical Governance;
- Director Corporate Governance; and
- Internal Audit Manager / Internal Auditor.

In addition, a representative of the External Auditor appointed by the NSW Audit Office is invited to attend at least two meetings per annum.

The objectives of the Audit Committee are to:

- Maintain an effective governance and internal control framework;
- Review and ensure the reliability and integrity of management and financial information systems;
- Review and ensure the effectiveness of the internal and external audit functions; and
- Monitor the management of risks to the Health Service.

Finance and Performance Committee

The Chief Executive has established a Finance and Performance Committee. This committee is chaired by the Chief Executive and consists of the following members:

- Director Corporate Services
- Director Clinical Governance
- Director Corporate Governance
- Director of Clinical Operations
- Director of Clinical Operations — Primary and Community Health
- Director of Clinical Operations— Mental Health
- Director Nursing and Midwifery
- Director of Population Health, Planning, Research and Performance
- Director of Workforce
- Finance and Assets Manager

The Finance and Performance Committee met 11 times during the year. The objectives of the Finance and Performance Committee are to:

- Receive and review monthly financial reports;
- Examine budgets to ensure they represent a true picture of the GSAHS's financial position;
- Examine the annual statement of accounts and financial returns to ensure accuracy prior to submission to the NSW Department of Health and other agencies;
- Monitor monthly returns for compliance with NSW Department of Health Accounting and Audit requirements and conformity with applicable accounting principles and standards;
- Ensure all funds and investments are held in a secure form and to best advantage;
- Recommend to the Chief Executive action with reference to outstanding accounts;
- Ensure that the accounting books and records are maintained as required by the NSW Department of Health; and
- Provide advice to the Chief Executive on overall financial strategies and on other matters as the Chief Executive requires.

The Health Service's financial processes and controls are consistent with the provisions of the Accounts and Audit Determination for Health Services issued by the NSW Department of Health.

Performance Appraisal

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

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

Clinical Governance Statement

Introduction

Clinical governance is "the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care"[1].

In order to achieve this, Clinical Governance Units (CGU) were established in each Area Health Service in 2005. Recruitment to the CGU is almost complete with small groups located at Queanbeyan and Wagga. This enables the CGU to respond efficiently to issues arising across the Area and provide the support required.

In establishing CGUs in each AHS, NSW Health determined the workplan[2] for the CGUs to accomplish during the year. The workplan consists of a number of core functions including:

Function	GSAHS Progress in 2005/06
Establishment of the CGU	70% of positions filled
Incident Management	Root Cause Analysis (RCA) investigations conducted within mandated timeframes; 66% of RCA recommendations implemented in the stated timeframe (NSW Department of Health benchmark 80%).
Incident Information Management System (IIMS) implementation	IIMS implemented in all sites
Complaints management	57% of complaints resolved within 35 days (DOH benchmark 80%)
Death Reviews	Review of all deaths within 45 days in 96% of facilities across GSAHS
Clinical Quality Improvement support	Clinical Practice Improvement training conducted in all 10 clusters with 170 participants; 53 quality projects entered in the Inaugural Quality Awards ceremony in June 06.
Communication and training	GSAHS has been awaiting suitable training programs from the Clinical Excellence Commission (CEC)
Policy Development	Policy development process implemented
Clinician Performance Management	Piloting of the Clinical "Buddy Program" at one base hospital
Reporting	Monthly Clinical Governance report to the Area Quality Committee
External reports	Reports provided to the DOH and CEC as requested

Details of the above activities are included below.

The Clinical Governance Unit has maintained close working relationships with the Quality and Safety Branch in NSW Health, the Clinical Excellence Commission, the GSAHS Clinical Operations Directorate and the Director of Corporate Governance. These relationships have enabled the CGU to work together in driving some of the changes required to improve patient safety and quality.

1 ACHS News, Issue 12, Spring 2004, p.4.

2 NSW Department of Health, NSW Clinical Governance Directions Statement, 2005, Section 3.3.

ACHS Accreditation

Throughout 2005/06 GSAHS has been preparing for Australian Council on Healthcare Standards (ACHS) Certification. This is the first stage of a two part process for GSAHS to achieve Accreditation with ACHS in 2007/08.

The Accreditation process will provide GSAHS with evidence of a strong quality organisation dedicated to continuing to improve outcomes of patient care. GSAHS is aiming to have all clusters, corporate services and the mental health service certified with ACHS in the 2006/07 year. Accreditation for each of the services is planned for the 2007/08.

Corporate Certification survey will take place in July 2006 with further Certification surveys scheduled for 2007.

Correct Patient, Correct Procedure and Correct Site Model Policy

Following the release of the NSW Health Policy Directive Patient Identification - Correct Patient, Correct Procedure and Correct Site Model Policy, the CGU implemented an education program targeted at operating theatre, radiology and pathology staff.

Since the implementation of this policy directive there has not been a serious incident notified involving the wrong procedure performed on a patient reported in the GSAHS.

Complaints or Concerns Against a Clinician

The NSW Health policies Complaint or Concern About a Clinician - Principles for Action and Complaint or Concern About a Clinician - Management Guidelines were released by NSW Health on January 30, 2006.

The GSAHS Professional Practice Unit investigates complaints or concerns against a clinician. An improved, positive reporting culture is responsible for the increasing numbers of professional practice referrals. Eighty one complaints or concerns about clinicians (doctors, nurses and allied health practitioners) have been received and investigated. The severity of the issues fall into the following categories:

Level 1 (serious complaints or concerns) -	16
Level 2 (significant complaints or concerns) -	36
Level 3 (performance of an individual varies from peers or expectations) -	73
Level 4 (frivolous, vexatious or malicious) -	28

A small number of complaints or concerns about clinicians result in notification to the appropriate Board. Others are managed through the performance management system when allegations are proven. Systems problems are managed at a local level via specific action planning, or at an Area level when appropriate in order to achieve widespread system change. Recommendations are followed up at regular intervals by the appropriate manager in the Clinical Governance Unit.

Performance Management

NSW Health requires performance management/development processes for all clinicians. Since this is a new concept for many clinicians, an interim system of performance management (Clinical Buddies Program) has been piloted in GSAHS.

The Clinical Buddies Program provides a framework and tools for a participative peer review for senior clinicians. GSAHS has commenced a trial of the Program for medical staff in one site with the view to refining and implementing the program more widely to enhance quality improvements in clinical practice and performance management.

The program is designed to be undertaken annually, and is an ideal prelude review to formal Performance and Development Planning processes and emphasizes positive, open and honest discussion.

Credentialing

GSAHS is working towards the requirements of the National Standard for Credentialing and Defining the Scope of Clinical Practice. These standards require mandatory compliance from all Area Health Services.

GSAHS has an effective Medical and Dental Appointments Advisory Committee and Credentials Committee which reviews all applications from all medical and dental officers for permanent appointments and for locums working for greater than three months duration.

Infection Control

GSAHS actively works to reduce health care facility acquired infections by ensuring there are adequate policies, resources and training for staff.

For the period July to December 2005, 48 GSAHS facilities collected and reported data on Hospital Acquired Infections to the ACHS. All GSAHS facility results fell within the normal range for their rate with the exception of one indicator in one facility, relating to Multi-resistant Staphylococcus Aurous (MRSA) infections. The site has subsequently introduced MRSA screening for all patients being transferred in, to clearly identify those already colonized or infected against those acquired within the unit.

Across the Area, from a total of 608 major surgical procedures (knee, hip, caesarean section and abdominal hysterectomy procedures) performed there were 15 infections (2%) reported. The Health Service continues to work to reduce this infection rate.

Continuous Process Improvement

A series of Continuous Process Improvement (CPI) workshops were held across to:-

- Provide sites with a proven methodology to implement sustainable change in practice improvement
- Facilitate successful implementation of RCA recommendations
- To provide evidence of systems review and evaluation in the lead up to ACHS survey
- To improve the organisational culture

The course presentations commenced in August 2005 with 15 one day workshops held resulting in 170 multidisciplinary staff being trained in CPI methodology. Participants were required to undertake a project which would run for up to six months to reinforce and consolidate the process being taught.

Quality Awards

GSAHS entered 19 entries into the Baxter Awards in 2005. Of the 19 entries, three projects were nominated as finalists:

- Improving Patient Safety and Care through Culture Change
- Improving the quality and availability of information through an innovative education solution
- Aboriginal Elders Yarn Up Day

The project Improving Patient Safety and Care through Culture Change was announced as the winner of the Director General's Encouragement Award at the Baxter Awards Ceremony in Sydney in October 2005.

In June 2006, GSAHS held the 'Better Health for Rural Australia' Quality Awards as a forerunner to the NSW Health State Baxter Awards. A total of 53 entries were submitted for local awards.

Winners were announced at the ceremony. The following projects were category winners:

- Stand Tall, Don't Fall
- Families First, Aboriginal and Torres Strait Islander Parenting Workshop/Camps project
- Resident Review in Giles Court
- Improving Access to Sexual Health and Blood Borne Virus Service for People Using and Opioid Treatment Program
- Increasing Private Patient Revenue
- Streamlining Admission and Discharge Processes
- Manual Handling Mentors Program
- Group Phonological Awareness Intervention; It works!
- Burns Management

In addition the Don Kendall Memorial Award for Leadership was awarded to Ms Louise McFadden, Manager Governance and Service Redesign – Mental Health.

It was reported, following the ceremony, that the process of recognising local work and local achievements has been extremely beneficial for team morale and motivation.

Following local awards, GSAHS entered 55 entries into the NSW Health Baxter Awards 2006. This is the largest number of entries ever submitted from GSAHS sites. The number of entries entered is 21% of the entire entries made throughout the state. The process of local awards has proved to be very successful in raising the profile of awards as well as the profile of GSAHS.

Policy Development

A new policy and procedure development system is undergoing approval after 11 months of development. Once approved, the system will be implemented across GSAHS, by way of education sessions and a user friendly tool kit to assist staff in all areas of policy and procedure development, access, version control, storage, indexing and archiving.

The policy and procedure system has been designed to be available electronically, providing access to all GSAHS.

The system has been developed to streamline and standardise Policy and Procedure across the Area. The tool kit has a multidisciplinary approach incorporating all portfolios from Corporate/Operations to Clinical and Nursing.

Hand Hygiene

The "Clean Hands Save Lives" campaign sponsored by the Clinical Excellence Commission, addresses systemic and behavioural factors contributing to low compliance with hand hygiene. The campaign aimed to reduce the incidence of multi-resistant organism infections in acute and residential care facilities through raising awareness of hand hygiene compliance.

The targets for this campaign are to increase hand hygiene by 25% to 30% and to reduce Multi-resistant Organism (MRO) infection rates by 50%. These rates will be monitored in 2006.

AREA HEALTHCARE SERVICE PLANNING

Health Services Plan

The Health Services Plan draft was submitted to NSW Health in October 2005 with a follow up document forwarded in February 2006.

This document included plans for all of the clinical areas in GSAHS.

Asset Planning

On the completion of the Area Health Service Plans, GSAHS will commence preparation of the Asset Strategic Plan. In readiness for this, a partnership has been established with GWAHS and NSW Department of Commerce to review 23 key sites across the area for building condition, compliance and functionality.

This work will be completed by late September 2006 and then the Asset Strategic Plan will be developed form this information, in conjunction with the Health Service Plans.

OVERVIEW OF GSAHS CLUSTERS

Bega Valley Cluster

The Bega Valley Health Service Cluster provides services to towns from Bermagui south to Kiah and from Towamba to Bemboka and north to Cobargo.

Services Delivered

A wide range of primary and community health care, orthopaedic surgery, general surgery, obstetrics, paediatrics, emergency and acute medical care.

Major Goals and Outcomes

- Increased number of major joint replacements from previous year
- Theatre utilisation 99% of available days
- Achievement of zero patients waiting more than 12 months for surgery
- Obtained grants to: develop a post-acute home based service for aged-care patients; improved Palliative Care service planning; developed a Palliative Care Suite within the hospital
- All campuses smoke free

Key Issues and Events

- There were no patients waiting longer than 12 months for surgery as at 30 June 2006
- Implementation of the Elderly at Risk initiative that enables referral of elderly patients to appropriate community based services without having to be admitted to the hospital
- Improved management of resources

Future Direction

We will:

- Further develop the orthopaedic service at Bega Hospital
- Continue planning to develop one new facility to provide appropriate infrastructure and health service redesign that supports the increased health service demand and population growth
- Continue realigning hospital and community services to provide integrated, patient centred care from the community to hospital and hospital back into the community
- Focus primary health services to provide an integrated approach to care within child and family services (Families First framework), chronic and complex care and population health
- Develop and implement cost effective options to upgrade the imaging, pharmacy, pathology departments and employ key medical and surgical specialists to increase self sufficiency of health services in the Bega Valley Shire
- Plan to establish centralised pre-admission and clinic rooms in one building on Bega Campus

Eurobodalla Cluster

The Eurobodalla Cluster includes Batemans Bay, Moruya, Tuross Head, Eurobodalla and Dalmeny.

Services Delivered

A wide range of primary and community services including oncology, renal dialysis, mental health, drug and alcohol, Aboriginal health, dental care, palliative care, post acute care, dementia and aged care, sexual health, health promotion, child and family care, diabetes care and community nursing. Medical and surgical services delivered include ophthalmology, orthopaedics, gynaecology, urology, obstetrics, emergency and day surgery.

Major Goals and Outcomes

- Redevelopment of Batemans Bay Emergency Department
- Improved ambulance access with a dedicated entrance
- Improved vehicle and pedestrian access to the hospital
- Appointment of a new General Surgeon
- First Obstetric Registrar training completed
- Recruitment of a Community Dementia support team
- Introduction of transitional care program
- Hand Hygiene project implemented and progressing well
- Renal dialysis enhanced in Moruya

Key Issues and Events

- Improved management of resources
- Recruitment of nursing and medical staff

Future Direction

We will:

- Work with our community to ensure appropriateness of services provided

- Seek consumer feedback to continually improve the provision of health services in the Cluster
- Roll out the self care management plan
- Work with our health care colleagues in public, private, non-government and voluntary sectors to best utilize the resources we have to provide a high standard of health care to our community
- Strive to use our allocated resources, both financial and staff, wisely and effectively

Golden Cluster

The Golden Cluster Health Service provides care and services to Leeton and Narrandera, across to Coolamon and Junee, north to Temora and West Wyalong.

Services Delivered

The Golden Cluster provides a range of primary and community health services including community nursing, speech pathology, dietician, drug and alcohol counselling, mental health support for adults, children and adolescents, family and child health, aged care assessment and women's health. .Within the six hospitals services include medical, surgical and day surgery, residential aged care and dementia specific residential care, emergency and obstetric services.

Major Goals and Outcomes

- Development of a Cluster-Service Plan. Committee members have consulted the community on this plan.
- Each Golden Cluster site formed a Local Health Service Advisory Committee, and the Cluster has formed a Cluster wide Advisory Committee.
- Accreditation of the Residential Aged Care Unit of Leeton Hospital for a period of three years
- Further development of primary and community health services to support people at home, increase services to support people with chronic conditions, and provide early support for families with new babies

Key Issues

- Continuing to recruit staff including specialist nursing, allied health and medical staff.

Future Directions

We will:

- Integrate hospital and community health services
- Integrate and share services with other cluster members

Greater Albury Cluster

The Greater Albury Health Service Cluster is the largest Cluster within GSAHS with a staffing FTE of over 500 between all sites. Greater Albury covers the towns of Albury, Corowa, to Urana, Lockhart, Henty and Holbrook.

Major Goals and Outcomes

- No patients waiting longer than 12 months for surgery
- Improving Triage Category 2 waiting time performance for Emergency Department patients
- Commonwealth aged care accreditation achieved at Holbrook and Corowa Health Services
- Improved bed management and access block
- Reducing barriers and improving links between bed based and community services
- Close working relationship with Wodonga Regional Health Service as part of proposed Health Albury Wodonga cross border integrated health service

Key Issues

- Recruitment to key medical vacancies
- Reducing clinical risk

Future Direction

We will:

- Be preparing for Australian Council on Healthcare Standards certification

Lower Western Cluster

The Lower Western Cluster provides health services to a population of 32,000 people dispersed over a large geographical area. Lower Western encompasses the south west region of NSW and has services and communities along the Victorian Border. Deniliquin is its largest health centre. Other large centres include Finley, Barham, Jerilderie, Berrigan and Tocumwal.

Services Delivered

Lower Western has a range of health services including a district hospital, small community health services, a multi purpose service with another in development and a number of outreach primary health care centres supporting its more rural and remote communities.

Lower Western also has three Aboriginal communities who are involved in planning and partnership development to support Aboriginal health services across the Cluster.

Major Goals and Outcomes

- Development of a Quiet Room at Deniliquin Hospital from staff/community fund-raising
- Community fund-raising purchase of equipment for Deniliquin Hospital emergency department and 25 new beds
- Upgrading of the equipment for facial maxillary radiology
- Progression of the Service Plan for the Lower Western Cluster
- Development of the Lower Western Service Plan with emphasis on primary care services and the development of Cross Border Partnerships with Victorian services
- Development of an ambulance integration model
- Pilot of a management development program
- Formation of Local Health Service Advisory Committees

Key Issues and Events

- Workforce shortages including clinical and allied health professionals

- Increase in local students commencing health careers
- Improved management of resources
- Progression of reviews to improve service delivery, support integration of services, multi campus rostering and bed management processes
- No patients waiting more than 12 months for surgery at Deniliquin Hospital as the end June 2006

Future Direction

We will:

- Move towards integrated services with enhanced primary health care services
- Develop cross border partnerships including service planning and integrated models of service
- Progress continuous quality improvement planning to achieve accreditation under the ACHS Standards
- Progress recruitment of medical practitioners in partnership with Local Government and the Murray Plains Division of General Practice
- Increase the focus of Deniliquin as a hub for supporting the small hospitals within the Lower Western Cluster
- Plan for renal services supporting chronic and complex care including our Aboriginal communities
- Strengthen partnerships with Victorian services and other external service providers
- Review and develop workforce planning and pilot models supporting flexible work practices, alternative methods of recruitment, training in the workplace and utilising non clinical and clinical staff in different ways of working

Monaro Cluster

The Monaro Health Service Cluster includes Queanbeyan and the townships of Cooma, Braidwood, Bombala, Delegate, Thredbo, Bungendore and Jindabyne.

Services Delivered

Medical and surgical services, obstetrics, day surgery, emergency, radiology, pathology, aged care, and a broad range of community health services

Major Goals and Outcomes

- Queanbeyan SAFTE Pilot launched
- Queanbeyan Hospital is now smoke free
- Integrated Perinatal and Infant Care Program consolidated in Queanbeyan and Braidwood Health Services
- Finalisation of planning for the new health facilities in Bombala and Queanbeyan
- Successful introduction of 'Braidwood Model' of Wellness Clinic in Bombala Hospital
- Improvement in numerical profile
- Refurbishment of Braidwood Community Care
- Established strong links with the Australian National University (ANU)

Key Issues and Events

- Visit by the Governor of NSW Professor Marie Bashir AC, to Bombala Hospital Auxiliary
- Commenced ANU medical student placement at Bombala
- Local Health Service Advisory Committees appointed in Bombala, Braidwood, Cooma, Delegate, Jindabyne, Queanbeyan
- Monaro Cluster Health Advisory Committee appointed
- Site visit and participation in development of operational guidelines for NSW MPS

Future Direction

We will:

- Commence work on redeveloping Queanbeyan and Bombala Health Services
- Open day and official opening of refurbished Braidwood Community Health building on November 9 2006
- Continue participation in the Area's flow reversal strategy
- Undertake ACHS certification in 2007
- Establish the Transitional Aged Care Program for Queanbeyan and Braidwood Health Services (five community places)

Murrumbidgee Cluster

The Murrumbidgee Health Service Cluster includes the city of Griffith and the townships of Hay, Hillston, Darlington Point, Yenda, Hanwood, Yoogali, Beelbangera, Lake Wyangan, Tharbogang, Binya, Barellan and Coleambally.

The catchment population for some services delivered by the Murrumbidgee Cluster also includes Leeton in the Golden Cluster and Lake Cargelligo, Ivanhoe and Broken Hill in Greater Western Area Health Service.

Services Delivered

Medical and surgical services, obstetrics, day surgery, emergency, radiology, pathology, aged care, and a broad range of community health services

Major Goals and Outcomes

- Complete planning for Griffith Base Hospital Emergency Department
- Compilation of the draft Murrumbidgee Clinical Services Plan
- Community engagement progressed: the Murrumbidgee Cluster Health Advisory Council met for the first time on 30 June and Local Health Service Advisory Committees established at Hay, Griffith, Hillston and Darlington Point/ Coleambally.
- The renal dialysis service expanded to six day service
- The Griffith Pregnancy Care Clinic commenced under a shared care model with midwives and GP Obstetrician VMOs
- Griffith Palliative Care services evaluated by the University of Wollongong. Palliative care service enhancements implemented at Hay and Hillston

- Negotiations completed for a visiting specialist outreach orthopaedic service to Griffith.

Key Issues and Events

- Coleambally and Hillston engaged as pilot sites for GSAHS/ NSW Ambulance Service Integration project

Future Direction

We will:

- Progress approval and implementation of the clinical services plan
- Advance planning of collocation of Haydays hostel on Hay Hospital site
- Progress integration of medical, chronic care and palliative care service in Griffith
- Roll-out transitional care (pathways home program) to Hay and Hillston
- Recruit a specialist anaesthetist to Griffith Base
- Complete Griffith Base Hospital redevelopment

Southern Slopes Cluster

The Southern Slopes Cluster stretches from the Victorian border in a narrow corridor to Young. In between lie the towns of Tumbarumba, Batlow, Tumut, Gundagai, Cootamundra, Harden and Murrumburrah.

Services Delivered

Acute medical, surgical, maternity, emergency, radiology, pathology, oncology, pharmacy and blood bank.

Major Goals and Outcomes

- Commencement of endoscopic services
- Development of submission by community for Boorowa Health Service to become a Multi Purpose Service
- Commencement of Chronic and Complex Care Program and Spirometry Clinic
- Implementing patient satisfaction surveys
- Hand Hygiene project implemented and progressing well
- Cluster Health Service Advisory Committee commenced June 2006
- Development of multi-disciplinary Cardiac Rehabilitation program
- Volunteer Palliative Care Support Group commenced in Cootamundra
- Achieved Aged Care Accreditation at Harden
- Minor capital works at Tumut

Key Issues and Events

- Commencement of Service Planning for sites
- Strengthened community consultation through development of Local Health Service Advisory Committee and Cluster Health Advisory Committees
- Developing integrated service delivery model with Mercy Care, Young
- Working towards accreditation of Young Health Service to complete GP training

Future Direction

We will:

- Increase the focus on key areas identified through the Service Planning consultations – focusing on Primary and Community Health Services: Men's Health, Alcohol and Other Drugs and Mental Health.
- Develop Chaplaincy Services
- Achieve Certification in 2007 ACHS

Southern Tablelands Cluster

The Southern Tablelands Health Cluster is made up of the major towns of Goulburn, Crookwell, Yass and Gunning.

Services Delivered

General medical, surgical – orthopaedic, urology, ophthalmology, gynaecology, endoscopy, obstetrics, paediatrics, emergency, intensive care, renal dialysis, acute mental health, rehabilitation and community health services that incorporate community and child and family nursing, allied health services, Aboriginal liaison, a range of clinics, palliative care, health development and many other services.

Major Goals and Outcomes

- Bourke Street Health Service becoming a part of GSAHS on 1 July 2005
- Development of Cluster and Facility Business Plans
- Established an accreditation process for the Cluster
- Established a more comprehensive anaesthetics service
- Goulburn Base Hospital accreditation to facilitate placements for Junior Medical Officers
- Bourke Street Health Service received two awards at the GSAHS Quality Improvement Awards.
- Goulburn Base Hospital successfully recruited a third Surgeon after five years
- Goulburn Base Hospital has a growing involvement by the Australian National University and its medical students.
- Clinical facilitation of student nurse with Charles Sturt University.

Key Issues and Events

- Commencement of Goulburn and Crookwell Health Advisory Councils
- Formation of Yass Health Service on 1 June 2006, with the amalgamation of Yass District Hospital and Yass Community Health
- Minor capital works at Bourke Street Health Service transitional living unit for brain injured clients and Oncology Clinic
- Crookwell Hospital commenced extensive process to establish its history and develop links with the past in the lead up to its centenary in October 2006

Future Direction

We will:

- Continue integration of health services, focusing on the establishment of one health service for Goulburn
- Establish a Goulburn Service Plan, implement Crookwell's Service Plan and progress Yass Service Plan
- Develop a Cluster Structure that supports the patient's journey through our Health Services
- Strengthen links with Area based services
- Achieve ACHS Certification and accreditation
- Redevelop the Confused and Disturbed Elderly Program to include comprehensive community services
- Fully implement the Cluster wide Palliative Care Project
- Establish clinical education programs and processes
- Progress recruitment and retention initiatives for nursing and allied health
- Further review and enhancement of Clinical Governance, Clinical Review and quality processes
- Establish a Health Council for Yass
- Celebrate the 100 Year Centenary for Crookwell Hospital

Wagga Wagga Cluster

The Wagga Wagga Health Service Cluster incorporates Wagga Wagga Base Hospital, Wagga Wagga Community Health and Tarcutta Community Centre.

Services Delivered

Services provided include all major sub-specialties excluding neurosurgery, cardio-thoracic surgery and burns.

Major Goals and Outcomes

- Significant time and resources committed to redevelopment planning for Wagga Wagga .
- A total of 17 department managers participated in the Leadership, Enhancement, Analysis, Development, (LEAD) project which provided skills to middle managers to become better leaders.
- Installation of new 64 slice CT scanner, one of only two, 64 slice CT scanners installed in a rural community of Australia.
- Commenced expansion of WWBH Emergency Department. These modifications are scheduled to be completed in September 2006
- Preparing for accreditation certification in early 2007
- Increased capacity of renal services with patients accessing service increased from 12 to 18 per week
- Kept the Children Safe program conducted in partnership with the non government organisation, Lynden Place
- Improved clinical outcomes and management of the methadone program in partnership with VMOs, WWBH Banksia Clinic and Pharmacy, community pharmacies and security services
- Maintenance of the NSW Health Fresh Tastes at School program to promote healthy eating and prevent obesity in children and adolescents
- Recognition of the "Group Phonological Awareness – It Works" project for school children in achieving the GSAHS Clinical Governance Directors' Award and nomination for a NSW Health Baxter Award
- Commenced a Falls Clinic for assessment and management of aged clients to reduce injuries.
- Commenced an active ageing program with a focus on falls prevention.
- Recognition of the Dementia Behaviour Assessment and Management Service as the preferred model for management of person with dementia.
- Commenced a 'Healthy After School Activities Program' for Aboriginal children to reduce risks of obesity and promote prevention of Type 2 Diabetes.

Future Direction

We will:

- Continue to focus on major challenges for WWBH
- Focus on recruitment and retention of nursing, allied health and clinical staff
- Minimise the occurrence of 'access block' at the Emergency Department
- Ensure 'long waits' are reduced to zero
- Effectively prepare for Accreditation Certification by Australian Council of Health Care Standards in March 2007
- Finalise plans for WWBH redevelopment
- Introduce a parking system that is fair to all visitors, patients and clients attending WWBH

OTHER HEALTH SERVICES

Aged and Extended Care

Major Goals and Outcomes

- The GSAHS Program of Appliances for Disabled People waiting list has been completely cleared
- Successfully tendered for Department of Veterans Affairs Community Nursing Contract to support and enable veterans to remain independent in the community
- Yathong Lodge in Wagga Wagga identified as the preferred State model for dementia services in NSW
- Development of service plan for Medical Chronic and Palliative Care services
- Draft Clinical Service Plans for Older people and Rehabilitation Services developed

Key Issues and Events

- Program of Appliances for Disabled People merged to one office in Wagga Wagga
- Re-established GSAHS Dementia Committee to support service provision within the GSAHS region
- Recommence an outreach podiatry service with Charles Sturt University Albury following the recruitment of a podiatrist to GSAHS
- GSAHS allocated 57 transitional care places over a three year period - 14 currently operational

Future Direction

- Establish the Medical Chronic and Palliative Care/Aged Care Advisory Committee to assist with the development of priorities for these clients
- Develop guidelines for discharge planning for GSAHS
- Establish expert working groups for chronic diseases (diabetes, respiratory, cardiovascular) and palliative care to plan evidence based care
- Support the Dementia Unit at Goulburn to further enhance its service
- Improve access to podiatry services for Aboriginal and Torres Strait Islander people
- Continue to implement Aged Care Transition Program
- Progress implementation of the carer support program: carer assessment procedure developed; EQuIP quality planning guide developed for carer support strategies

Allied Health Services

Major Goals and Outcomes

- Strengthen allied health services in the primary and community health sector
- Development of an excellence framework to support professional development and networking of allied health professionals
- Explore new roles for allied health assistants in rural settings using qualifications in the National Health Training Package

Key Issues and Events

- Appointment of Director, Allied Health
- Establishment of an Aboriginal nutrition cadet position in partnership with University of Canberra
- Obtained a grant to explore the role of allied health assistants in partnership with Capital Careers.

Future Direction

- Develop formal Area-wide support and networking for allied health
- Improve partnerships and collaboration with tertiary providers and other Area health services
- Develop new models of care to improve access and equity to our rural population

Cancer Services

Services Delivered

Cancer Services includes three Cancer Networks which reflect GSAHS patient flows and networking of GSAHS Cancer services:

- Border Cancer Network
- Southern Cancer Network
- Riverina Cancer Network

Public Oncology Units, Radiation Oncology out reach clinics and Haematology out reach clinics are provided throughout GSAHS. The Cancer Institute NSW has funded GSAHS to appoint a range of directors, nurses, social workers and support staff.

Major Goals and Outcomes

- Establishment of the GSAHS Cancer Services Executive Committee
- Development of Cancer Care Coordinators and Social Worker positions
- Increased access to cancer services
- Increased Breast Screening activity, improved target participation rate, improved access to screening services and assessment clinics
- Extended telehealth technology through a Cancer Institute NSW grant. New units installed at Albury Base Hospital, Wagga Community Health and Queanbeyan Community Health Centre
- Pilot a Cancer Services website and directory
- Development of the Border Cancer Collaboration Project which included improved patient access to services, strengthening of referral pathways between clinicians and health services/primary care providers, and support for patients through the continuum of care

Key Issues and Events

- Two year accreditation achieved for Breast Screen South West
- Albury and Wagga Breast Screen Capital Works projects confirmed

- Construction of the new screening service facility at Albury is predicted to be completed in October 2006; concept plans developed for the proposed new facility at Calvary Hospital, Wagga Wagga
- A two day Cancer Services Forum was held in Batemans Bay in October 2005
- Successful application to the Cancer Institute NSW for Clinical Fellowship for medical Oncologist and Clinical Psychology fellowship grants
- Successful Commonwealth application in partnership with Border Medical Oncology and Royal Melbourne Hospital for a mentoring program in haematology
- Successful Cancer Institute NSW grant for Technology Enhancement resulting in the purchase of theatre equipment items for Wagga Wagga and Albury Base Hospitals.
- Cancer Services Organisational Structure implemented and positions recruited
- Three Networks and establishment of Cancer Services Executive Committee
- Development of partnerships with private and cross border service providers

Future Directions

We will:

- Integrate and coordinate cancer services
- Continue to work towards a strong focus towards patient centred cancer care
- Develop information systems for monitoring quality and outcomes in cancer
- Continue to provide cancer services in a safe environment with appropriate facilities, equipment and trained staff.

Child, Youth and Family Services

Major Goals and Outcomes

- Maintenance of Families First Integrated Infant Perinatal Care program (Eastern Sector) and Universal Health Home Visiting (in Western Sector)
- Evaluation of the Families First Integrated Infant Perinatal Care program with client survey in Eastern Sector showing a high level of support for psychosocial screening and home visiting
- Aboriginal and Torres Strait Islander Parenting Workshop, Mem Fox Tour and Babies Like Books Too projects implemented
- Family Partnership Training delivered to 94 GSAHS staff
- Implementation of the 'Practical Paediatrics Program' at pilot sites with funding to continue the program in 06/07
- Implemented an Aboriginal women's art project where three groups of Aboriginal women developed posters about relevant health and social issues in their communities.

Key Issues and Events

- Permanent appointment of 1.5 Paediatric Clinical Nurse Consultants
- Formation of an Area Paediatric Network Advisory Group to lead high quality appropriate paediatric services across the Area.
- Establishment of a high quality Genetic Counselling Service

Future Directions

- Planning underway to commence clinical support to staff across the new Area
- Continued rollout of the Integrated Perinatal Care and Universal Health Home Visiting strategies.

Counselling and Violence Prevention

Counselling and Violence Prevention incorporates Sexual Assault Services (SAS), PANOC (Physical Abuse and Neglect of Children) Generalist Counselling and Domestic Violence.

Major Goals and Outcomes

- External supervision for SAS and PANOC clinicians established to support good clinical practice
- Continuation of Service Agreement with Cassie's Place, Anglicare (Eurobodalla CASAC Service) to improve service delivery and staff retention in the Eurobodalla
- Continued participation in Joint Investigation Response Team and Human Service Interagency meetings promotes interagency understanding and co-operation

Key Issues and Events

- Merging services and development of a senior clinician structure for SAS, PANOC and Generalist Counselling ongoing
- GSAHS developing an Area wide recruitment, training and retention model for medical officers to support provision of forensic examinations

Future Direction

- Improved co-ordination of provision of sexual assault and child physical abuse medical and forensic examinations informed by GSAHS and Department of Health's forensic service consultation and review
- Introduction of outcome evaluation measures for child sexual assault and PANOC
- Development of training model incorporating child protection and domestic violence screening tools
- Review of after hours sexual assault service delivery model
- Development of Area wide referral criteria and policy and procedures for generalist counsellors
- Continued participation in the development of local protocols as per the Department of Community Services' Memorandum of Understanding regarding Out of Home Care

Critical Care Services

The Critical Care Service provides a consultancy, planning and advisory role for sites as well as education programs for clinical staff and medical officers working in the 43 Emergency

Departments, five Intensive Care Units and multiple High Dependency Units throughout GSAHS.

Major Goals and Outcomes

- Develop policies and plans to provide the best possible patient safety and levels of care in partnership with Clinical Governance, Mental Health, Paediatrics, Pastoral Care and the NSW Ambulance
- Recruitment of two full-time Clinical Nurse Consultants for Intensive Care
- Purchase of new ventilators for Griffith and Goulburn, a new cardiac monitoring system for the Albury Intensive Care Unit (ICU) and a biPAP machine for Wagga ICU
- Clinical education programs skilling health professionals in First Line Emergency Care, Trauma, Emergency Paediatrics, Advanced Life Support, Intravenous Cannulation and Defibrillation
- A trial of Emergency Department teaching boards conducted to enhance knowledge and competence
- Assistance in training for Pastoral Care staff to support acutely distressed patients and their relatives in crisis situations

Key Issues and Events

- Working to assist sound triage, early interventional care and address issues concerned with flow of mental health patients through Emergency Departments.
- Development of policies and procedures to introduce Medical Emergency Team response for hospitals.

Future Directions

- Influenza Pandemic Planning for Emergency Departments and ICU; attended Disaster Training
- Enhance education and planning for disaster responses in all hospitals

Nursing and Midwifery Services

The Area Nursing and Midwifery Services provide the strategic direction for nursing and midwifery within GSAHS. This includes the professional leadership and support, development, recruitment and retention, educational direction, models of care, policy development and research direction for the nursing and midwifery workforce.

Major Goals and Outcomes

- Ongoing recruitment through New Graduate Nurse and Trainee Enrolled Nurse Programs and Reconnect
- Development and adoption of Nursing and Midwifery Communication Strategy
- Completion of Nursing Reviews across a number of GSAHS sites. This program will continue into 06/07
- Development and adoption of a Toolkit for Policy and Practice Development for GSAHS.

Key Issues and Events

- Actively supporting and recruiting Nurse Practitioners in line with the undertaking of NSW Health
- Facilitation of Nursing and Midwifery networks to assist communication between sites

Future Direction

- Education initiatives including a focused allocation of Nurse Strategy Funding and an education needs analysis
- Commitment to participate in the NSW Consortium for 2007 for the recruitment of New Graduate Nurses
- Ongoing support of relevant research initiatives within Nursing and Midwifery
- Implementation of models of care to improve patient outcomes
- Development of GSAHS Nursing and Midwifery forum

Oral Health Services

GSAHS Oral Health Services are provided by registered dentists and registered dental therapists. Services are provided from clinics in 24 major locations across GSAHS.

Major Goals and Outcomes

- Manager, Oral Health Clinical Network appointed January 2006
- GSAHS oral health plan developed
- Mentoring program developed for new graduates on rotation from Westmead to Moruya clinic

Key Issues and Events

- Oral health conference held at Albury in November 2005
- Overseas Trained Dentists campaign planned to address high vacancy rate for dentists

Future Direction

- Review oral health promotion and population health initiatives to reduce oral health disease burden
- Continue to work to recruit dentists to rural areas

Renal Services

Major Goals and Outcomes

- Granted funding for additional dialysis capacity in Wagga Wagga and Moruya, dedicated allied health staff and extension of existing Medical Outreach services provided by Royal Prince Alfred Hospital, Sydney
- Introduced telehealth capacity to assist communication between sites and nurse education delivery
- New equipment installed in Wagga Wagga and Moruya to assist vascular assessment and monitoring

Key Issues and Events

- Completed renal chapter of Area Health Services Plan
- Developed self directed learning package for education of ward staff in Peritoneal Dialysis techniques

Future Direction

- Introduce an Area wide approach to quality, service development and planning overseen by the Area Renal Services Network

- Deliver a performance development tool in conjunction with an accredited post graduate renal course to facilitate nursing knowledge and skills development
- Participate in a multi agency team to implement an integrated approach to screening and managing preventable chronic diseases

Sterilisation Services

The sterilisation of goods and instruments involves a wide range of processes, standards and checks to ensure high standards of practice in this important area.

GSAHS has established a position to oversee, monitor and progress sterilisation services.

Major Goals and Outcomes

- Established GSAHS Sterilisation Services Working Party to progress sterilisation issues across the Area
- Standardisation of a Manual Tracing System in Hospitals
- New equipment installed at Wagga, Albury, Goulburn and Griffith
- Completed the design brief stage for redevelopment of Wagga Sterilising and Stores Unit

Key Issues and Events

- Commenced implementation of Self Directed Learning Package for "Flash' Sterilisation
- GSAHS Sterilisation Services Procedure Manual distributed

Future Direction

- Preparation for accreditation in 2007
- Commence planning for the future provision of sterilisation services across the Area

Financial Services

The Financial Services unit provides financial information and services to all levels of NSW Health and GSAHS.

Major Goals and Outcomes

- To improve integrity and accuracy of reporting of GSAHS's financial position and performance.

Key Issues and Events

- GSAHS transferred its Financial Management Information System (FMIS) to Oracle (October 2005); the transition has not met all expectations and is being reviewed
- Corporate Services restructure progressing.

Future Direction

- Improve FMIS reporting capabilities
- Progress structure
- Progress performance management
- Prepare AHS to move to state-wide FMIS

Asset Management

- Asset Management Services are currently restructuring their business to align with State and GSAHS structures. This is expected to be completed by December 2006.
- The Batemans Bay Emergency Department and Albury Base (Nolan House) Capital Works improvements were completed and commissioned during 05/06
- Major investments were made in new radiology equipment at Wagga Wagga Base Hospital including a new 64 slice CT scanner, digital screening room and ultrasound (total $2 million) Further biomedical equipment upgrades occurred at Albury and Wagga Wagga Base Hospitals with replacement of theatre monitoring equipment and endoscopic cameras and systems. ($1 million)
- A major group of capital projects about to commence including redevelopments of Queanbeyan, Bombala, Junee, Batlow, Berrigan Hospitals and refurbishment of the Griffith Base Hospital Emergency Department

Shared Services

Hotel Services

- The major focus was on service restructuring to reflect the new single central management model
- Work practices changes in a number of units are contributing towards the restructuring process
- Menus in central production kitchens were simplified while retaining nutritional requirements and cost recovery pricing was introduced for Meals on Wheels
- The Wagga Wagga Linen Service began preparations for transition in September 2006 to Health Support, the Shared Corporate Services arm of NSW Health

Patient Transport Unit/Isolated Patient Transport and Accommodation Assistance Scheme (IPTAAS)

- Efforts have focused on efficient management of the NSW Ambulance contract
- Progress to a centralised model for NSW Ambulance and internal Patient Transport Vehicle bookings
- Maximising effective use of Transport for Health funding allocation
- Moving to a single office for managing IPTAAS

Fleet Management

- Focus on developing a single fleet management system to consolidate systems used previously
- Review fleet to improve efficiencies arising from the amalgamation.
- Webfleet engaged to provide a fleet management system.

Travel Unit

- Travel Unit consolidated at Goulburn to provide a single desk service for Area travel and accommodation and processing of staff expenses for reimbursement through the payroll.

Information Services Unit

The Information Services Unit (ISU) provides all IT related support to the GSAHS corporate data network, computing infrastructure and voice telephony equipment in addition to management of all IT related procurement.

Major Goals and Outcomes

- Commenced roll out of a new Patient Administration System to be completed December 2006
- Completed broadband telecommunications deployment to all Hospital facilities
- Completed the Information, Communications and Technology Strategic Plan
- Managed procurement of 639 desktop computers, 65 notebook computers and 72 printers
- Commenced planning for deployment of a Microsoft-based standard software environment for GSAHS
- Appointed two senior positions; Coordinator Application Support and Coordinator Telecommunication

Key Issues and Events

- Launched new combined Intranet presence
- Developed new Information Services Unit structure
- Established connection between former Southern and Greater Murray network domains including a combined e-mail address book
- Implemented CHIME (Community Health Information Management Enterprise) at Coolamon October 2005
- Prepared for ACHS Corporate Equip Certification

Future Directions

- Progress strategies to support remote working and virtual services such videoconferencing and teleconferencing
- Implement the i.PM Patient Management System
- Expand the total number of CHIME users by 100
- Migrate Area Corporate Network to a common Microsoft platform
- Implement the following systems: OTIS – Theatre Management; i.Pharmacy – Pharmacy Management; Proactive – Web based rostering; EDISSON – Emergency Department Data Collection
- Recruit to Information Services Unit structure
- Prepare for implementation of Electronic Medical Record Strategy, including appointment of a Project Manager
- Transition current GSAHS Helpdesk and Servicedesk facilities to HealthTechnology (NSW Health IT Organisation) State Wide Servicedesk facility

EXECUTIVE REPORTS

Clinical Operations

Dr Joe McGirr

Director of Clinical Operations

The Director of Clinical Operations (DCO) ensures the effective and efficient management of the Area's Clinical Services across a spectrum of health service delivery settings.

The Clinical Operations Directorate ensures that the clinical operational management structures are implemented through the development and support of clinical networks; and is responsible for the clinical operating expenditure budget and delivery of high quality clinical services.

Significant Achievements:

- Commencement of the surgical redesign program in Albury, Bega and Wagga Wagga
- Introduction and development of medical emergency response team
- Strengthened cancer care services through recruitment and training of specialised multidisciplinary teams, improved business models, purchase of new equipment and improved access and quality of care for community members
- Improved waiting times as at June 2006, with no patients waiting more than 12 months for elective surgery
- Expansion of renal services
- Acquisition of St. John of God Hospital (Goulburn)
- Establishment of Area Drug Committee and the Area Blood Transfusion Committee
- Facilitation of preliminary planning for Queanbeyan, Griffith and Wagga Wagga
- Recruitment to all Cluster General Manager and Clinical Network Manager positions

Clinical Operations - Acute

Ted Rayment

Director of Clinical Operations – Acute

Key responsibilities are to lead, manage and direct acute care services, including strategic, operational, planning and governance requirements and to enable development of safe, effective and appropriate acute care health services.

The Acute directorate is responsible for the effective and efficient management of GSAHS acute health services across a spectrum of health service delivery settings, ensuring that operational structures are implemented on a unified basis throughout the health service; including development and support of clinical networks in accordance with best practice guidelines.

Significant Achievements

- Establishment of the LEAD program (upskilling managers)
- Establishment of the Clinical Redesign Unit
- Improvement in Mental Health Emergency Care
- Introduction and development of medical emergency team response team
- Establishment of Cancer Care Services structure and Executive Committee
- Recruitment of Cancer Services Clinical Directors
- Increased access to public and private cancer services
- Establishment of the Area Blood Transfusion Committee
- Orthopaedic outreach service established between Wagga and Griffith
- Recruitment of Patient Liaison Officers (revenue raising initiative)
- Review and establishment of action plans for Access Block and Bed Management
- Waiting times – additional theatre lists offered to local surgeons to reduce the number of patients waiting
- Recruitment of a Renal Services Manager and expansion of renal services
- Facilitation of preliminary planning for Queanbeyan, Griffith (ED) and Wagga Wagga;
- Acquisition of St. John of God Hospital (Goulburn)
- Establishment of Area Drug Committee

Clinical Operations - Primary and Community Health

Karen Edwards

Director Clinical Operations – Primary and Community Health

Key responsibilities are to lead, manage and direct primary and community health services, including strategic, operational, planning and governance requirements and to enable safe, effective and appropriate primary and community health services to develop.

Primary and Community Health is responsible for effective and efficient management of GSAHS primary and community health services across a spectrum of health service delivery settings, ensuring primary and community health operational management structures are implemented in a unified basis throughout the health service through the development and support of clinical networks.

Significant Achievements

- Development of the GSAHS Primary Health Model for integrated Planning and Services, which is the framework for GSAHS integration with other key primary health care providers, including GPs and other community services
- Establishment of a working planning and service delivery partnership with the five Divisions of General Practice operating within GSAHS, ratified by the signing of a Heads of Agreement
- Integrated Primary Health Care Community Services (HealthOne NSW) successful expressions of interest located in Cootamundra and Corowa
- Progression of an after-hours GP service in Albury
- Remodelling and expansion of the Australian Government funded RHS program which delivers frontline primary health care services to small rural communities and improves access to health care through assessment and referral

- Recruitment to all Cluster General Manager and Clinical Network Manager positions
- Establishment of a senior allied health position to support allied health professional practice, recruitment and retention.
- Continued rollout of the Community Health electronic clinical record (CHIME)

Clinical Operations - Mental Health

Dr Murray Wright

Director, Clinical Operations, Mental Health

Key responsibilities are to lead, direct and manage mental health services including strategic, operational, planning and governance requirements, to enable safe, effective and appropriate mental health services to be delivered by GSAHS.

Significant Achievements

- Development of a mental health management structure for GSAHS, and recruitment to all positions in the mental health executive.
- Development of a clinical governance framework
- Extensive capital works for acute mental health inpatient units in Albury and Wagga to improve the safety, functionality and amenity of both units.
- Enhanced funding to improve mental health emergency care across GSAHS
- Enhanced funding to roll out the Mental Health Family and Carer Support program across the GSAHS
- Further enhancement of the very successful Housing Accommodation Support Initiative (HASI) in several parts of the GSAHS
- Funding enhancements to improve services for older persons with mental health problems
- Enhancements to recruit clinical leaders for Child and Adolescent Mental Health Services (CAMHS)
- Commenced a 12 month project in collaboration with the Centre for Rural and Remote Mental Health to evaluate intake/triage services across GSAHS, which will deliver recommendations for a single intake system for mental health across the GSAHS

Clinical Governance Unit

Dr Paul Curtis

Executive Director

The key responsibilities of the Clinical Governance Unit are:

- Maintenance of patient safety and clinical quality programs
- Management of the incident management processes (including the Incident Information Management System – IIMS)
- Management of Root Cause Analysis Investigation processes including ensuring that recommendations are implemented
- Support for ACHS Certification and Accreditation
- Management processes for investigating serious complaints
- Support to ensure compliance with medical appointments standards
- Oversee policy development processes
- Support for clinical risk management
- Oversee clinician performance management processes
- Support for Clinical Practice Improvement methodologies
- Ensuring death audits occur at all sites
- Providing internal and external reports as required

Significant Achievements

- Successful ACHS Corporate Certification Survey with no high priority recommendations.
- Successful completion of Root Cause Analysis investigations with the 70 day time frame set by the NSW Department of Health.
- Successful Area Quality Awards ceremony and record 55 entries for the NSW Baxter Health Awards.
- IIMS implementation and reporting throughout Area. Increasing use by clinical staff at ward level.
- Implementation of death audits in all hospitals.
- Profile of CGU raised through work of Patient Safety and Quality Managers, Health Service Quality Awards ceremony and preparation for cluster ACHS certification survey.

Corporate Governance Unit

Damian McKenzie-McHarg

Director Corporate Governance

Key Responsibilities

The key responsibilities of the Corporate Governance Directorate are:

- Internal Audit and related functions such as special investigations, Protected Disclosures, fraud and corruption prevention
- The development and maintenance of Risk Management policies systems and processes on an Area wide basis
- Compliance with legislative obligations and regulatory standards
- Financial and Administrative Delegations
- Legal advisory and support services and the procurement of external legal services
- Insurance claims management functions for general liability, property and medical indemnity matters

Significant Achievements

- An Instrument of Financial and Administrative Delegations was formally approved and issued in September 2005
- A new Internal Audit group was established and Internal Audit protocols and guidelines were implemented
- A Corporate Governance Compendium was issued to all Managers down to 4th Tier level in April and May 2006

- A Corporate and Clinical Risk Assessment project was tendered and a successful provider has been engaged. The project is due for completion in early 2007
- An interim Risk Management Policy and accompanying guidelines were issued in late 2005
- An initial summary of key Commonwealth and State legislative requirements was documented as part of the Equip accreditation process
- The development of an area-wide Governance and Risk Management framework was commenced. When completed in 2007-2008, this framework will consolidate and align all aspects of operational, financial and strategic risk across the organisation

Corporate Services

Peter Gould

Director Corporate Services

Key Responsibilities

The key responsibilities of the Corporate Services Directorate are:

- Develop and implement systems to ensure effective management of the Area's budget.
- Provide the Chief Executive and the Dept of Health with timely comprehensive and accurate financial reports.
- Ensure the Area's compliance with Government and Department of Health policies in respect of financial management and reporting.
- Oversee the development of the Area's Information Management and Technology Strategy.
- Develop and implement systems for the accurate recording and effective management of the Area's assets.
- Coordinate and lead the Area's participation in the state-wide Shared Corporate Services reform program.

Significant Achievements

- Completion of the rollout of the new Patient Administration System; i.PM (i.Soft Patient Manager). This project represents an investment in excess of $2M.
- The Batemans Bay Emergency Department and Albury Base (Nolan House) Capital Works improvements were completed and commissioned during 05/06.
- Completed the deployment of broadband telecommunications to all Hospital facilities across the Area Health Service, representing an investment in excess of $1 million.
- Major investments were made in new Radiology Equipment at WWBH including a new 64 slice CT scanner, Digital Screening Room and Ultrasound (total $2 mil.) Further biomedical equipment upgrades occurred at Albury and Wagga Base Hospitals with replacement of theatre monitoring equipment and endoscopic cameras and systems. ($1million).

Development Unit

Stephen Bennett, Manager

Jill Ludford, A/Manager

The role of the Development Unit is to promote positive participation in health care by building proactive supportive relationships between the GSAHS and those who work with it.

Key Responsibilities

- Promoting a positive image of GSAHS
- Providing mechanisms for community participation in health service planning and provision
- Providing structures for effective internal communication
- Developing and maintaining fundraising/sponsorship/donor programs
- Providing meaningful, accurate, timely, appropriate information to the media and the broader community
- Providing publications and statutory reporting as required
- Providing fresh, innovative solutions to overcome internal/external communication challenges
- Developing two-way communication with staff/stakeholders/communities
- To support the progression and maintenance of intranet and internet sites.

Significant Achievements

- Finalisation of the Unit structure
- Establishment of the GSAHS Area Health Advisory Council
- Establishment of nine Health Service Cluster Advisory Councils
- Establishment of 44 Local Health Service Advisory Committees representing 55 different communities in GSAHS
- Branding campaign
- Weekly Staff Bulletin
- Establishment of intranet reference group
- Internal communication survey
- Cluster highlights showcased in local media
- Systems developed including: media database and monthly issues log/reports

Nursing and Midwifery Services

Moyra Lewis

Area Director, Nursing and Midwifery Services

This Directorate is responsible for the strategic direction for nursing and midwifery within GSAHS. This includes professional leadership development, recruitment and retention, educational and research direction and policy development and implementation.

The Directorate also provides high level advice on nursing and midwifery issues to the Chief Executive and other Executive members.

Significant Achievements

- Recruitment of Nursing and Midwifery Services team including Clinical Support, Contemporary Practice and Knowledge Management, Nursing and Midwifery Development and Policy and Practice Development
- Developed links with relevant education organisations to provide support to Nursing and Midwifery personnel within GSAHS
- Commenced implementation of ProAct across GSAHS
- Developed the Nursing and Midwifery Knowledge Management framework
- Developed and adopted the Nursing and Midwifery Communication Strategy
- Developed and adopted a Toolkit for Policy and Practice Development for GSAHS
- Represented GSAHS on a number of NSW Health working parties including N3ET, Acute Care Taskforce, TEN working group, Nurse Practitioner working group, Clinical Placement review
- Implemented the Reasonable Workload Tool across 16 facilities

Population Health, Planning, Research and Performance

Dr Maggie Jamieson

Director

Population Health, Planning, Performance and Research

This division is responsible for prevention, promotion and protection of health in the community. In addition it analyses the performance of the Area Health Service and is in the early stages of developing a research active culture within the GSAHS. This division encompasses Aboriginal health.

Significant Achievements

- Second Draft of Health Service and Area Corporate Strategic plans with NSW Health for review
- Active involvement in Local Government Social Planning activities
- Development of targets with a focus on health inequities
- Planning principles and governance contained within corporate governance compendium
- Engagement of Bio-preparedness officer (2 years) to develop Pandemic plans
- Appointment of Bio-preparedness Epidemiologist

Planning:

- Cluster Service planning will be almost completed by November 2006
- Active involvement in Local Government Social Planning activities

Aboriginal Health:

- Implementation of Aboriginal Health Data collection system; development of Otitis Media referral system
- Aboriginal staff development-one staff member on ACHSE Mentoring programme
- Developed business plan for Otitis Media across GSAHS
- Highest rates of Otitis Media Screening rates in NSW

Performance:

- Development of Activity Targets for GSAHS in collaboration with Finance to develop a cost modelling approach with activity meeting budget
- Development of comprehensive key performance indicator activity and reporting page on intranet
- Active engagement with Clusters on Performance, Evaluation and Review Committee Meetings.
- Development of Business object reports via Webi following merge of HIE

Protection:

- Environmental Health Officers monitor Smoke Free legislation compliance and information for pubs and clubs
- Aboriginal Housing for Health survey and fix rounds - 63 houses
- Surveillance of the drinking water protocol
- Sitting chairpersons on the Murray and Murrumbidgee Regional Algae Co-ordinating Committees (Blue Green Algae issues)
- Legionella surveillance
- Emergency Management Facilitators (EHOs conduct State Public Health Emergency Management Training)
- Infectious Disease staff initiated an investigation into a large outbreak of keratoconjunctivitis (EKC) associated with an eye clinic. The investigation found a significant association between development of EKC and instillation of anaesthetic eye drops. The investigation findings have been presented to the NSW Public Health network. In response to these findings, the Royal Australian and New Zealand College of Ophthalmologists has prepared and distributed a policy paper 'Infection Control Guidelines to prevent nosocomial epidemic keratoconjunctivitis'
- Immunisation coordination of school vaccination program which over 5000 children in Year 7 offered vaccine
- GSAHS childhood immunisation rates for Aboriginal and non-Aboriginal children are among the highest in NSW
- Needle Syringe Programme (NSP) coordination across the Area, formal service agreements between Albury and Griffith Aboriginal Medical Services in relation to NSP

Health Development:

- Amalgamated structure approved and restructured positions filled
- Multiple sites achieved 'smoke free' status (consistent with phase 4 of the NSW Health Smoke Free Workplace Policy): Albury Base Hospital, Queanbeyan Health Service and all Bega Valley Cluster sites
- Rural pilot of the 'Q4: Live Outside the Box' program (targeting child obesity) in Goulburn

- Collaborated with Oral Health Programs to develop an early childhood oral health promotion program, to be piloted in Monaro and Southern Tablelands Clusters.
- Completion of Bungendore Health Impact Assessment, focusing on the potential health impacts of urban development in Bungendore.
- Further developing partnerships with local government to integrate health development priorities into local government business, particularly via social planning mechanisms.

Partnerships and Research:

- Establishment of staff team and key functions of unit
- Launch of Greater Southern Health Online and compilation of Health Data and Information Profiles to inform strategic planning for Program/Cluster managers and external partners
- Establishment and reconfiguration of GSAHS Human Research Ethics Committee
- Initial development of framework for working with local government - exploring fresh partnership approaches
- Development of partnership with Charles Sturt University
- Manager selected for Rural Research Capacity Building Scholarship

Workforce Development

Sandra Budd

Director, Workforce Development

Key Responsibilities

Provide strategic advice and leadership on workforce planning, recruitment and retention, organisational development, education and training, leadership and learning, human resources strategy and the direct provision of occupational health and safety, human resource (HR), payroll and employee/ industrial relations advisory services to GSAHS corporate and clinical services.

Significant Achievements

- Progressed GSAHS restructuring consultation through Area and Union Specific Consultative Committees - appointed all 2nd and 3rd tier staff and 80% 4th Tier and progression of the Cluster Management and Corporate structures
- Implemented Workforce Reduction program achieving amalgamation FTE targets. Developed a proactive redeployment/retraining process for displaced staff resulting in 50% of displaced staff placed in permanent positions or accessing voluntary redundancies
- Amalgamated two workforce units merging five payroll processing systems and five separate superannuation funds to one system and database, merged two HR transaction services into one and relocated Payroll and HR services to Albury
- Implemented three HR Consultant roles to provide a one stop shop HR customer service approach to the Clusters which will increase to five in 2006/07
- Developing GSAHS Workforce Action Plan aligned to Clinical Service Plans. Involved in strategic workforce planning for Wagga Base Hospital redevelopment
- Undertook FTE Review (09/05), FTE Reconciliation (03/06) and commenced Staff Profiling in clinical areas, a Workforce Systems Review and completed a Recruitment Process mapping project
- Contributed to NSW Health's Code of Conduct and Job Evaluation and Salary determination program.
- Developed and implementing a new Planning and Performance Review process and with Chief medical officer implementing a Medical Clinical Buddies program.
- Developing Senior Managers Leadership program for clinical leaders and provided self funded frontline management VET training programs to 130 staff. Established Manager's Toolkit documents - Performance Management, Managing Underperformance, Peer Buddying, Mentoring
- Successful gained funding for a 'Re-framing the Future Project' (in conjunction with Director, Allied Health and Capital Careers Canberra) to educate Allied health staff about Training Packages, Assistant in Allied Health Competencies and for future workforce roles.
- Consulting with Sydney South West Area Health Service regarding a partnership in provision of education, training and development opportunities for GSAHS staff.

PUBLIC HOSPITALS ACTIVITY LEVELS

Selected Data for the Year Ended June 2006 Part 1

Hospital / Area Health Service	General Hospital units	Nursing Home units	Community Residential	Other Units	Bed Equivalents	Total
Albury Base Hospital	139					
Barham and Koondrook Soldiers' Memorial Hospital	18					
Bateman's Bay District Hospital	35					
Batlow District Hospital	12					
Bega District Hospital	67					
Berrigan War Memorial Hospital	14					
Bombala District Hospital	24					
Boorowa District Hospital	18					
Bourke St Health Service	35					
Bourke St Health Service - Brain Injury unit			3			
Bourke St Health Service - CADE unit			16			
Braidwood Multi-Purpose Service	5					
Braidwood Residential Aged Care		27				
Coolamon Multi-Purpose Service	2					
Coolamon Residential Aged Care		12				
Cooma Hospital and Health Service	41					
Corowa Hospital	23					
Corowa Residential Aged Care		31				
Crookwell District Hospital	18					
Culcairn Multi-Purpose Service	5					
Culcairn Residential Aged Care		22				
Delegate Multi-Purpose Service	4					
Delegate Residential Aged Care		9				
Deniliquin Hospital	58					
Finley Hospital	14					
Goulburn Base Hospital	106					
Goulburn Community Health			19			
Griffith Base Hospital	95					
Gundagai District Hospital	26					
Hay Hospital	28					
Henty District Hospital	3					
Henty District hospital - RACC		12				
Hillston District Hospital	16					
Holbrook District Hospital	10					
Holbrook Residential Aged Care		16				
Jerilderie District Hospital	3					
Jerilderie Residential Aged Care		12				
Junee Hospital	34					
Junee Transitional Aged Care Service		4				
Kenmore Psychiatric Hospital				54		
Leeton Hospital	31					
Leeton Residential Age Care		36				
Lockhart and District Hospital	16					
Mercy Care Centre - Albury	30					
Mercy Care Centre - Albury RACC		10				
Mercy Care Centre, Young	26					
Moruya District Hospital	74					
Mount St. Joseph's Nursing Home, Young		65				
Murrumburah-Harden District Hospital - Nursing Home Unit		20				

Murrumburrah-Harden District Hospital	13					
Narrandera District Hospital	28					
Pambula District Hospital	34					
Queanbeyan District Hospital and Health Service	42					
South West Brain Injury Service			3			
Temora and District Hospital	34					
The Cootamundra Hospital	30					
Tocumwal Hospital	16					
Tumbarumba Multi-Purpose Service	10					
Tumbarumba Residential Aged Care		27				
Tumut District Health Service	30					
Urana Multi-Purpose Service	3					
Urana Residential Aged Care		19				
Wagga Community Health			8			
Wagga Wagga Base Hospital	233					
Wyalong and District Hospital	22					
Yass District Hospital	19					
Yathong Lodge Residential Age Care		16				
Young District Hospital	32					
Greater Southern	**1,576**	**338**	**49**	**54**	**-**	**2,017**

Selected Data for the Year Ended June 2006 Part 2

Facility	Separations YTD	Planned Sep %	Same day Sep %	Total Bed Days	Acute Avg LOS	Daily Average of Inpatients	Occupancy Rate	Acute Bed Days	Acute Over night Bed Days	Non Admitted Patient Services	ED_ Attend
Albury Base Hospital	9,366.	39.01%	31.06%	43,954.	4.2	120.4	93.5%	37,885.	34,977.	92,509	28,764
Barham Health Service	325.	1.23%	43.08%	4,102.	2.5	11.2		722.	583.	2,241	1,656
Bateman's Bay District Hospital	3,901.	37.12%	47.65%	10,696.	2.6	29.3	76.5%	10,193.	8,339.	15,836	13,983
Batlow Health Service	230.	3.04%	22.17%	3,210.	3.1	8.8		578.	528.	1,943	454
Bega District Hospital	4,786.	35.79%	31.36%	18,669.	3.2	51.1	76.6%	14,364.	12,863.	18,340	11,271
Berrigan Health Service	449.	6.46%	24.50%	3,950.	2.4	10.8		939.	829.	1,461	549
Bombala Health Service	279.	2.87%	11.47%	4,823.	6.2	13.2		1,678.	1,646.	5,819	2,081
Boorowa Health Service	274.	10.95%	22.26%	5,550.	4.4	15.2		1,187.	1,126.	7,768	1,124
Bourke Street Health Service	334.	40.12%	0.30%	9,737.		26.7				27,918	
Braidwood Multi Purpose Service	169.	7.10%	9.47%	1,223.	4.8	3.4		737.	721.	8,443	1,426
Coolamon Multi-Purpose Service	215.	33.95%	69.30%	804.	2.3	2.2		475.	326.	2,137	1,126
Cooma Health Service	2,829.	29.09%	35.45%	9,866.	3.1	27.0	75.5%	8,478.	7,475.	16,536	9,284
Cootamundra Health Service	1,761.	21.75%	34.36%	5,102.	2.2	14.0		3,521.	2,921.	11,392	3,614
Corowa Health Service	1,578.	24.33%	37.77%	7,726.	2.4	21.2		3,479.	2,886.	8,642	4,711
Crookwell Health Service	613.	2.94%	14.36%	5,935.	6.1	16.3		3,399.	3,314.	13,517	2,224
Culcairn Multi-Purpose Service	311.	0.64%	15.76%	1,271.	2.4	3.5		616.	567.	1,628	779
Delegate Multi Purpose Service	98.	27.55%	6.12%	561.	5.8	1.5		558.	552.	1,398	645
Deniliquin Health Service	2,814.	21.78%	31.17%	10,448.	2.8	28.6	49.6%	7,181.	6,306.	14,575	7,039
Finley Health Service	814.	8.48%	25.06%	2,969.	3.0	8.1		2,184.	1,980.	1,703	1,229
Goulburn Base Hospital	7,273.	41.70%	37.81%	28,342.	3.8	77.6	77.4%	27,812.	25,070.	36,630	20,126
Griffith Base Hospital	10,727.	29.11%	54.21%	24,959.	2.1	68.4	74.0%	21,449.	15,661.	46,891	21,683
Gundagai Health Service	866.	0.81%	25.17%	6,891.	3.1	18.9		2,558.	2,340.	2,195	1,577
Hay Health Service	569.		34.97%	8,637.	2.6	23.7		1,292.	1,094.	2,805	2,154
Henty Health Service	203.	1.97%	22.66%	938.	3.2	2.6		510.	468.	1,292	505
Hillston Health Service	527.	0.57%	54.65%	3,122.	1.9	8.6		959.	673.	1,730	1,207
Holbrook Health Service	578.	2.42%	50.00%	2,638.	3.5	7.2		1,950.	1,661.	3,343	1,426
Jerilderie Multi Purpose Service	197.	4.06%	31.47%	633.	2.2	1.7		411.	349.	1,643	396
Junee Health Service	705.	3.26%	29.93%	11,562.	2.2	31.7		1,127.	923.	5,887	1,804

Kenmore Hospital	141.	52.48%		17,644.	14.0	48.3		14.	14.		
Leeton Health Service	1,403.	12.62%	26.80%	9,284.	3.5	25.4		4,638.	4,266.	6,848	5,056
Lockhart Health Service	218.	2.75%	22.48%	4,516.	2.8	12.4		531.	484.	1,060	583
Mercy Care Centre, Young	379.	26.65%	1.32%	7,090.	16.8	19.4		808.	807.	45,343	
Mercy Health Service - Albury	561.	38.50%	1.43%	10,920.		29.9				37,902	
Moruya District Hospital	6,014.	36.05%	38.26%	17,954.	2.8	49.2	69.5%	16,300.	14,006.	19,008	12,581
Murrumburrah-Harden Health Service	528.	21.02%	18.37%	2,038.	3.7	5.6		1,921.	1,824.	16,044	1,486
Narrandera Health Service	2,002.	12.19%	29.32%	6,737.	3.1	18.5		6,100.	5,515.	6,412	3,760
Pambula District Hospital	2,207.	15.31%	32.76%	8,621.	3.2	23.6		6,703.	5,982.	10,297	7,913
Queanbeyan Health Service	4,046.	32.25%	47.21%	11,095.	2.5	30.4	83.3%	10,042.	8,133.	39,174	16,532
Temora Health Service	1,870.	14.92%	26.31%	5,897.	2.5	16.2		4,389.	3,899.	7,692	2,357
Tocumwal Health Service	408.	9.07%	24.75%	3,973.	3.2	10.9		1,074.	973.	1,432	1,029
Tumbarumba Multi Purpose Service	588.	0.17%	23.64%	2,238.	3.5	6.1		1,958.	1,820.	2,600	1,142
Tumut Health Service	2,264.	14.18%	37.54%	6,502.	2.6	17.8		5,830.	4,983.	5,418	3,679
Urana Multi Purpose Service	76.	2.63%	30.26%	295.	2.4	0.8		145.	122.	1,047	311
Wagga Wagga Base Hospital	19,698.	38.06%	44.95%	66,129.	3.0	181.2	83.8%	57,733.	48,883.	142,750	32,895
Wyalong Health Service	1,480.	4.73%	37.91%	3,476.	2.0	9.5		2,860.	2,300.	3,106	2,299
Yass Health Service	749.	1.20%	21.09%	3,200.	4.2	8.8		3,030.	2,872.	4,570	4,218
Young Health Service	2,006.	16.20%	29.06%	5,742.	2.8	15.7		5,552.	4,972.	12,788	9,917
Community Health Services											
Albury Community Health										69,776	
Amputee Services										2,254	
Bega Valley Community Health Service										49,335	
BreastScreen NSW South West										17,040	
Cooma Community Health Centre										33,779	
Eurobodalla Community Health Service										55,673	
Golden Community Health										41,288	
Goulburn Community Health Service										58,746	
Griffith Community Health										40,399	
Mid-Murray Community Health										17,072	
Murrumbidgee Community Health										20,554	
Murrumburah-Harden Residential Aged Care										3,874	
Queanbeyan Community Health Service										73,723	
Rural & Community Services (Sth West)										41,642	
South West Brain Injury Service										7,804	
South West Slopes Community Health										21,994	
Southern Brain Injury Service										5,165	
Rural & Community Services (Sth East)										27,745	
Southern Riverina Community Health										16,135	
Twin Rivers Community Health										42,361	
Wagga Wagga Community Health										81,046	
Yass Community Health Centre										23,294	
Young Community Health Centre										17,849	
Greater Southern Total	**99,429.**	**29.09%**	**38.17%**	**431,669.**	**3.0**	**1,182.7**	**78.9%**	**285,870.**	**248,033.**	**1,488,254**	**248,595**

Our People

Strategic Profile of the GSAHS Workforce

During 2005/06 GSAHS commenced implementation of a patient-focused integrated health model across the continuum of care. Critical to its success will be alignment of GSAHS's current and future workforce.

Workforce planning is key to ensuring the right staff to meet our service needs and the Workforce Directorate was established in 2005 to assist GSAHS lead workforce planning, organisational development and human resources services with responsibility for:

- Strategic workforce planning
- Recruitment and retention
- Building organisational capacity through education and training
- Redesigning workforce models
- Developing leadership
- Occupational health and safety, employee and industrial relations advisory services, transactional human resources and payroll services

Early work commenced on a workforce planning program to gain a better understanding of our current workforce profile which will contribute to a workforce action plan. A 'No Change Future State' projection to the end of June 2009 using the 2005 current staff profile, turnover and recruitment data was undertaken which identified:

- A markedly older median age than the GSAHS population - nursing and medical is just under 50 and trades and engineering groups are 54 years
- Over 50% are in the baby boomer category predicting a high retirement risk
- A higher percentage of females
- More part time staff with increasing length of service in older age groups. Areas of risk are anaesthetists, specialist nurses, dental officers, occupational therapists, staff specialists, welfare officers and trades and engineering
- High turnover of younger and newer recruits
- Average resignation rate is 15.3% but the rate for Staff Specialists is higher (20%)

Workforce Demographics		
Measure	Current State	No Change Future State
Median Age	46	48
Median Retirement Age	61	-
Median Length of Service	6.0	6.9
% Female	81.8%	82.6%
% Management	0.2%	0.2%
Resignation Rate	15.3%	-
Retirement Rate	0.6%	-
Mean Working Hours	23.00	21.21

The Workforce Directorate's efforts during 2005/2006 have been directed towards:

- Organisation-wide review and restructure. This has included support in recruitment to 100% of 2nd and 3rd tier positions and 96% of 4th tier positions. Consultation commenced between employees and their respective associations to complete 5th and 6th tier restructuring focused on a Cluster management model aligned to the integrated matrix health model. Outcomes of a Corporate Review are currently being consulted with respective unions
- Workforce redesign to achieve the amalgamation administrative workforce savings focused on redeployment/ retraining program or voluntary redundancies. Over 50% of redeployees placed in permanent positions
- Support to complete the allied health workforce mapping project; staff specialist; nursing and midwifery speciality code mapping
- Support in implementing ProAct rostering system
- Merged two payroll, five superannuation systems and two human resources transaction services at Albury site
- Undertook FTE Review and FTE Reconciliation to cleanse FTE data for annual budget

In 2006/07 the Workforce Directorate will:

- Develop workforce strategies and action plans with Cluster and Corporate Workforce Committees that link with GSAHS Strategic and Business Plans. The Area Health Advisory Committee and the Divisions of GPs have also identified workforce as a high priority and will work with GSAHS to identify appropriate strategies and innovations
- Develop people and performance strategy that ensures our people deliver on GSAHS business strategies
- Develop workforce performance data and metric systems to assist managers improve performance, respond to critical issues and plan for the future. This will include implementing staff profiles and workforce Key Performance Indicators

Staff Profile

Number of Full Time Equivalent Staff (FTE) Employed in GSAHS as at June 2006				
	June 2003	June 2004	June 2005	June 2006
Medical	122	127	119	133
Nursing	2,276	2,384	2,506	2,471
Allied Health	295	298	319	328
Other Prof. & Para Professionals	245	247	197	204
Oral Health Practitioners & Therapists	55	56	63	58
Corporate Services	288	304	277	257
Scientific & Technical Clinical Support Staff	198	200	259	264
Hotel Services	641	647	660	626
Maintenance & Trades	91	92	86	80
Hospital Support Workers	542	541	615	493
Other	5	5	4	3
Total	4,758	4,902	5,105	4,916
Medical, nursing, allied health, other health professionals & oral health practitioners as a proportion of all staff	63	63	63	65

Source: DOH Health Information Exchange & Health Service local data

Note:

1. FTE calculated as the average for the month of June, paid productive & paid unproductive hours.
2. As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities have not transferred to the Crown and as such are not reported in the Annual Report as employees.
3. Includes salaried (FTEs) staff employed with Health Services and the NSW Department of Health. All non-salaried staff such as contracted Visiting Medical Officers (VMO) are excluded.
4. In 2006, the collation of data has been improved by including an additional 4 staff categories to provide greater clarity between staff functions. Previous year's data has been re-cast to reflect these changes, which has resulted in variations from figures reported in previous Annual Reports. The previous category 'Hospital Employees' has been replaced with 'Other Professionals & Para-professionals, which includes health education officers, interpreters etc and 'Scientific & technical support workers' e.g. hospital scientists & cardiac technicians.

   Award codes assigned to allied health have been reviewed and only the following professions have been included in the category; audiologist, pharmacist, social worker, dietitian, physiotherapist, occupational therapist, medical radiation scientist, clinical psychologist, psychologist, orthoptist, speech pathologist, orthotist/prosthetist, medical radiation therapist, nuclear medical technologist, radiographer and podiatrist to more accurately reflect this workforce. A category for Oral Health Practitioners & Therapists has been included as well as one for Hospital support workers, which includes ward clerks & IT support officers etc. Uniformed Ambulance officers have been revised to reflect ambulance on road staff & ambulance support staff.

Equal Employment Opportunity

GSAHS is committed to Equal Employment Opportunities (EEO) and the following key EEO Programs continue to be progressed

- 'Selection Process – The Best Person for the Job' Program has been evaluated resulting in an updated training program's. The recently released NSW Health Recruitment and Selection Policy and Procedures document has been used to guide the training programs development
- The GSAHS Performance Development Program has been formally approved by the executive team for roll out across GSAHS
- 'A Dignity @ Work' program aligned to GSAHS values, expected behaviours, Performance Development Program and the NSW Code of Conduct continues
- Implemented Code of Conduct
- GSAHS is developing a people with disability framework and policy
- GSAHS Carer Support Program has developed information for employees who are carers regarding entitlements to carers leave, relevant carer legislation, and other aspects of employment that may impact on caring and visa versa.

Quality, Research and Training

GSAHS is committed to building organisational capacity. Our staff undertook a number of key training and professional development opportunities during the year. Many of these also promoted a focus on skills development, coaching and leadership.

- A new Vocational Education and Training initiative provided on and off the job training for 200 staff in areas such as Health Support Services, Community Service Management, Front Line Management and Community Services – Aged Care and Community Development
- The Leadership, Effectiveness, Analysis and Development (LEAD) Project commenced as a pilot in Wagga and the Lower Western Cluster. This management development program provided 60 managers with skills focused on improving their management skills and implementing better rostering systems
- Particular emphasis this year has been on providing training opportunities to Junior Medical Officers at Wagga Wagga, Albury and Bega and Pharmacy graduate positions at Goulburn, Albury, Wagga Wagga and Moruya.
- In 2006 a special partnering with Australian National University (ANU) commenced which will form a major step to recruit doctors to rural areas of need
    - The establishment of the Rural Clinical School at ANU will see up to 25% of the 3rd year students spending a year in locations such as Cooma, Bega Goulburn, Young and Batemans Bay.
    - ANU students who have been placed in long and short term blocks with General Practitioners in the community in our region have access to GSAHS health services for experience
    - In early 2006 GSAHS conducted a number of special orientation sessions for ANU medical students in Canberra prior to their placements in South Eastern NSW
- Early discussions are occurring with Charles Sturt University (CSU) regarding establishing an Inter-Disciplinary approach to education and training similar to the South Hampton model. An inter-professional learning pilot program with CSU for allied health students is currently being planned for 2008
- A successful grant application under the Department of Education, Training and Science 'Reframing the Future' program has supported development of a project to design and develop potential roles for allied health assistance and diversional therapy under the National Vocational and Education Training framework. These new roles will strengthen primary and community health services. This project is an alliance with Capital Careers, a registered training organisation and GSAHS Workforce Directorate and Primary and Community Health Directorate
- GSAHS is supporting the development of a framework to support professional networking and professional development of GSAHS allied health professionals. This will facilitate attendance to state wide discipline specific meetings in Sydney and development of networks to support allied health disciplines within GSAHS. A two day workshop held at Gundagai was the first initiative under this framework. The workshop was a partnership with Charles Sturt University Occupational Therapy School and Occupational Therapy Australia (the professional body) There is ongoing commitment for working collaboratively in developing support for occupational therapy services in GSAHS
- CSU/GSAHS Allied Health liaison meetings have strengthened in the past six months with a number of joint initiatives developed. These included joint support for grant applications (service provision and research activities), professional development activities and improved collaboration with clinical placements of students within GSAHS
- Developed links with Clinical Nurse Consultant group and CSU to facilitate research between the two organisations
- Provided support to relevant research projects through the Nursing and Midwifery workforce
- Commencement of an Area wide new graduate program for 2007
- Commencement of a Mental Health new graduate program in 2007
- 'Write Right' – The GSAHS Clinical Documentation Project was piloted at one site in GSAHS and aimed to improve the standard of clinical documentation by 50% between March and August 2005. The main intervention was the use of a Self Directed Documentation Leaning Package. The results were:
    - Clinical documentation improved by 75% within 6 months; and
    - Clinician's knowledge level on documentation requirements improved by 46.5%

Overseas Visits

Name	Unit	Purpose of Visit	Places visited	Funding
Dr Michael Njovu	Albury	4th World Congress For Neurological Rehabilitation	Hong Kong	General
Dr Susan Crosdale	Albury	Requirement for Tertiary Study Tour: Executive Masters in Business Administration through University of Melbourne	Brussels Belgium	General
Dr Murray Wright	Queanbeyan	Royal College Psychiatrists Meeting	Glasgow United Kingdom	General

HEALTH SERVICE COMMUNITY

Community Participation within GSAHS

GSAHS demonstrates its commitment to community participation by:

- Selecting the most appropriate method to consult with the community
- Being open and frank in consultations
- Providing avenues for the community to provide both positive and negative feedback on community participation
- Identifying community members who will be able to provide relevant input
- Recognising and acknowledging the value of the input from the community.

The GSAHS Community Engagement framework aims to:

- promote patient engagement in their own health maintenance and care, as active partners with professionals, including their carers
- enable patients and the public as a whole to become better informed about their treatment and care and to make informed decisions and choices
- ensure that patients, the public and staff have the knowledge, skills and support to enable them to influence planning, delivery and monitoring of health services
- actively involve patients and the public in planning, delivering and monitoring our services
- acknowledge and act on information we receive from patients and the public
- provide feedback to patients and the public about how their engagement has influenced the operation of health services.

The Area Health Advisory Council

Area Health Advisory Councils (AHACs) were established in each Area Health Service to give clinicians (including doctors, nurses and allied health professionals), health consumers and local communities a stronger voice in health decision-making. In GSAHS, the AHAC has 12 members, in addition to the Chair, but has the ability to co-opt people with specialist knowledge or skills if needed. The AHAC has a balance of clinicians and community members, with at least one community member being an Aboriginal person. The Chair and majority of AHAC members live in the Area.

The GSAHS AHAC has the following broad functions:

- Obtain the views of clinicians, patients and community about the accessibility, quality, and safety of health services provided by GSAHS, ensuring that appropriate local consultation mechanisms are in place
- Incorporate the views of clinicians, patients and community in planning delivering, monitoring and evaluating health services provided by GSAHS including the Area Health Services Plan
- Work with the Clinical Excellence Commission to promote delivery of safe and quality clinical services based on best available evidence and the most clinically and financially effective models
- Report to the community and clinicians about Council and GSAHS activities to improve health services accessibility, quality and patient safety
- Provide advice to the Health Care Advisory Council about GSAHS activities that may have statewide implications for delivery of accessible, quality and safe health care services.
- Monitor GSAHS's performance in promoting and establishing clinical networks
- Monitor GSAHS's performance in relation to major health initiatives and annual clinical and consumer performance targets based on key performance indicators (the 'dashboard' indicators)
- Develop a two year work plan for the approval of the Chief Executive.

The AHAC met monthly at various locations within the Greater Southern Area. In 2005-2006 the AHAC held meetings in Bega, Goulburn, Griffith, Young, and Albury. At each meeting the AHAC took the opportunity to meet with local staff, Medical Staff Councils, representatives of local government and members of Local Health Service Advisory Committees

Message from the Acting Chair

Community and clinician participation in health care delivery is crucial to the future of relevant and consumer focused health services. The first six months of operation for the Greater Southern Area Health Advisory Council saw many achievements, along with identification of numerous challenges for the year ahead.

A key function of the Area Health Advisory Council (AHAC) is to ensure the views of clinicians, consumers and the community about accessibility, quality and safety of health services are considered in the course of Area Health Service decision making. To this effect, local consultation mechanisms have been implemented with the establishment of 41 Local Health Service Advisory Committees. Holding AHAC meetings in different locations across the Area provided opportunities to meet local communities and committees. These were stimulating experiences, with local communities energetic and keen to support their health services and facilities.

Greater Southern AHAC has explored the role and functions of the Council which led to the finalisation of the AHAC Charter and a draft Work Plan. The talent and specialist knowledge within the AHAC group forms a solid foundation for progression of the role and functions of AHAC.

One of the early tasks for the Council was appraisal of the unique challenges the provision of rural health care services presents. This includes delivering appropriate services in a diverse geographical setting with defined resources relating to finance and the workforce. Members of the Council have taken these on board in determining and meeting the performance targets.

In June 2006 Dr Robert Byrne resigned from his position of AHAC Chair. Dr Byrne showed outstanding commitment to improving rural health services and addressing complex medical workforce issues. We look forward to the announcement of the new AHAC Chairperson.The Council has made a positive contribution to the development and provision

of health services across the region. The commitment of the AHAC members to improvement of our health services and facilities is considerable, as is their commitment to the communities they represent.

Jane Ayers

Acting Chair, October Meeting 2006.

Area Health Advisory Council Members

The NSW Minister for Health appointed Dr Robert Byrne as Chair of the Greater Southern Area Health Advisory Committee in April 2005.

Dr Byrne graduated from the University of Sydney and practised in Griffith before moving to general practice in Coleambally. He is a former chair of the Murrumbidgee Division of General Practice and the Rural Doctors Network and is highly regarded in the western Riverina area. Dr Byrne resides in Leeton.

In October 2005 the following members of the AHAC were appointed by the NSW Minister for Health:

- Ms Jane Ayers
- Associate Professor Amanda Barnard
- Mr John (Jack) Barron
- Ms Fay Campbell
- Mr Ray Gamble
- Ms Robyn Haberecht
- Mr Robert McCully
- Ms Anne Napoli
- Ms Karen Pollard
- Dr Trish Saccasan-Whelan
- Dr Paul Sevier
- Rev Tom Slockee

DR ROBERT BYRNE graduated from the University of Sydney and practised in Griffith before moving to general practice in Coleambally. He is a former chair of the Murrumbidgee Division of General Practice and the Rural Doctors Network and is highly regarded in the western Riverina area. Dr Byrne resides in Leeton.

MS JANE AYERS is a registered nurse with extensive experience in palliative care. She is the General Manager of Mercy Health Service Albury. She was awarded the Albury Electorate Woman of the Year in 2005. Ms Ayers resides in Albury.

ASSOCIATE PROFESSOR AMANDA BARNARD is Associate Professor of Rural Medicine and Director of the Rural Health Unit at the Australian National University. She has worked as a General Practitioner in urban and rural areas in Western Australia and at the Sexual Assault Referral Centre in Western Australia. Her clinical interests include women's health and asthma.

MR JOHN (JACK) BARRON is a farmer and student from Ungarie where he has been involved in health services as an active community member in Ungarie for over 20 years through work on health committees and most recently with the Ungarie Medical Centre Committee. He is a former member of the Greater Murray Area Health Service Network Three Health Council.

MS FAY CAMPBELL is a former Mayor of Bombala. She operates a grazing property and was Chair of Bombala Hospital Board from 1983 to 1994. Ms Campbell has a long history of involvement in improving mental health services in rural NSW, serving on many boards and committees. Ms Campbell resides in Bombala.

MR RAY GAMBLE is from Griffith and is Managing Director of Associated Media Investments Pty Ltd which operates radio stations throughout Australia. He is Chairman of the Griffith Health Services Committee and Vice President of the Griffith Palliative Care Group.

MS ROBIN HABERECHT is the Health Service Manager in Jerilderie. She has 10 years experience in management, health services planning, consumer consultation and management. Ms Haberecht is a former registered nurse.

MR ROBERT MCCULLY is from Hay and is managing director and major shareholder in The Riverine Grazier newspaper in Hay. He is Chair of the Hay Multi Purpose Service Committee and was previously Chair of Hay Hospital Advisory Committee.

MRS ANNE NAPOLI is an Italian born Australian citizen from Griffith who is a councillor on Griffith City Council. Mrs Napoli is a strong advocate for improved services for people living with a disability and is a member of the Multicultural Disability Advocacy Association of NSW.

MS KAREN POLLARD has a background as clinician and consumer. She is a lecturer in Medical Imaging at Charles Sturt University, Wagga Wagga. Ms Pollard was previously a radiographer at the Hunter Breast Cancer Screening Program and Royal Newcastle Hospital. Ms Pollard resides in Wagga Wagga.

DR TRISH SACCASAN-WHELAN is director of Goulburn Base Hospital Emergency Department. She was also the Area Disaster Coordinator (HSFAC) for the former area health service. Dr Saccasan-Whelan played a significant role in the Thredbo disaster when Goulburn was used as a Regional Disaster Coordination Centre. She lives in Goulburn.

DR PAUL SEVIER is a General Practitioner and resides in Young. He is an active health provider in the region and is aware of the challenges involved in providing health services particularly in the rural areas.

REV TOM SLOCKEE is an Anglican Church priest. He is a former Chair of the Southern Area Health Service Board. He has a particular interest in Aboriginal Health and has extensive involvement in many Aboriginal corporations. Mr Slockee resides in Mogo.

Report on Achievements

The AHAC is required to demonstrate the work achieved in relation to a number of indicators determined by NSW Health. These are as follows.

Section A-Advise Providers and Consumers of health services and other members of the local community, as to Area Health Service's policies, plans and initiatives for the provision of health services.

Indicator 1

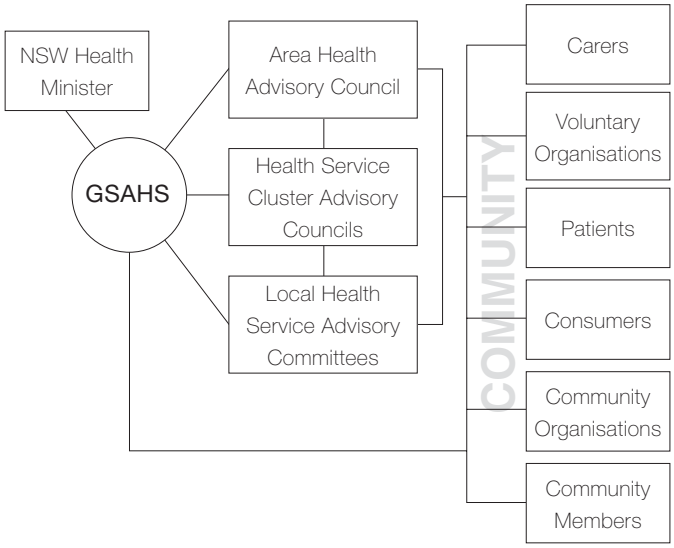
Review and document the existing engagement structures with consumers, the Area Health Service, community and clinicians.

Following recent health service reforms, GSAHS has undertaken a commitment to involve health care providers, consumers and local communities in health decision-making.

In GSAHS, three levels of consumer and clinician participation have been established:

- Area Health Advisory Council (AHAC)
- Health Service Cluster Advisory Councils (HSCAC)
- Local Health Service Advisory Committees (LHSAC)

Their inter-relationship is best categorised in the diagram below:



The Area Health Advisory Council actively promoted and participated in implementation of this structure. Forty one Local Health Service Advisory Committees have been established across the health region. Finalisation of the Health Service Cluster Advisory Councils is expected to be completed in July 2006. The three-tiered structure establishes an effective communication mechanism between the community, the AHAC and the Area Health Service.

GSAHS held an Annual Forum in December 2005. Representatives from community advisory groups met with the Chief Executive and the Area Executive Team to release the GSAHS Annual Report to the community. The date for the next annual forum is March 2007.

Indicator 2

Review and document AHAC consultation processes with consumers, the Area Health Service, the community and health service providers.

The AHAC has reviewed and documented AHAC consultation processes in the following ways:

- The AHAC holds 10 meetings per year between February and November. There were eight meetings in the period up until June 2006.
- To assist with orientation to the health district and to establish an effective consultation process, each AHAC meeting was held at a different site across the Greater Southern Area. AHAC members experienced different health service models and community settings. The visits proved an effective mechanism for communication and provided clinicians and communities with opportunities to participate in local health issues. AHAC members

heard first hand about health related issues from regional communities, health care providers, Medical Staff Councils and local government representatives. AHAC members became familiar with the issues and concerns of each site they visited and had an opportunity to respond. The effectiveness of rotational cluster visits was reviewed in June 2006 with an open discussion of AHAC members. The AHAC determined to continue holding meetings across the health region during the following months.

- During visits to health regions, members of Local Health Service Advisory Committees (LHSACs) met with the AHAC to discuss local issues. During their first six months, the AHAC met with LHSACs from the Bega, Southern Slopes, Murrumbidgee, Southern Tablelands, and Albury Clusters.
- Local Health Service Advisory Committees (LHSACs) and Health Service Cluster Advisory Councils (HSCACs) are a key mechanism for engagement of communities. AHAC members sought and obtained the views of consumers and clinicians in regards to their experience and satisfaction with the health service. A nominated member of the AHAC attended each Health Service Cluster Advisory Committee meeting, strengthening the communication between the two groups.
- The AHAC has developed opportunities to meet with health care providers. These include visits to meet with local and area Medical Staff Councils, allied health staff, nurses and midwives, non-clinical support staff and Hospital Auxiliaries and Volunteers.
- Aboriginal health is a key health priority for GSAHS and AHAC members are informed about the mechanisms and effectiveness of communication with Aboriginal clinicians and communities.

Indicator 3

Advise on the development of recommended consultation/ communication pathways. (Include details on how AHACs have been involved in supporting this process for Area Health Service more broadly.)

The AHAC has supported the Area Health Service in the development of recommended consultation/communication pathways in the following ways:

- To establish clear communication pathways, each AHAC member monitors and supports one of the GSAHS Clusters. The member and/or alternate member attended each Cluster Health Service Advisory Council meeting where participants from LHSACs discussed local issues and common concerns. AHAC members also took these opportunities to provide feedback about activities and concerns of the AHAC. The Health Service Cluster Manager attended the Cluster Council meetings to provide health service representation.
- Copies of AHAC meeting minutes were disseminated to Chairs of all LHSACs for distribution to all members of the Committees. Copies were also provided to Cluster General Managers and GSAHS executive members for circulation to other members of committees, managers and staff. The AHAC minutes have also been made available on the GSAHS website.
- The AHAC Charter has been made accessible to the general community by dissemination to LHSACs and has been posted on the GSAHS website.
- Regular public relations opportunities have been provided to all forms of media and have highlighted AHAC activities to communities and staff. Media releases were issued inviting media to a brief press conference with the Chair on the day of each AHAC meeting. Results of monthly meetings were issued as media releases and published in the Staff Bulletin. All media releases were posted on the GSAHS web site.

Indicator 4

Ensure there are mechanisms to test and advise that the Area Health Service is documenting and communicating how to access information in relation to policies, plans and initiatives.

The AHAC has ensured that the Area Health Service is documenting and communicating how to access information on policies, plans and initiatives in the following ways:

- GSAHS executive members provide briefings at each AHAC meeting. During the orientation and establishment period, AHAC members were provided with comprehensive background information about GSAHS. As the year progressed, the executive briefings focused on health service initiatives, policies and plans.
- The AHAC reviewed the GSAHS website and monitored the posting of health service plans, policies and initiatives. These included Local Health Services Plans for individual facilities and clusters and monitoring capital works projects. AHAC members actively sought to ensure that information about the capital works projects at Griffith Hospital, Batemans Bay Emergency Department and Queanbeyan Health Facility was accessible via regular media updates.
- The AHAC reviewed LHSAC access to local policies and plans and requested that local managers provide committees with written reports documenting information on policies, plans and initiatives.

Section B – Seek views of providers and consumers of health services, and the community, on Area Health Service's policies, plans and initiatives for the provision of health services and advise the Area Health Service Chief Executive (CE) of those views.

Indicator 1

Define the structure and processes for consultation with consumers, providers and the community. Outline communication mechanisms to inform the Area Health Service Chief Executive of these views.

Consultation is the process used for capturing the views of a diverse range of people. Consultation builds on information gained through communication with consumers, communities and health service providers. The AHAC determined a range of consultation methods would be used to ensure flexibility and sensitivity. The AHAC has consulted with consumers, health care providers and communities in the following ways:

- The community engagement structure was implemented in GSAHS to facilitate the two-way flow of information from the community to the AHAC and from the AHAC to the community.

- Forty one Local Health Service Advisory Committees (LHSACs) were established across the GSAHS. LHSACs act as a conduit between the community and the local health services. A full listing of LHSACs is included in the Community Engagement Report. Each LHSAC committee comprises community representatives, health service providers and clinicians and local health service management.
- LHSACs met monthly and information/issues from these meetings were relayed to Health Service Cluster Advisory Council meetings. An AHAC member attended these meetings and provided a summary to the next meeting of the AHAC. The Cluster Councils form a link between the LHSACs and the AHAC.
- The monthly meetings of the AHAC were held in different locations around the Area. This afforded the AHAC an opportunity to meet with representatives of the local community, staff, clinicians and local government.

The AHAC has informed the Area Health Service Chief Executive of the views of consumers, providers and the community in the following ways:

- The agenda for each AHAC meeting included discussion of reports from the Health Service Cluster Advisory Committees. This allowed AHAC members to advise the Chief Executive and other AHAC members of issues within their area and the views of the community, clinicians and service providers.
- AHAC meetings have included consultation with community groups, where AHAC members have ensured the Chief Executive is informed about relevant health issues.
- The AHAC Chair and Chairs of the Health Service Cluster Advisory Councils will meet with the Chief Executive bi-annually. The first of these meetings is scheduled to occur in December 2006.

Section C- confer with Chief Executive of the Area Health Service in connection with the operational performance targets set by any performance agreement to which the Area Health Service is a party under section 126.

Indicator 1

Establish a process for reviewing and providing advice to the Chief Executive in relation to the Area Health Service Performance Agreements.

The AHAC has established a process to review and provide advice to the Chief Executive on Area Health Service Performance agreements during the year:

- Quarterly presentations by the Chief Executive to the AHAC have outlined GSAHS performance as per Health Service Performance Agreement (HSPA). The quarterly presentations and reports included dashboard indicators as per Health Service Performance Agreement (HSPA) targets. Monthly reports from Directorates also included HSPA targets. The presentations followed the quarterly performance reviews between NSW Health and GSAHS. This update provided information on performance relating to targets, significant achievements, past performance and emerging trends.
- AHAC meetings have a quarterly agenda item for conferring with the Chief Executive on agreed identified priorities in respect of the Area Health Service Performance Agreements
- Members of the GSAHS Executive Team provided updates on activity and key performance targets to the AHAC at each meeting. This provided an opportunity to discuss the progress of operational targets with the Chief Executive.
- In particular the AHAC advised the Chief Executive that AHS improvements with performance targets, including the reduction of waiting lists for surgery, were assisting in building community confidence.

Section D – advise the Chief Executive on how best to support, encourage and facilitate community, consumer and health service provider involvement in the planning of health service by the Area Health Service.

Indicator 1

Review the current Area Health Service approach to health service provider and community consultation in the planning of health services.

The AHAC has reviewed the Area Health Service approach to consultation in the planning of health services in the following ways:

- The GSAHS Director Population Health, Planning, Research and Performance provided the AHAC with an extensive overview on planning processes within GSAHS. The target in GSAHS is to develop Service Plans for all sites and Health Clusters by September 2006 and to complete asset plans in partnership with NSW Health by the same date. This process includes extensive community consultation, a series of community information sessions and the formation of Health Service Planning Steering Committees. There is LHSAC representation on these local committees, along with community members, local Health Service Managers and GSAHS planning and Asset Management staff.
- AHAC members actively participated in planning processes for health services in their local area.
- AHAC members were briefed on the progress of planning for health services in GSAHS. In particular, a more thorough briefing was provided at the sites visited by the AHAC.
- AHAC members also received advice from community members at the bi-monthly Health Service Cluster Advisory Committee meetings.
- During the development of the GSAHS Health Services Plan, working groups developing Clinical Plans consulted with community groups, consumers and staff. The Health Service Planning process was well established prior to the formation of the AHAC. However the Council has been consulted as to the planning process. The final version of the Health Services Plan was forwarded to NSW Health in June 2006.

Indicator 2

Work with the Area Health Service and the community to confirm that consumer, community and health service provider engagement is appropriate and how the Council is testing this.

The AHAC has worked with the Area Health Service to ensure that engagement is appropriate. The AHAC has used the

following mechanisms to test this appropriateness:

- AHAC members met with other community representatives including Local Government representatives, Volunteers and Hospital Auxiliaries to allow discussion about health services, issues and the effectiveness of participation structures implemented by GSAHS.
- The implementation of the Community Participation Framework was completed by 30 June 2006. During the establishment period, AHAC worked towards developing evaluation tools to review the effectiveness of local committees and the satisfaction of members. It is planned that the community engagement framework will be evaluated, after 12 months of operation, in June 2007.
- Evaluation measures included the progress of LHSAC establishment and the development of the Health Service Cluster Advisory Councils. To date 41 LHSACs have been established, with five Health Service Cluster Advisory Councils in operation. The remaining five Health Service Cluster Advisory Councils are expected to be in operation by the end of 2006.
- A number of communities have demonstrated the value/quality of the consultation process by working in partnership with the Area Health Service to implement new models of care. LHSAC's, in partnership with AHAC members, have advised the AHS on how best to support communities and clinicians during the introduction of an Integrated Ambulance Service, Integrated Primary and Community Health Models and new Aged Care/ Mental Health services.
- The AHAC plans to survey LHSACs as to the effectiveness of the consultation process after 12 months of operation in early 2007. The results of the review process will be reported back to the communities, explaining how results have informed and influenced decisions and identifying how the process can be improved.

Section E – Liaison with other AHACs in relation to both local and state-wide initiatives for the provision of health services.

Indicator 1

Indicate level of participation in twice yearly meetings of AHAC Chairs and Chief Executives. AHACs may also wish to include any other activities, which provided an opportunity to liaise with other AHACs.

The AHAC liaised with other Councils in the following ways:

- The AHAC Chair and GSAHS Chief Executive participated in the two state meetings held in 2005/06. The first workshop on 22/23 August 2005 was focused on community engagement training and development. The second workshop on 2 March 2006 focused on developing a series of Performance Indicators for Health Advisory Councils.
- Networks to discuss issues of particular concern were in the process of being established with other Area Health Services. This process has been delayed by the resignation of the Chair of the AHAC.

SECTION F – To publish reports (annually or more frequently) as to its work and activities.

Indicator 1

AHACs report annually to the public on progress against AHAC key performance indicators (both state and local), according to standardised headings developed by NSW Health.

Information on AHAC progress was provided to the public in the following ways:

- The 2005-2006 AHAC Annual Report is the first prepared by the Area Health Advisory Council. The Report will be posted on the GSAHS website in December 2006
- The Report is incorporated in the GSAHS Annual Report and will be launched at the Annual Forum to be held in March 2007. It will be disseminated widely to community groups, GSAHS facilities, tertiary providers, Divisions of General Practice and local Shire Councils.
- Minutes of the AHAC meetings were distributed widely within the Area Health Service, to community representatives and NSW Health for inclusion on the NSW Health internet site. Minutes and media releases relating to AHAC are posted on the GSAHS website, and a summary of each AHAC meetings is distributed to all staff and to Local Health Service Advisory Committees via the GSAHS Weekly News Bulletin.

SECTION G – Other functions as are conferred or imposed on it by the regulations.

Indicator 1

AHACs have developed a two-year work plan that includes an agreed AHAC budget and AHAC key performance indicators. Please provide details of your plan.

A draft work plan was developed in February 2006. The work plan undertook to ensure the Council was working towards a confident position understanding and fulfilling its given role, making best use of member's skills and experience and available resources. The draft work plan was reviewed and developed in September 2006.

The AHAC has developed a 2006-2208 work plan that includes the following key areas for action:

- Strengthening the current communication pathways to ensure that the views of the community are acknowledged and feedback is provided.
- Monitoring the effectiveness of the community engagement framework including an evaluation of the framework after 12 months in operation. This is due to take place in June 2007.
- A renewed emphasis on listening to communities and clinicians and providing the mechanisms for response.

Indicator 2

Chief Executive's report on the effectiveness of AHAC advice.

The advice provided by the AHAC to the Chief Executive was effective in the following ways:

GSAHS values the commitment rural communities display towards their local health services. The Area Health Service is also committed to assisting communities to convert this commitment into understanding and knowledge about the planning and provision of health services. Effective consultation

with local communities leads to an improved understanding and use of health services and offers clinicians and consumers opportunities to be involved in making health services more responsive to need.

The establishment of the Area Health Advisory Councils has given health consumers, clinicians and local communities a stronger voice in health decision making.

The AHAC is part of a three tier community and staff engagement strategy. The AHAC first met in November 2005 and consists of 12 members, in addition to the Chair. There is a balance of clinicians and community members which includes one member being an Aboriginal person. The Chair and members represent rural and regional communities across the health region.

On 6 April 2006, Dr Robert Byrne notified the then Chief Executive, Associate Professor Stuart Schneider, of his wish to relinquish the Chairperson's position, effective from 6 May 2006. Dr Byrne remained on the GSAHAC as acting Chairperson until 21 July 2006. The process to recruit a new AHAC Chair has commenced.

Following completion of an orientation programme in December 2005, the AHAC began their role in February 2006 and, as such, has been operating for five months. In the initial months the functions and roles of the Council were explored to develop a Charter and draft Work Plan. These documents were developed to maximise opportunities for AHAC members to provide a community and clinician perspective in the planning and provision of health services.

To effectively listen and respond to local consumers, clinicians and advise the Chief Executive, the AHAC travelled to communities across the health region for meetings. This has proved an effective communication pathway.

AHAC members have actively sought the views of providers and consumers of health services. Through participation in Health Service Cluster Advisory Councils, members have brought feedback on Area policies, plans and initiatives to the Chief Executive. Further work needs to be undertaken to ensure community concerns are addressed with appropriate feedback.

The AHAC conferred with the Chief Executive on performance targets and important issues challenging the Health Service. In particular, the AHAC identified clinical workforce issues as a major factor impacting on the efficient and effective delivery of services in the Greater Southern Area.

I would like to acknowledge the valuable effort of the Council members. Their positive engagement with communities and health service providers is ensuring constructive input into the planning and development of integrated rural health services.

Heather Gray

Chief Executive

Other Achievements:

Please provide any further information on the activities and plans of the AHAC that you would like to include.

The AHAC has had many achievements in 2005/06 (as outlined against Performance Indicators). Additional achievements include:

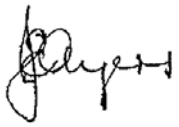
The AHAC identified clinical workforce issues as a major factor impacting on the efficient and effective delivery of services in the Greater Southern Area. A Working Party was established to:

- Develop a background information paper in preparation for an AHAC lead Workforce Planning Workshop that would consider options/solutions/priorities for rural NSW for the AHAC to consider
- Finalise a report following the workshop for presentation to other rural AHACs for endorsement and for presentation to NSW Health and the Minister of Health in 2007.

AHAC members represent consumers on a number of area committees including the GSAHS Falls Prevention Steering Committee, Surgical Redesign Committee, GSAHS Quality Committee and GSAHS Quality Awards Committee.

Members of the AHAC undertook an important role in the inaugural Greater Southern Better Health Awards which was held in June 2006. The Health Awards acknowledge health professionals' invaluable contribution to improving the patient's journey by collaboratively working towards advancing and improving improved patient safety, clinical quality and health system performance.

AHAC members undertook a vital role in judging the 53 entries across seven categories. Many of these entries were later entered in Baxter 2006 NSW Health Awards. AHAC representation and participation at the 2006 Awards Ceremony provided a valuable opportunity for Council members to celebrate the initiatives of GSAHS staff and promote the range of quality health services provided to communities across the region.



Jane Ayers

Acting Chair GSAHS Area Health Advisory Council
(October Meeting)

Attendance at Greater Southern Area Health Advisory Council Meetings:

AHAC	AHAC Meeting Dates											
	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 05	June 06
Dr Robert Byrne (Chair)					✓	✓		✓	✓	✓	✓	✓
Ms Jane Ayers					✓	✓		✓	✓	✓	✓	✓
Prof Amanda Barnard					✓				✓	✓	✓	✓
Mr John Barron						✓		✓	✓	✓	✓	✓
Ms Fay Campbell					✓	✓		✓	✓	✓	✓	✓
Mr Ray Gamble					✓	✓		✓	✓	✓	✓	✓
Ms Robin Haberecht					✓	✓		✓	✓	✓	✓	✓
Mr Rod McCully					✓	✓		✓	✓	✓		✓
Mrs Anne Napoli					✓	✓		✓	✓	✓	✓	✓
Ms Karen Pollard					✓	✓		✓	✓	✓	✓	✓
Dr Paul Sevier						✓		✓	✓	✓	✓	✓
Rev Tom Slockee						✓			✓	✓	✓	✓
Dr Trish Saccasan Whelan					✓	✓		✓	✓	✓	✓	
Chief Executive					✓	✓		✓	✓	✓	✓	✓

Health Service Cluster Advisory Councils

The LHSACs and MPS Committees provide representatives to the Health Service Cluster Advisory Councils. The Councils meet five times per year and meetings are attended by nominated members of the AHAC. This structure ensures the two-way flow of information from the community and GSAHS to the AHAC and back again.

The community members of these give their time voluntarily. Apart from out-of-pocket expenses to cover travel and accommodation expenses, they do not receive payment for their participation.

The commitment of the members of the LHSACs and MPS Committees to the improvement of our health services and facilities is considerable, as is their commitment to the communities they represent.

Membership of Health Service Cluster Advisory Councils comprises:

- Chairs of each Local Health Service Advisory Committee within the Cluster
- A further representative from each Local Health Service Advisory Committee
- The Cluster General Manager (who also provides secretarial support)

The role of Health Service Cluster Advisory Councils is to:

- work in partnership with GSAHS to ensure that decisions about public health services in the Greater Southern Area reflect community needs
- progress community involvement in the planning, development and evaluation of health services, policies and programs
- form the link between the Local Health Service Advisory Committees, the Area Health Advisory Council (AHAC) and the GSAHS Executive
- ensure there is a direct line of communication to the AHAC, as Cluster Chairs will meet with the Chief Executive and the Chair of the AHAC bi-annually and more frequently if required
- work to ensure that the views of their communities are represented in the planning of health service delivery, priority setting and evaluation at the Area level.

The Wagga Wagga Health and Bega Valley Health Service Advisory Committee also act as the Cluster Advisory Council for their Clusters. A member of the AHAC attends every second meeting of these Committees.

The first of the other Cluster Councils met in June 2006. AHAC members have been nominated to attend Cluster Council meetings.

Local Health Service Advisory Committees and MPS Committees

Local Health service Advisory Committees (LHSACs) and Multi Purpose Service (MPS) Committees provide a community perspective for the provision of services and information. Community participation is critical to the future of health services. Proper community involvement results in more transparent, accountable and reliable services.

A total of 44 local Committees have been formed representing 55 different communities in GSAHS. Each Committee is made up of between five and seven community members, a staff representative and a clinical representative. They meet 10 times per year and support is provided by the local health service.

It is anticipated that a more comprehensive report of the LHSACs will be available for the next annual report. Below are the names of the members of each of the Committees that were formed in the 2005-2006 period.

Local Health Service Advisory Committees and MPS Committees – Members as at 30 June 2006

Barham

Name	Position
Sally McConnell	Staff representative
Joy Eagle	Communication Officer
Ruth Morpeth	Chair
Ciaran Keogh	

Batlow

Name	Position
Jan Knott	
Scott Baron	
Christine Menon	
Diana Droscher	Chair
Isobel Crain	Deputy Chair
Janice Vanzella	
Heather Jamieson	

Bega Valley

Name	Position
Lynne Teale	
Jan Aveyard	Chair
Judith Reid	Communication Officer
Ian Jessop	
Allen Collins	
Pat Luker	
Val Malcolm	

Berrigan

Name	Position
Rowan Perkins	
Elaine Hawkins	
Susanne Chisholm	
Marion Dickins	
John McGrath	
Bill Petzke	
Barbara Fox	
Inara Fox	
Bernard Curtin	Chair

Bombala

Name	Position
Fay Campbell	
Ruth Allan	Chair
Bronwen Longden	
Colin Pate	Medical representative
Jenni Platts	Staff representative
Leslie Smith	Communication Officer
Norman Vincent	
Anna Vincent	
Margaret Knight	

Boorowa

A LHSAC will be formed in Boorowa in July 2006.

Braidwood

Name	Position
Jeremy Campbell-Davys	Chair
David Cargill	
Peter Camiller	
Jo Wilson	
Anthony Cairns	
Margaret Jones	
Geoffrey Bunn	
Kirsten Sturgiss	
Mary Mathias	Deputy Chair

Carrathool

Name	Position
Ellen McMaster	
Jenny Rose	
Clifford Rose	Communication Officer
Vincent Cashmere	Chair
Janette Anthony	Staff representative
Arik Bronstein	Medical representative

Coolamon

Name	Position
Dianne Suidgeest	
Cheryl O'Brien	Deputy Chair
William Levy	Chair
Ruth Holden	
Jacqueline Gattenhoff	
Peter Mangan	
Betty Menzies	

Cooma

Name	Position
Anthony Mackenzie	Chair
Patricia Scheele	
Divina Blanchard	
Anne Goggin	
Judith Gibson	Staff representative

Cootamundra

Name	Position
Carmel Herald	Chair
Eve Everingham	
Jeff Sowiak	Communication Officer
Ruth O'Dwyer	
Margery Taprell	
Fiona Grogan	Staff representative
Jacques Scholtz	Medical representative

Corowa

Name	Position
Ida Mensforth	
Elizabeth Tidd	
Peter Wortmann	
Keith Barber	Chair
Barbara Robinson	Communication Officer
Bruce Slonim	Medical representative
Julianne Whyte*	Staff representative
Gillian Kingston*	Staff representative

*Ms Whyte resigned in May 2006 and was replaced by Ms Kingston

Crookwell

Name	Position
Maureen Boa	
David Rees	
Karin Schaeffer	Staff representative
Doreen Wheelwright	
Johanna Kovats	Medical representative

Culcairn

Name	Position
Nigel Preston	
Bruno Biti	
David Dunbar	Chair
Steven Pinnuck	
Janet Drummond	
Barry Gibbons	
David Gilmour	Deputy Chair

Darlington Point/Coleambally

A LHSAC for Darlington Point will be formed in July 2006.

Delegate

Name	Position
Jan Ingram	Chair
Sue Guthrie	
Pat Ventry	
Natalie Armstrong	
Marion Ingram	
Sonia Davies	

Deniliquin

Name	Position
Sylvia Baker	
Bobby Murphy	
Naomi Willis	
Edgar Day	
Elsa Bolton	
Sue Taylor	Chair

Finley/Tocumwal

Name	Position
Sydney Dudley	
Bradley Carlon	
Esther Bryan	

Goulburn

Name	Position
Julien Vanslambrouck	
Ian Cameron	
Marie Heath	Chair
Lynne Lace	Staff representative
Gabriel Kolos	Medical representative
Simone Goppert	
William Cooper*	

*William Cooper resigned from the Committee in May 2006

Griffith

Name	Position
Andrew Crakanthorp	Chair
Simon Croce	
Deanna Marriott	
John Dal Broi	
Albert Ravanello	
Yvonne Turnell	
Ann-Maree Barbaro	
Julie Henderson	Staff representative
Roger Thompson-Seagrave	Medical representative

Gundagai

Name	Position
Des Manton	
Keith Turner	Chair
Rebecca Smart	
Jennifer McDonnell	

Harden-Murrumburrah

Name	Position
Barry Wooldridge	Chair
Brian Dunn	Communication Officer
Paul Atherton	
Robert Bradly	
Yusuf Khalfan	Medical representative

Hay

Name	Position
Robert McCully	Chair
Robert Behl	
Kellie Rutledge-Robinson	
Jennifer Grimm	
Kim Mitchell	
Michael Beckwith	
Patricia Ray	
Suzanne Thomson	Secretary

Henty

Name	Position
Roslyn Kilo	
Milton Taylor	
Michael Broughan	Chair
Amanda Broughton	

Holbrook

Name	Position
John McInerney	
Desmond Lum	
Jane Bunyan	
Graeme Joyce	Chair
Jody Whitely	
Kevin Farrelly	
Judy Wettenhall	

Jerilderie

Name	Position
Ian Snedden	
Dawn Taylor	
Ruth McRae	Chair
Brian Nethery	

Jindabyne

Name	Position
Bruce Hodges	Chair
Lee Taylor-Friend	Communication Officer
John McLoughlin	
Danni Matson-Ryan	
Verity Jackson	
Cath Newman	
Shari Luckhurst	Staff representative

Junee

Name	Position
Darren Corbett	Chair
Leslie Eisenhauer	
Bronwyn Lemmich	
Gary Dyson	
Robert Smith	
Elizabeth Lewis	

Leeton

Name	Position
Kate Alexander	Communication Officer
Pat Bowles	Chair
Julie Ramponi	
Robyn Whittaker	
Paul Maytom	
Daniel Pettersson	Medical representative

Lockhart

Name	Position
Donna Jones	
Larraine Hoffman	Chair
Ian McLeod	

Moama/Mathoura

Name	Position
Betty Murphy	
Teresa Kerr	
Richard Kerr	

Moulamein /Tooleybuc

Name	Position
Peg Watts	
Margaret Morton	
Barbara Culross	
Beverly McKindlay	
Judith Gatacre	Staff representative
Georgina Douglas	Staff representative
Roslyn Alcorn	

Narrandera

Name	Position
Gayle Murphy	Chair
Joyce Spencer	
Wade Mitchell	Medical representative
Pauline Hatherly	Staff representative
Shirley Walsh	
Sonya Hammer	

Queanbeyan

Name	Position
Kevin Grainger	Chair
Nerida Dean	
Tom Mavec	
Wayne Brown	
Pamela Orr	Representing Bungendore

Temora

Name	Position
Stephen Cooke	
Rick Firman	
Nicole Brindle	Chair
Wendy Skidmore	Staff representative
Ann Pike	
Michel Floyd	

Tumbarumba

Name	Position
Sue Powell	
Ronald Costello	Chair
Ken Campbell	Deputy Chair
Bruce Wright	

Tumut

Name	Position
Alan Tonkin	Chair
Chris Adams	
Trina Thompson	Communication Officer
Isobel Crain	
Daphne Clarke	
Louise Murphy	
Kath Hetherington	
Rhonda Blunt	

Ungarie

Name	Position
John Barron	
Elaine Clemson	
Judy Rogan	
Emma McRae	
Mark Bryant	
Patricia Daly	Secretary
Robert Rattey	Chair

Urana

Name	Position
Denis Smith	
Marea Urquhart	Chair
Janette Dodds	
Janina Korycki	
Harry Couzin	

*Ms Joan Ralston, a long term and valued member of the Committee passed away in June 2006.

Wagga Wagga

Name	Position
Alan Puckett	
Ruth Lennon	
Victoria Wilcox-Brooks	Chair
Anna Nightingale	Communication Officer
Sonia Marshall	Staff representative
Trish Carlson	Representing Tarcutta

West Wyalong

Name	Position
Deardre Haub	Staff Representative/ Communication Officer
Frances Mitchell	
Mal Croucher	
Carolyn Stephenson	Chair
Patricia Daly	Representing Ungarie
Robert Rattey	Representing Ungarie

Yass

Name	Position
Ross Shaw	
Terence Legge	
Kelvin Lees	

Young

Name	Position
Nola Noakes	
Russell Price	
Stephen Ross	
Eric Smith	
John Walker	
Helen Waugh	Chair

Volunteers and Sponsorship

The work of volunteers in GSAHS is invaluable. Volunteers give many thousands of hours, sharing their time and skills to make a significant contribution to the services provided to the community.

Volunteers contribute to all aspects of GSAHS work from assisting in our hospitals, community health services, acting as drivers, undertaking special training to provide a visiting service to home based clients and simply providing a listening ear to community members who are using our facilities.

The work of the members of the United Hospital Auxiliaries deserves special mention. Although they serve primarily as fundraisers to provide equipment for our hospitals they also assist with Meals on Wheels, assisting in our hospitals and add significantly to the sense of community in our facilities.The work of the Auxiliaries and community participation groups has been recognised in Appendices to this report.

In addition to Hospital Auxiliaries there are a great number of volunteers that support GSAHS activities

These include:

- Cancer Patients Assistance Society
- Pastoral carers
- Community transport providers
- Day care volunteers
- Diversional Therapy Volunteers
- Meals on Wheels volunteers
- Palliative care volunteers
- Pink Ladies
- Red Cross Cosmetic Care volunteers
- Legacy, Lions, Rotary and Soroptimist Clubs
- Friends of Hospitals
- Volunteer coordinators
- Individuals who undertake tasks as diverse as attending to patients' flowers, assisting patients with writing of letters, providing cheerful company and conversation for patients, assisting with gardens and grounds, supplying fresh flowers to facilities, conducting music groups and those who visit patients to give them company and attention
- Local staff members who fundraise in their own time.

Many thanks go to these volunteers for their assistance, hard work and dedication.

A special mention should be made of:

- Des Greaves, Pam Potter and Heather Douglas who have worked tirelessly and contributed greatly to Deniliquin Hospital and clients for over 35 years.
- The Finley Hospital Auxiliary which has been nominated by the Finley Hospital staff for the NAB Volunteer Award because of their extraordinary contribution to the hospital and community.
- Valerie Miller, Volunteers Co-coordinator at Wagga Wagga Base Hospital who was a finalist for the Pride of Australia Medal for Community Spirit. This nomination was for an Australian or group of Australians whose selfless, tireless and largely unacknowledged actions have enriched or improved the quality of life for a local community
- John Leonardo from West Wyalong who for the past three years has regularly visited the hospital to provide and place fresh flowers and natives around the hospital. He goes by the title of "John the Flower Man" and is also a volunteer driver.
- Gina McMillan, who tended the entrance garden at Henty Multi Purpose Service, was a community representative for the Continuum of Care Group and a tireless supporter of local residents in need. She recently passed away and is greatly missed by the Henty community.
- Kath Stoneham at Moulamein is a local lady who has been organising Day Care for well over 20 years (not her only volunteering endeavours).
- The Hume Phoenix Inc, local gay and lesbian organisation, who auspice volunteers in Albury area caring for people living with HIV/AIDS. The volunteers assist people living in the community, making life easier for those living with HIV/AIDS, and provide support and assistance to sexual health workers in organising World AIDS Day events, aiming to raise community awareness regarding HIV/AIDS
- Gwen Emery, Gwen Isles and Heather Mills who help support Mathoura Adult Day Care with meal preparation and transport.
- Denise Hanson and Jean Osborne, original members of the Mathoura Hospital Auxiliary who never stop with their fundraising efforts.
- Jessie Beer (President), Naomi Willis, Edna Bennett , Flora Marsh, Barbara Ryan (Secretary) – of the Mayrung Auxiliary have all served well over 20 years, some closer to 40 years. The Treasurer, Hilda Jones has been with the auxiliary for over 40 years.
- Jerilderie MPS Auxiliary President, Nancy Lock and Secretary, Judy Ryan and the other hardworking members of this auxiliary who have raised funds for the purchase of many items for the comfort of patients.

Hospital Auxiliaries

Adelong Auxiliary
President - Ester Whitley
Treasurer - Audrey Weaver
Secretary - Louise Hearn

Barellan Hospital Auxiliary
President - Jean Inglis
Secretary/Treasurer - Val Hawker

Barham-Koondrook Soldiers Memorial Hospital Auxiliary
President - Wilma Brown
Secretary - Joy Eagle
Treasurer - Ethelwyn Hahn

Batemans Bay Hospital Auxiliary
President - Val Langhorn
Secretary - Bev Greenaway
Treasurer - Barbara Brookes

Batlow Hospital Auxiliary
President - Janice Vanzella
Secretary - Christine Menon
Treasurer - Margaret Sedgwick

Bega Hospital Auxiliary
President - Dorothy Mullaney
Secretary - Helen Robbie
Treasurer - Joan Finucane

Berrigan Hospital Auxiliary
President - Jill Edwards
Secretary - Aileen Bradley
Treasurer - Dawn Lane

Bombala Hospital Auxiliary
President - Betty Cowell
Secretary - Jenny Brownlie
Treasurer - Brenda Kelly

Bookham Auxiliary
President - Noeleen Hazell
Secretary - Mavis Armour
Treasurer - Wilma Bingley

Boorowa Hospital Auxiliary
President - Mary Corcoran
Secretary - Elizabeth Masters
Treasurer - Phoebe Stewart

Braidwood Hospital Auxiliary
President - Ken Thomas
Secretary - Clare Sutherland
Treasurer - Jill Judge

Coolamon Auxiliary
President - Betty Menzies
Secretary - Nolene Black
Treasurer - Jenny Kerr

Ganmain Auxiliary
President - Faye Jones
Secretary - Heather Kember
Treasurer - Nita Hare

Cooma Hospital Auxiliary
President - Janette Langwill
Secretary - Jan Carpenter
Treasurer - Mary McKee

Cootamundra District Hospital Auxiliary
President - Chris Kirkland
Secretary - Yvonne Smith
Treasurer - Don Elliot

Corowa District Hospital Auxiliary
President - Dorothy Long
Secretary - Margaret Lingham
Treasurer - Dawn Williams

Crookwell Auxiliary
President - June Dennis
Secretary - Jo Star
Treasurer - Aimee Hallam

Delegate Auxiliary
President - Pat Ventry
Secretary - Julie Craig
Treasurer - Gail Smallman

Deniliquin Hospital Auxiliaries Mayrung Auxiliary
President - Jess Beer
Secretary - Barbara Ryan
Treasurer - Hilda Jones

Naponda Auxiliary
President - Cleone McAllister
Secretary - Belinda Perrett

Mathoura Auxiliary
President - Jean Osborne
Secretary - Denise Hanson
Treasurer - Leanne Vesty

Moulamein Auxiliary
President - Cheryl Garrett
Secretary - Margaret Morton

Finley Hospital Auxiliary
President - Marjorie Kable
Secretary - Maree Matheson
Treasurer - Margaret Ryan

Griffith Base Hospital Auxiliary
President - Irene Pettiford
Secretary - Heather Eagleton
Treasurer - Lavelle Wallace

Gundagai Hospital Auxiliary
President - Helen Turner
Secretary - Josephine Bryan
Treasurer - Maureen Barrington

Hay Hospital United Hospital Auxiliary
President - Norma Milliken
Secretary - Robyn Cattanach
Treasurer - Zelda Rutledge

Henty Hospital Auxiliary
President - Pam Green
Secretary - Marilyn Broughan
Treasurer - Betty Willis

Henty Community Centre Auxiliary
President - Allyn Maher
Secretary - Lorrie Roden
Treasurer - Joan Ubergang

Hillston Hospital Auxiliary
President - Margaret Warren
Secretary - Pat Johnson
Treasurer - Eileen Whelan

Holbrook Hospital Auxiliary
President - Trish Bull
Secretary - Kym Hulme
Treasurer - Nanno MacKinlay

Jerilderie Health Service Auxiliary
President - Nancy Locke
Secretary - Judy Ryan
Treasurer - Pam Collier

Junee District Hospital Auxiliary
President - Bob Mathers
Secretary - Peter Logan
Treasurer - Judy Mathers

Leeton Hospital Auxiliary
President - Des Driscoll
Secretary - Leanne Kidd
Treasurer - Kath Lamont

Lockhart Hospital Auxiliary

President - Larraine Hoffmann
Secretary - Jeanette Baker
Treasurer - Sylvia Creighton

Mathoura Community Health Auxiliary

President - Jean Osborne
Secretary - Denise Hanson
Treasurer - Leanne Vesty

Mercy Care Young Auxiliary

President - Joyce Cavanagh
Secretary - Marie Cass
Treasurer - Janice O'Reilly

Moruya Hospital Auxiliary

President - Jenny Rigby
Secretary - Kath Smith
Treasurer - Chris Smith

Murrumburrah-Harden Hospital Auxiliary

President - Sheila Butterworth
Secretary - Thora White
Treasurer - Rose Adler

Narooma Community Health Auxiliary

President - Raja Ratnam
Secretary - Lizabeth Fell
Treasurer - Lanette Featherston

Narrandera District Hospital Auxiliary

President - Helen Langley
Secretary/Treasurer - Julie Payne

Pambula Merimbula District Hospital Auxiliary

President - Val Fryers
Secretary - Gwen Ginn
Treasurer - J Bennett

Tarcutta Auxiliary

President - Joy Granger
Secretary - Fay Belling
Treasurer - Sue Hardwick

Tathra Auxiliary

President - Allen Collins
Secretary - Betty O'Brien
Treasurer - Audrey McCartney

Temora District Hospital Auxiliary

President - Della Bland
Secretary - Marie Wallace
Treasurer - Mavis Bean

Tocumwal Hospital Auxiliary

President - Valda Cole
Secretary - Mrs Kaye Couch
Treasurer - Pauline Gilbee

Tumbarumba Hospital Auxiliary

President - Gloria Miller
Secretary - Judy Cameron

Tumut District Hospital Auxiliary

President - Trish Clee
Treasurer/Secretary - Rhonda Blunt

Urana Health Service Auxiliary

President - Ann Bourke
Secretary - Kath Dore
Treasurer - Gina Smith

West Queanbeyan Hospital Auxiliary

President - Tui Dawes
Secretary - Nancy Monk
Treasurer - Marion Coffey

West Wyalong Hospital Auxiliary

President - Betty Seberry
Secretary - Mavis Smith
Treasurer - Elsa Moore

Yass Hospital Auxiliary

President - Wendy Findley
Secretary - Lorraine Legge
Treasurer - Shirley Williamson

Young Hospital Auxiliary

President - Chris Page
Secretary - Prue Lindsay
Treasurer - Nola Noakes

FINANCIAL OVERVIEW

Executive Summary

The audited financial statements presented for Greater Southern Area Health Service recognise the amalgamation of the Southern and Greater Murray Area Health Services, which had effect from 1 January 2005. Audited financial statements appear in the Annual Report covering the twelve months ended 30 June 2006. However, as the amalgamation was only effected from 1 January 2005 the previous year comparisons shown in the audited statements are restricted to a period of six months only. For the period 1 July 2005 to 30 June 2006 the Net Cost of Services budget was $660.6 million, against which the audited actuals of $674.8 million represents a variation of $14.2 million or 2.1%.

The reported variation can be attributed to continued high demand for clinical services across GSAHS.

In achieving the above result GSAHS is satisfied that it has operated within the level of government cash payments and restricted operating costs to the budget available. It has also ensured that no general creditors exist at the end of the month in excess of levels agreed with the NSW Department of Health and, further, has effected all loan repayments within the time frames agreed.

Although the audited financial statements show only comparative data for the six months ended 30 June 2005 (consistent with the establishment date of the Area Health Service) information is available for the twelve months ended 30 June 2005, and is shown below with comparison with the 2005/06 result.

	2005/06 Actuals $000	2005/06 Budget $000	2004/05 Actuals $000
Employee Related Expenses	385,923	374,959	343,203
Visiting Medical Officers	52,909	50,698	49,060
Goods and Services	304,528	297,162	236,885
Maintenance	10,513	11,555	9,228
Depreciation and Amortisation	16,511	16,552	18,351
Grants and Subsidies	3,811	2,776	2,867
Finance Costs	926	1,887	119
Payments to Affiliated Health Organisations	12,321	11,906	15,816
Other Expenses			
Total Expenses excluding losses	**787,482**	**767,495**	**675,529**
Sale of Goods and Services	95,366	90,420	84,427
Investment Income	1,360	1,192	680
Grants and Contributions	9,853	8,314	9,577
Other Revenue	6,282	6,992	4,146
Total Retained Revenue	**112,861**	**106,918**	**98,830**
Gain/(Loss) on Disposal	467	0	-14
Other Gains/(Losses)	**(635**	**0**	**0**
Net Cost of Services	**674,789**	**660,577**	**576,685**

The variations in the two years reported stem from budget adjustments and other movements as follows:

Budget Increases 2005/06	$M
Salary Award Entitlements	3.1
Interstate Patient Flows	46.4
Superannuation Adjustments	4.4
Amalgamation Costs	3.1
Leave Accrual Restatements	5.0
Mental Health Enhancements	3.4
Operation Costs	7.4
Elective Surgery Reductions	2.7
	75.5

Program Reporting

The Area Health Service reporting of programs is consistent with the ten programs of health care delivery utilised across NSW Health and satisfies the methodology for apportionment advised by the NSW Department of Health.

No full year comparisons are available in the audited statements, although the table under has been prepared comparing the combined results of GSAHS and its former Area components for the full two year period 1 July 2004 to 30 June 2006.

Program increases of more than 10% together with all program reductions are explained as follows:

Program	2005/06			2004/05		
	Exp	Rev	NCOS	Exp	Rev	NCOS
	$000	$000	$000	$000	$000	$000
Primary and Community	52,670	4,225	48,445	45,909	4,065	41,844
Aboriginal Health	4,024	38	3,986	3,720	45	3,675
Outpatient Services	27,819	1,968	25,850	24,163	1,819	22,344
Emergency Care Services	93,113	5,802	87,311	81,751	5,295	76,456
Overnight Acute	393,567	60,921	332,646	326,344	51,562	274,782
Same Day Acute	61,573	9,441	52,132	52,384	8,610	43,774
Mental Health Services	47,221	2,070	45,150	41,574	1,720	39,854
Rehab and Extended Care	100,221	27,194	73,027	92,792	23,974	68,818
Population Health	4,877	1,668	3,209	4,240	1,766	2,474
Teaching and Research	3,031	0	3,031	2,699	5	2,694
Total	**788,116**	**112,861**	**674,788**	**675,576**	**98,861**	**576,715**

Australian Equivalents to International Financial Reporting Standards 2004/05

As a result of the establishment of the new Area Health Services on 1 January 2005, it was necessary for each Area Health Service to prepare its 2004/05 financial statements utilising the Australian Equivalents to International Financial Reporting Standards (AEIFRS). Each Area Health Service is therefore twelve months in advance of the majority of Government agencies.

Directions in Funding

Significant additional funding was directed by the Government to a range of health priorities as part of the 2005/06 State budget. In particular, increased funding has been directed towards:

- improving access to hospital services, including measures designed to reduce access block in hospitals
- reducing the number of elective/surgical patients, ready for care, especially those who have waited longer than 12 months for treatment.
- further increasing the level of emergency care, community based, acute and sub acute mental health services available across the State.
- increasing service capacity across a range of statewide and selected speciality services. These include neonatal, paediatric and adult intensive care; severe burn services; genetics; and interventional neuroradiology.
- ongoing funding of prior year initiatives.
- Clinical Redesign Program
- Burns Services

The 2006/07 Budget – about the Forthcoming Year

GSAHS received its 2006/07 allocation on 30 June 2006. The allocation is earmarked by the provision of additional funding to address:

- General Growth Funds ($9.3M) – To be applied against a range of additional service enhancements and improvements to assist the Area meet identified needs
- Community Mental Health Initiatives ($1.9M)
- Additional Bed Funding ($3.6M) – additional beds for Wagga, Bega and Albury
- Additional Transitional Care places.

The 2006/07 capital program provides for the continuation of 2005/06 projects including:

- Queanbeyan Hospital
- Kenmore redevelopment
- Batlow MPS
- Berrigan MPS
- Junee Hospital
- Bombala Hospital
- Griffith Hospital Emergency Department
- Moruya Hospital – Ambulatory Services

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Certification of Financial Statements for Period Ending 30 June 2006

The attached financial statement of the Greater Southern Area Health Service for the Year Ended 30th June 2006:

i) Have been prepared in accordance with the requirements of 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 *Health Services ACT 1997* and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals.

ii) Present fairly the financial position and transactions of the Greater Southern Area Health Service; and

iii) Have no circumstances which would render any particulars in the financial; statements to be misleading or inaccurate.

Ms Heather Gray
Chief Executive
Greater Southern Area Health Service

13 November 2006

Mr Peter Gould
Director Corporate Service
Greater Southern Area Health Service

13 November 2006

Ms. H Gray
Chief Executive
Greater Southern Area Health Service
PO Box 1845
QUEANBEYAN NSW 2620

GPO BOX 12
Sydney NSW 2001
9275 7166
DO639281/1316

Dear Ms. Gray

STATUTORY AUDIT REPORT

For the Year Ended 30 June 2006

Greater Southern Area Health Service

I have audited the financial report and transactions of the Greater Southern Area Health Service as required by the Public Finance and Audit Act 1983 (the Act). This Statutory Audit Report outlines the results of my audit for the year ended 30 June 2006, and details any significant matters that in my opinion call for special notice. The Act requires that I send this report to the Greater Southern Area Health Service, the Minister and the Treasurer.

This report is not the independent Audit Report, which expresses my opinion on the Services's financial report. I have enclosed the independent Audit Report, together with the Service's financial report.

Audit Result

I expressed an unqualified opinion on the Service's financial report and I have not identified any significant matters since my previous Statutory Audit Report. My audit is continuous and I may therefore identify new significant matters before the Auditor-General next Reports to Parliament on the Service's audit. If this occurs I will write to you immediately.

Auditor-General's Report to Parliament

Comment on the Service's operations will appear in the Auditor-General's Report to Parliament. I will send a draft of this comment to the Service for review before the Report is tabled.

Scope of the Audit

My audit procedures are targeted specifically towards forming an opinion on the Service's financial report. This includes on the financial report. The results of the audit are reported in this context.

Acknowledgment

I thank the Service's staff for their courtesy and assistance,

Yours sincerely

Peter Carr

Director, Financial Audit Services

Greater Southern Area Health Service

Operating Statement for the year ended 30 June 2006

PARENT					CONSOLIDATION		
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000		Notes	Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
			Expenses excluding losses				
			Operating Expenses				
270,453	374,959	175,663	Employee Related	3	385,923	374,959	175,663
115,470	0	0	Personnel Services	4	0	0	0
52,909	50,698	24,640	Visiting Medical Officers		52,909	50,698	24,640
315,041	308,717	123,207	Other Operating Expenses	5	315,041	308,717	123,207
16,551	16,552	8,777	Depreciation and Amortisation	2(i), 6	16,551	16,552	8,777
3,811	2,776	1,524	Grants and Subsidies	7	3,811	2,776	1,524
926	1,887	58	Finance Costs	8	926	1,887	58
12,321	11,906	8,276	Payments to Affiliated Health Organisations	9	12,321	11,906	8,276
787,482	767,495	342,145	**Total Expenses excluding losses**		787,482	767,495	342,145
			Retained Revenue				
95,366	90,420	43,939	Sale of Goods and Services	10	95,366	90,420	43,939
1,360	1,192	558	Investment Income	11	1,360	1,192	558
12,745	8,314	4,903	Grants and Contributions	12	9,853	8,314	4,903
6,282	6,992	78	Other Revenue	13	6,282	6,992	78
115,753	106,918	49,478	**Total Retained Revenue**		112,861	106,918	49,478
467	0	(7)	Gain/(Loss) on Disposal	14	467	0	(7)
(635)	0	0	Other gains/(losses)	15	(635)	0	0
671,897	660,577	292,674	**Net Cost of Services**	33	674,789	660,577	292,674
			Government Contributions				
			NSW Health Department				
638,538	638,713	257,166	Recurrent Allocations	2(d)	638,538	638,713	257,166
			NSW Health Department				
13,450	14,671	5,216	Capital Allocations	2(d)	13,450	14,671	5,216
			(Asset Sale Proceeds transferred to the				
(2,900)	1,500	0	NSW Health Department)		(2,900)	1,500	0
			Acceptance by the Crown Entity of				
7,161	9,520	14,801	employee superannuation benefits	2(a)	10,053	9,520	14,801
656,249	664,404	277,183	**Total Government Contributions**		659,141	664,404	277,183
(15,648)	3,827	(15,491)	**RESULT FOR THE YEAR**		(15,648)	3,827	(15,491)

The accompanying notes form part of these Financial Statements
2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Greater Southern Area Health Service

Statement of Changes in Equity for the Year Ended 30 June 2006

PARENT					CONSOLIDATION		
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000		Notes	Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
11,687	0	0	Net increase/(decrease) in Property, Plant and Equipment Revaluation Reserve	28	11,687	0	0
11,687	0	0	TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY	28	11,687	0	0
(15,648)	3,827	(15,491)	Result for the Year	28	(15,648)	3,827	(15,491)
(3,961)	3,827	(15,491)	TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR	28	(3,961)	3,827	(15,491)

The accompanying notes form part of these Financial Statements
2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Greater Southern Area Health Service
Balance Sheet as at 30 June 2006

PARENT					CONSOLIDATION		
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000		Notes	Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
			ASSETS				
			Current Assets				
12,804	14,483	7,986	Cash and Cash Equivalents	18	12,804	14,483	7,986
13,542	20,696	12,351	Receivables	19	13,542	20,696	12,351
3,123	2,869	2,919	Inventories	20	3,123	2,869	2,919
315	423	429	Other	21	315	423	429
29,784	38,471	23,685			29,784	38,471	23,685
56	0	3,729	Non Current Assets Held for Sale	23	56	0	3,729
29,840	**38,471**	**27,414**	**Total Current Assets**		**29,840**	**38,471**	**27,414**
			Non-Current Assets				
			Property, Plant and Equipment				
275,153	260,993	267,400	- Land and Buildings	22	275,153	260,993	267,400
22,818	22,826	21,119	- Plant and Equipment	22	22,818	22,826	21,119
1,156	0	0	- Infrastructure Systems	22	1,156	0	0
299,127	**283,819**	**288,519**	Total Property, Plant and Equipment		**299,127**	**283,819**	**288,519**
871	901	951	Other	21	871	901	951
299,998	**284,720**	**289,470**	**Total Non-Current Assets**		**299,998**	**284,720**	**289,470**
329,838	**323,191**	**316,884**	**Total Assets**		**329,838**	**323,191**	**316,884**
			LIABILITIES				
			Current Liabilities				
40,238	18,899	39,795	Payables	25	40,238	18,899	39,795
7,627	7,627	4,765	Borrowings	26	7,627	7,627	4,765
88,669	86,563	81,911	Provisions	27	88,669	86,563	81,911
136,534	**113,089**	**126,471**	**Total Current Liabilities**		**136,534**	**113,089**	**126,471**
			Non-Current Liabilities				
21,028	24,572	13,476	Borrowings	26	21,028	24,572	13,476
2,577	8,053	3,279	Provisions	27	2,577	8,053	3,279
23,605	**32,625**	**16,755**	**Total Non-Current Liabilities**		**23,605**	**32,625**	**16,755**
160,139	**145,714**	**143,226**	**Total Liabilities**		**160,139**	**145,714**	**143,226**
169,699	**177,477**	**173,658**	**Net Assets**		**169,699**	**177,477**	**173,658**
			EQUITY				
11,687	0	0	Reserves	28	11,687	0	0
158,012	177,477	173,658	Accumulated Funds	28	158,012	177,477	173,658
169,699	**177,477**	**173,658**	**Total Equity**		**169,699**	**177,477**	**173,658**

The accompanying notes form part of these Financial Statements.
2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Greater Southern Area Health Service

Cash Flow Statement for the Year Ended 30 June 2006

PARENT					CONSOLIDATION		
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000		Notes	Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(258,562)	(356,183)	(157,648)	Employee Related		(371,140)	(356,183)	(157,648)
(3,811)	(2,776)	(1,677)	Grants and Subsidies		(3,811)	(2,776)	(1,677)
(926)	(1,887)	(58)	Finance Costs		(926)	(1,887)	(58)
(490,117)	(391,139)	(159,407)	Other		(377,539)	(391,139)	(159,407)
(753,416)	(751,985)	(318,790)	Total Payments		(753,416)	(751,985)	(318,790)
			Receipts				
92,626	90,368	38,890	Sale of Goods and Services		92,626	90,368	38,890
696	521	345	Interest Received		696	521	345
16,742	15,978	12,141	Other		16,742	15,978	12,141
110,064	106,867	51,376	Total Receipts		110,064	106,867	51,376
			Cash Flows From Government				
638,538	638,713	257,166	NSW Health Department Recurrent Allocations		638,538	638,713	257,166
13,450	14,670	5,216	NSW Health Department Capital Allocations		13,450	14,670	5,216
0			Asset Sale Proceeds transferred to the		0		
(2,900)	1,500	0	NSW Health Department		(2,900)	1,500	0
649,088	654,883	262,382	Net Cash Flows from Government		649,088	654,883	262,382
			NET CASH FLOWS FROM OPERATING				
5,736	9,765	(5,032)	ACTIVITIES	33	5,736	9,765	(5,032)
			CASH FLOWS FROM INVESTING ACTIVITIES				
			Proceeds from Sale of Land and Buildings, Plant and Equipment				
4,429	1,500	296	and Infrastructure Systems		4,429	1,500	296
			Purchases of Land and Buildings, Plant and Equipment		0		
(15,761)	(18,800)	(6,291)	and Infrastructure Systems		(15,761)	(18,800)	(6,291)
(11,332)	(17,300)	(5,995)	NET CASH FLOWS FROM INVESTING ACTIVITIES		(11,332)	(17,300)	(5,995)

Greater Southern Area Health Service

Cash Flow Statement for the Year Ended 30 June 2006 (Cont.)

PARENT					CONSOLIDATION		
Actual 2006 $000	Budget 2006 $000	Actual 2005 $000		Notes	Actual 2006 $000	Budget 2006 $000	Actual 2005 $000
			CASH FLOWS FROM FINANCING ACTIVITIES				
15,106	20,000	10,934	Proceeds from Borrowings and Advances		15,106	20,000	10,934
(4,692)	(5,968)	0	Repayment of Borrowings and Advances		(4,692)	(5,968)	0
10,414	14,032	10,934	NET CASH FLOWS FROM FINANCING ACTIVITIES		10,414	14,032	10,934
4,818	6,497	(93)	NET INCREASE / (DECREASE) IN CASH		4,818	6,497	(93)
7,986	7,986	0	Opening Cash and Cash Equivalents		7,986	7,986	0
0	0	8,079	Cash Transferred in/(out) as a result of administrative restructuring		0	0	8,079
12,804	14,483	7,986	CLOSING CASH AND CASH EQUIVALENTS	18	12,804	14,483	7,986

The accompanying notes form part of these Financial Statements
2005 comparatives cover only the six months ended 30 June 2005
as the Area was only established with effect from 1 January 2005.

Greater Southern Area Health Service

Cash Flow Statement for the Year Ended 30 June 2006 (Cont.)

SERVICE'S EXPENSES AND REVENUES	Program 1.1 *		Program 1.2 *		Program 1.3 *		Program 2.1 *		Program 2.2 *		Program 2.3 *		Program 3.1 *		Program 4.1 *		Program 5.1 *		Program 6.1 *		Total	
	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses																						
Operating Expenses																						
Employee Related	40,904	18,515	2,397	1,085	17,740	8,030	56,366	25,447	138,245	62,312	29,845	13,474	29,617	14,749	64,046	28,990	3,727	1,687	3,036	1,374	385,923	175,663
Visiting Medical Officers	483	223	632	292	1,678	775	13,630	6,297	23,512	11,227	4,556	2,105	4,063	1,709	4,355	2,012	0	0	0	0	52,909	24,640
Goods and Services	9,156	3,549	431	167	6,886	2,669	18,638	7,224	218,575	84,748	24,456	9,479	10,009	3,249	15,369	5,957	996	386	13	5	304,529	117,433
Maintenance	788	417	26	14	527	279	1,680	889	4,159	2,195	1,117	591	328	390	1,821	964	66	35	0	0	10,512	5,774
Depreciation and Amortisation	828	439	45	24	875	464	2,604	1,381	7,360	3,471	1,426	756	920	920	2,414	1,280	79	42	0	0	16,551	8,777
Grants and Subsidies	645	258	83	33	148	59	583	233	1,243	498	238	95	268	107	578	231	25	10	0	0	3,811	1,524
Finance Costs	64	4	0	0	48	3	112	7	478	30	80	5	48	3	96	6	0	0	0	0	926	58
Payments to Affiliated Health Organisations	0	0	426	286	0	0	0	0	0	0	0	0	0	0	11,895	7,990	0	0	0	0	12,321	8,276
Total Expenses excluding losses	52,868	23,405	4,040	1,901	27,902	12,279	93,613	41,478	393,572	164,481	61,718	26,505	45,253	21,127	100,574	47,430	4,893	2,160	3,049	1,379	787,482	342,145
Revenue																						
Sale of Goods and Services	558	255	0	0	1,391	636	5,200	2,378	57,947	26,284	7,664	3,505	459	753	22,147	10,128	0	0	0	0	95,366	43,939
Investment Income	16	4	0	0	44	11	149	37	457	327	101	25	0	7	593	147	0	0	0	0	1,360	558
Grants and Contributions	3,075	1,500	39	19	398	194	119	58	1,528	745	1,015	495	90	141	1,888	921	1,701	830	0	0	9,853	4,903
Other Revenue	644	8	0	0	161	2	403	5	1,611	20	644	8	0	0	2,819	35	0	0	0	0	6,282	78
Total Revenue	4,293	1,767	39	19	1,994	843	5,871	2,478	61,543	27,376	9,424	4,033	549	901	27,447	11,231	1,701	830	0	0	112,861	49,478
Other Gains / (Losses)	0	0	0	0	0	0	0	0	(72)	(2)	(72)	(2)	0	(2)	(24)	(1)	0	0	0	0	(168)	(7)
Net Cost of Services	48,575	21,638	4,001	1,882	25,908	11,436	87,742	39,000	332,101	137,107	52,366	22,474	44,704	20,228	73,151	36,200	3,192	1,330	3,049	1,379	674,789	292,674

* The name and purpose of each program is summarised in Note 17.

The program statement uses statistical data to 31 December 2005 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2006 and 30 June 2006 which would materially impact this allocation.

2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

1. The Health Service Reporting Entity

The Greater Southern Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005. As a reporting entity the Health Service comprises the services previously provided by the former Greater Murray and Southern Area Health Services.

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service. The Health Service is a not for profit entity.

With effect from 17 March 2006 fundamental changes to the employment arrangements of Health Services were made through amendment to the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997. The status of the previous employees of Health Services changed from that date. They are now employees of the Government of New South Wales in the service of the Crown rather than employees of the Health Service. Employees of the Government are employed in Divisions of the Government Service.

In accordance with Accounting Standards these Divisions are regarded as special purpose entities that must be consolidated with the financial report of the related Health Service. This is because the Divisions were established to provide personnel services to enable a Health Service to exercise its functions.

As a consequence the values in the annual financial statements presented herein consist of the Health Service (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report for the economic entity. Notes have been extended to capture both the Parent and Consolidated values with Notes 3, 4, 12, 25, 27 and 33 being especially relevant.

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

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

These financial statements have been authorised for issue by the Chief Executive on 13 November 2006.

2. Summary of Significant Accounting Policies

The Health Service's financial statements are a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS)), the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Property, plant and equipment, investment property, assets held for trading and available for sale are measured at fair value. Other financial statements items are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial statements.

The financial statements and notes comply with Australian Accounting Standards which include AEIFRS. As Area Health Services were established with effect from 1 January 2005 the comparatives available for the previous accounting period are based on the six months of operation and have been presented in accordance with AEIFRS requirements.

The following Accounting Standards are being early adopted from 1 July 2005:

- AASB 2005-4 regarding the revised AAS139 fair value option;
- UIG 9 regarding the reassessment of embedded derivatives; and
- AASB 2005-06, which excludes from the scope of AASB3, business combinations involving entities or businesses under common control.

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

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Current Annual Leave, Sick Leave and On Costs (including non-monetary benefits)

At the consolidated level of reporting liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term".

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

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

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Parent Health Service beyond that date.

ii) Long Service Leave and Superannuation Benefits

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 17.4% for short term entitlements and 7.6% for long term entitlements above the salary rates immediately payable at 30 June 2006 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The Health Service's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 25, "Payables".

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

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Parent Health Service beyond that date.

iii) Other Provisions

Other provisions exist when: the agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

b) Insurance

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

c) Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

Patient Fees

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

Investment Income

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 when the Health Service's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

Use of Hospital Facilities

Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the NSW Health Department. Charges consist of two components:

- a monthly charge raised by the Health Service based on a percentage of receipts generated
- the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Health Service use in the advancement of the Health Service or individuals within it.

Use of Outside Facilities

The Health Service uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. The Health Service is unable to estimate the value of services provided. They are not considered to be of a material nature.

Grants and Contributions

Grants and Contributions are generally recognised as revenues when the Health Service obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

The Health Service, as a not-for-profit entity has applied the requirements in AASB 1004 Contributions regarding contributions of assets (including grants) and forgiveness of liabilities.

NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the "Result for the Year" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Affiliated Health Organisations have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various assets/ liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Goods & Services Tax (GST)

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

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

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

Health Services recognise patient flows from acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient.

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

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2004/05 activity data using standard cost weighted separation values to reflect estimated costs in 2005/06 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the State/Territory providing the service is reimbursed by the benefiting Area.

The reporting adopted for both inter area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area's resident population and disclose the extent to which service is provided to non residents.

The composition of patient flow revenue/expense is disclosed in Notes 5 and 10.

g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Health Service. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

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

Where settlement of any part of cash consideration is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

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

h) Plant & Equipment and Infrastructure Systems

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

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

i) Depreciation

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

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than $200,000	10.0%
- Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Health Department's "Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property". This policy is also in accordance with NSW Treasury Policy TPP 05-03 "Valuation of Physical Non-Current Assets at Fair Value".

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Health Service revalues Land and Buildings and Infrastructure at minimum every five years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by the Area from the former Greater Murray Area Health Service as at 1 January 2005 was completed on 31 August 2006 and was based on an independent assessment.

Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation are separately restated.

For other assets, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

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

Revaluation decrements are recognised immediately as expenses in the Result for the Year, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempted from AASB 136 Impairment of Assets and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

l) Restoration Costs

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

m) Non Current Assets Held for Sale

The Health Service has certain non-current assets classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

n) 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.

o) Leased Assets

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

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

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

p) Inventories

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

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

q) Other Financial Assets

Financial assets are initially recognised at fair value plus, in the case of financial assets not at fair value through profit or loss, transaction costs.

r) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/ functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds".

Transfers arising from an administrative restructure between Health Services/government departments are recognised at the amount at which the asset was recognised by the transferor Health Service/Government Department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

The establishment of Greater Southern Area Health Service as at 1 January 2005 was made by the transfer of Net Assets of $127.9m from the former Greater Murray Area Health Service and $61.2m from the former Southern Health Area Health Service.

The Statement of Changes in Equity does NOT reflect the Net Assets or change in equity in accordance with AASB 101 Clause 97.

s) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either Greater Southern Area Health Service or its counter party and a financial liability (or equity instrument) of the other party. For Greater Southern Health Service these include cash at bank, receivables, other financial assets, payables and borrowings

In accordance with Australian Accounting Standard AASB139, "Financial Instruments: Recognition and Measurement" disclosure of the carrying amounts for each of the AASB139 categories of financial instruments is disclosed in Note 37. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded and their terms and conditions measured in accordance with AASB139 are as follows:

Cash

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

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 5.8% as compared to 5.0% in the previous year.

Loans and Receivables

Loans and receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. The amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. Bad debts are written off as incurred.

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

Low or zero interest loans are recorded at fair value on inception and amortised cost thereafter. In 2005/06 this has involved the restatement of loan values as at 1 July 2005 for all loans negotiated prior to that date

Other Investments

Terms and interest conditions - Short term deposits have an average maturity of 60 to 90 days and effective interest rates of 5.4% to 6.0% as compared to 4.8% to 5.2% in the previous year.

Trade and Other Payables

Accounting Policies - These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the 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.

Borrowings

Accounting Policies - Bank Overdrafts are carried at the principal amount. Other loans are classified as non trading liabilities and measured at amortised cost. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with AASB117, "Leases".

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate. Non interest bearing loans of $27.6 million are repayable in annual instalments with the final instalment due on 30 June 2011. Interest bearing loans are payable at 6 month intervals with interest charged at 6.25%.

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

t) Borrowings

Non interest bearing loans within NSW Health are initially measured at fair value and amortised thereafter. All other loans are valued at amortised cost.

u) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 30. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

v) Budgeted Amounts

The budgeted amounts are drawn from the budgets agreed with the NSW Health Department at the beginning of the financial reporting period and with any adjustments for the effects of additional supplementation provided.

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

3. Employee Related

Employee related expenses comprise the following:

194,209	127,581	Salaries and Wages	272,639	127,581
11,511	3,099	Awards	16,159	3,099
7,981	5,548	Superannuation [see note 2(a)] - defined benefit plans	12,823	5,548
12,044	9,253	Superannuation [see note 2(a)] - defined contributions	19,350	9,253
8,435	5,188	Long Service Leave [see note 2(a)]	11,842	5,188
18,492	12,692	Annual Leave [see note 2(a)]	25,960	12,692
4,225	483	Redundancies	8,140	483
890	1,962	Nursing Agency Payments	1,249	1,962
3,239	1,554	Other Agency Payments	4,547	1,554
9,378	8,126	Workers Compensation Insurance	13,165	8,126
49	177	Fringe Benefits Tax	49	177
270,453	**175,663**		**385,923**	**175,663**

Note 1 addresses the changes in employment status effective from 17 March 2006

4. Personnel Services

Personnel Services comprise the purchase of the following:

78,430	0	Salaries and Wages	0	0
4,648	0	Awards	0	0
4,842	0	Superannuation [see note 2(a)] - defined benefit plans	0	0
7,305	0	Superannuation [see note 2(a)] - defined contributions	0	0
3,407	0	Long Service Leave [see note 2(a)]	0	0
7,468	0	Annual Leave [see note 2(a)]	0	0
3,915	0	Redundancies	0	0
359	0	Nursing Agency Payments	0	0
1,308	0	Other Agency Payments	0	0
3,788	0	Workers Compensation Insurance	0	0
115,470	**0**		**0**	**0**

Note 1 addresses the changes in employment status effective from 17 March 2006

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

5. Other Operating Expenses

2,062	1,670	Blood and Blood Products	2,062	1,670
5,653	2,474	Domestic Supplies and Services	5,653	2,474
14,175	6,290	Drug Supplies	14,175	6,290
5,762	2,870	Food Supplies	5,762	2,870
5,447	2,538	Fuel, Light and Power	5,447	2,538
20,334	6,418	General Expenses (See (b) below)	20,334	6,418
7,363	2,650	Hospital Ambulance Transport Costs	7,363	2,650
5,196	3,342	Information Management Expenses	5,196	3,342
93	196	Insurance	93	196
44,644	17,941	Inter Area Patient Outflows, NSW (See (d) below)	44,644	17,941
134,554	44,231	Interstate Patient Outflows (See (e) below)	134,554	44,231
		Maintenance (See (c) below)		
2,121	1,011	Maintenance Contracts	2,121	1,011
2,851	1,178	New/Replacement Equipment under $5,000	2,851	1,178
4,220	2,945	Repairs	4,220	2,945
1,321	643	Other	1,321	643
18,667	8,005	Medical and Surgical Supplies	18,667	8,005
2,981	1,635	Postal and Telephone Costs	2,981	1,635
1,972	721	Printing and Stationery	1,972	721
614	150	Rates and Charges	614	150
3,389	1,720	Rental	3,389	1,720
22,895	10,586	Special Service Departments	22,895	10,586
389	17	Staff Related Costs	389	17
5,182	2,846	Sundry Operating Expenses (See (a) below)	5,182	2,846
3,156	1,130	Travel Related Costs	3,156	1,130
315,041	123,207		315,041	123,207

PARENT 2006 $000	PARENT 2005 $000		CONSOLIDATION 2006 $000	CONSOLIDATION 2005 $000
		(a) Sundry Operating Expenses comprise:		
3,703	2,111	Aircraft Expenses (Ambulance)	3,703	2,111
1	0	Contract for Patient Services	1	0
1,478	735	Isolated Patient Travel and Accommodation Assistance Scheme	1,478	735
5,182	**2,846**		**5,182**	**2,846**
		(b) General Expenses include:-		
499	207	Advertising	499	207
169	80	Books, Magazines and Journals	169	80
		Consultancies		
934	148	- Operating Activities	934	148
1,517	607	Courier and Freight	1,517	607
128	127	Auditor's Remuneration - Audit of financial reports	128	127
454	336	Legal Services	454	336
285	146	Membership/Professional Fees	285	146
3,576	1,606	Motor Vehicle Operating Lease Expense - minimum lease payments	3,576	1,606
3,408	1,444	Other Operating Lease Expense - minimum lease payments	3,408	1,444
208	19	Quality Assurance/Accreditation	208	19
536	570	Data Recording and Storage	536	570
		(c) Reconciliation Total Maintenance		
		Maintenance expense - contracted labour and other (non employee		
10,513	5,777	related), included in Note 5	10,513	5,777
7,754	3,315	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	7,754	3,315
18,267	**9,092**	Total maintenance expenses included in Notes 3, 4 and 5	**18,267**	**9,092**
		(d) Expenses for Inter Area Patient Flows, NSW on an Area basis are as follows:-		
7,695	4,087	Sydney South West AHS	7,695	4,087
18,044	8,328	South East Illawarra AHS	18,044	8,328
10,194	1,729	Sydney West AHS	10,194	1,729
2,292	902	Northern Sydney/Central Coast AHS	2,292	902
485	271	Hunter New England AHS	485	271
305	106	North Coast AHS	305	106
2,733	882	Greater Western AHS	2,733	882
2,896	1,636	Children's Hospital	2,896	1,636
44,644	**17,941**		**44,644**	**17,941**
		(e) Expenses for Interstate Patient Flows are as follows:-		
82,385	27,886	ACT	82,385	27,886
221	491	Queensland	221	491
431	111	South Australia	431	111
51,425	15,578	Victoria	51,425	15,578
86	15	Tasmania	86	15
71	36	Northern Territory	71	36
(65)	114	Western Australia	(65)	114
134,554	**44,231**		**134,554**	**44,231**

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000
		6. Depreciation and Amortisation		
12,105	6,492	Depreciation - Buildings	12,105	6,492
4,446	2,285	Depreciation - Plant and Equipment	4,446	2,285
16,551	8,777		16,551	8,777
		7. Grants and Subsidies		
1,731	1,287	Non Government Voluntary Organisations	1,731	1,287
2,080	237	Other	2,080	237
3,811	1,524		3,811	1,524
		8. Finance Costs		
900	58	Interest on Bank Overdrafts and Loans	900	58
26	0	Other Interest Charges	26	0
926	58	Total Borrowing Costs	926	58
		9. Payments to Affiliated Health Organisations		
		(a) Recurrent Sourced		
0	3,185	St John of God Goulburn	0	3,185
4,682	2,193	Mercy Care Centre- Young	4,682	2,193
7,639	2,898	Mercy Care Centre- Albury	7,639	2,898
12,321	8,276		12,321	8,276

PARENT 2006 $000	PARENT 2005 $000		CONSOLIDATION 2006 $000	CONSOLIDATION 2005 $000
		10. Sale of Goods / Rendering of Services		
		(a) Sale of Goods comprise the following:-		
389	225	Sale of Prosthesis	389	225
		(b) Rendering of Services comprise the following:-		
51,979	25,033	Patient Fees [see note 2(d)]	51,979	25,033
80	333	Staff-Meals and Accommodation	80	333
4,666	2,353	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	4,666	2,353
364	192	Cafeteria/Kiosk	364	192
673	778	Commercial Activities	673	778
48	37	Fees for Medical Records	48	37
17	20	Linen Service Revenues - Other Health Services	17	20
252	137	Linen Service Revenues - Non Health Services	252	137
803	391	Meals on Wheels	803	391
102	112	Pharmacy Sales	102	112
15,235	6,955	Patient Inflows from Interstate [see note (d) below]	15,235	6,955
9,629	3,191	Inter Area Patient Inflows, NSW [see note (c) below]	9,629	3,191
11,129	4,182	Other	11,129	4,182
95,366	**43,939**		**95,366**	**43,939**
		(c) Revenues from Inter Area Patient Flows, NSW on an Area basis are as		
843	506	Sydney South West AHS	843	506
1,594	821	South East Illawarra AHS	1,594	821
348	197	Sydney West AHS	348	197
389	180	Northern Sydney/Central Coast AHS	389	180
416	275	Hunter New England AHS	416	275
227	69	North Coast AHS	227	69
5,812	1,143	Greater Western AHS	5,812	1,143
9,629	**3,191**		**9,629**	**3,191**
		(d) Revenues from Patient Inflows from Interstate are as follows:-		
1,237	769	ACT	1,237	769
412	290	Queensland	412	290
254	92	South Australia	254	92
13,205	5,725	Victoria	13,205	5,725
(21)	44	Tasmania	(21)	44
41	5	Nothern Territory	41	5
107	30	Western Australia	107	30
15,235	**6,955**		**15,235**	**6,955**
		11. Investment Income		
696	344	Interest	696	344
664	214	Other	664	214
1,360	**558**		**1,360**	**558**

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000
		12. Grants and Contributions		
3,562	1,737	Commonwealth Government grants	3,562	1,737
2,784	861	Industry Contributions/Donations	2,784	861
1,983	715	Mammography grants	1,983	715
1,272	0	NSW Government grants	1,272	0
2,892	0	Personnel Services - Superannuation Defined Benefits	0	0
252	1,590	Other grants	252	1,590
12,745	4,903		9,853	4,903
		13. Other Revenue		
		Other Revenue comprises the following:-		
22	0	Bad Debts recovered	22	0
52	6	Commissions	52	6
71	22	Conference and Training Fees	71	22
20	17	Sale of Merchandise, Old Wares and Books	20	17
22	0	Sponsorship Income	22	0
6,095	33	Other	6,095	33
6,282	78		6,282	78
		14. Gain/(Loss) on Disposal of Non Current Assets		
1,056	1,205	Property Plant and Equipment	1,056	1,205
767	902	Less Accumulated Depreciation	767	902
289	303	Written Down Value	289	303
306	296	Less Proceeds from Disposal	306	296
17	(7)	Gain/(Loss) on Disposal of Property Plant and Equipment	17	(7)
3,673	0	Assets Held for Sale	3,673	0
4,123	0	Less Proceeds from Disposal	4,123	0
450	0	Gain/(Loss) on Disposal of Assets Held for Sale	450	0
467	(7)	Total Gain/(Loss) on Disposal	467	(7)

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

15. Other Gains/(Losses)

0	0	Property, plant and equipment asset revaluation increment/decrement	0	0
(635)	0	Impairment of Receivables	(635)	0
(635)	0		(635)	0

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16. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	18	7	1,218	1,243
Contributions recognised in amalgamated balance as at 1 January 2005 which were not expended in the current reporting period	609	411	5,504	6,524
Total amount of unexpended contributions as at balance date	627	418	6,722	7,767

Comment on restricted assets appears in Note 24

17. Programs/Activities of the Health Service

Program 1.1 - Primary and Community Based Services

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

Program 1.2 - Aboriginal Health Services

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

Program 1.3 - Outpatient Services

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

Program 2.1 - Emergency Services

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

Program 2.2 - Overnight Acute Inpatient Services

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

Program 2.3 - Same Day Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program 3.1 - Mental Health Services

Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 - Rehabilitation and Extended Care Services

Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 - Population Health Services

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 - Teaching and Research

Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

18. Current Assets - Cash and Cash Equivalents

6,012	2,384	Cash at bank and on hand	6,012	2,384
6,792	5,602	Short Term Deposits	6,792	5,602
12,804	**7,986**		**12,804**	**7,986**

Cash assets recognised in the Balance Sheet are reconciled to cash at the end of the financial year as shown in the Cash Flow Statement as follows:

12,804	7,986	Cash and cash equivalents (per Balance Sheet)	12,804	7,986
12,804	**7,986**	Closing Cash and Cash Equivalents (per Cash Flow Statement)	**12,804**	**7,986**

19. Current/Non Current Receivables

		Current		
9,808	7,251	(a) Sale of Goods and Services	9,808	7,251
92	83	Leave Mobility	92	83
1,591	3,896	NSW Health Department	1,591	3,896
2,725	1,910	Other Debtors	2,725	1,910
14,216	13,140	Sub Total	14,216	13,140
(674)	(789)	Less Allowance for impairment	(674)	(789)
13,542	**12,351**	Total	**13,542**	**12,351**

(b) Impairment of Receivables during the year - Current

		Receivables		
751	717	- Sale of Goods and Services	751	717
751	**717**		**751**	**717**

(c) Sale of Goods and Services Receivables include:

1,310	887	Patient Fees - Compensable	1,310	887
232	155	Patient Fees - Ineligible	232	155
3,250	2,967	Patient Fees - Other	3,250	2,967

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

20. Inventories

		Current - at cost		
890	799	Drugs	890	799
2,022	1,746	Medical and Surgical Supplies	2,022	1,746
0	191	Food and Hotel Supplies	0	191
211	183	Engineering Supplies	211	183
3,123	**2,919**		**3,123**	**2,919**

21. Current/Non Current Assets - Other

		Current		
315	429	Prepayments	315	429
315	**429**		**315**	**429**
		Non Current		
871	951	Prepayments	871	951
871	**951**		**871**	**951**

22. Property, Plant and Equipment

		Land and Buildings		
472,575	452,717	At Fair Value	472,575	452,717
197,422	185,317	Less Accumulated depreciation and impairment	197,422	185,317
275,153	**267,400**		**275,153**	**267,400**
		Plant and Equipment		
71,669	66,292	At Fair Value	71,669	66,292
48,851	45,173	Less Accumulated depreciation and impairment	48,851	45,173
22,818	**21,119**		**22,818**	**21,119**
		Infrastructure Systems		
1,156	0	At Fair Value	1,156	0
0	0	Less Accumulated depreciation and impairment	0	0
1,156	**0**		**1,156**	**0**
		Total Property, Plant and Equipment		
299,127	**288,519**	At Net Carrying Value	**299,127**	**288,519**

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22. Property, Plant and Equipment - Reconciliations

	Land	Buildings	Work in Progress	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000
2006						
Carrying amount at start of year	20,623	236,779	9,998	21,119	0	288,519
Additions	251	271	8,992	6,171	76	15,761
Disposals	(195)	0	0	(95)	0	(290)
Administrative restructures - transfers in/(out)	0	0	0	0	0	0
Net revaluation increment less revaluation decrements recognised in reserves	11,447	240	0	0	0	11,687
Depreciation expense	0	(12,105)	0	(4,445)	0	(16,550)
Reclassifications	0	0	(1,079)	0	1,079	0
Carrying amount at end of year	32,126	225,185	17,911	22,750	1,155	299,127

	Land	Buildings	Work in Progress	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000
2005						
Carrying amount at start of year	0	0	0	0	0	0
Additions	0	701	4,489	1,101	0	6,291
Disposals	(120)	(88)	0	(95)	0	(303)
Other	0	0	0	(23)	0	(23)
Administrative restructures - transfers in/(out)	20,743	235,708	13,775	21,105	0	291,331
Depreciation expense	0	(6,492)	0	(2,285)	0	(8,777)
Reclassifications	0	6,950	(8,266)	1,316	0	0
Carrying amount at end of year	20,623	236,779	9,998	21,119	0	288,519

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

(ii) Land and Buildings of the former Greater Murray Area Health Service were valued by NSW Department of Commerce - Property Valuation Services on 31 August 2006 (see note 2(j)). The other Land and Buildings were valued by NSW Department of Commerce - Property Valuation Services on 01 July 2003.

The NSW Department of Commerce is not an employee of the Health Service.

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

23. Non Current Assets held for sale

		Assets held for sale		
56	3,729	Land and Buildings	56	3,729
56	**3,729**		**56**	**3,729**
		Amounts recognised in equity relating to assets held for sale		
0	(1,350)	Property, plant and equipment asset revaluation increments/decrements	0	(1,350)
0	**(1,350)**		**0**	**(1,350)**

24. Restricted Assets

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

		Category	Brief Details of Externally Imposed Conditions including Asset Category affected		
4,348	5,314	Specific Purposes	Hospital/Ward specific	4,348	5,314
293	0	Perpetually Invested Funds	Hospital/Ward specific	293	0
3,126	1,126	Other	Not restricted to specific hospitals	3,126	1,126
7,767	**6,440**			**7,767**	**6,440**

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

25. Payables

		Current		
0	8,983	Accrued Salaries and Wages	7,618	8,983
0	1,467	Payroll Deductions	2,462	1,467
10,080	0	Accrued Liability - Purchase of Personnel Services	0	0
26,534	28,818	Creditors	26,534	28,818
		Other Creditors		
1,348	0	- Capital Works	1,348	0
2,276	527	- Intra Health Liability	2,276	527
40,238	**39,795**		**40,238**	**39,795**

26. Current/Non Current Borrowings

		Current		
7,627	4,692	Other Loans and Deposits	7,627	4,692
0	73	Other	0	73
7,627	**4,765**		**7,627**	**4,765**
		Non Current		
21,028	13,476	Other Loans and Deposits	21,028	13,476
21,028	**13,476**		**21,028**	**13,476**

Other loans and deposits still to be extinguished represent monies to be repaid to the NSW Health Department.

Final Repayment is scheduled for 30 June 2011

		Repayment of Borrowings (excluding Finance Leases)		
7,627	4,765	Not later than one year	7,627	4,765
21,028	13,476	Between one and five years	21,028	13,476
0	0	Later than five years	0	0
28,655	**18,241**	Total Borrowings at face value (excluding Finance Leases)	**28,655**	**18,241**

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

27. Provisions

		Current Employee benefits and related on-costs		
0	22,602	Employee Annual Leave - Short Term Benefit	25,980	22,602
0	6,375	Employee Annual Leave - Long Term Benefit	7,467	6,375
0	5,563	Employee Long Service Leave - Short Term Benefit	5,093	5,563
0	47,371	Employee Long Service Leave - Long Term Benefit	50,129	47,371
88,669	0	Provision for Personnel Services Liability	0	0
88,669	**81,911**	Total Current Provisions	**88,669**	**81,911**
		Non Current Employee benefits and related on-costs		
0	3,279	Employee Long Service Leave - Conditional	2,577	3,279
2,577	0	Provision for Personnel Services Liability	0	0
2,577	**3,279**	Total Non Current Provisions	**2,577**	**3,279**
		Aggregate Employee Benefits and Related On-costs		
88,669	81,911	Provisions - current	88,669	81,911
2,577	3,279	Provisions - non-current	2,577	3,279
0	8,983	Accrued Salaries and Wages and on costs (Note 25)	10,080	8,983
10,080	0	Accrued Liability - Purchase of Personnel Services (Note 25)	0	0
101,326	**94,173**		**101,326**	**94,173**

28 PARENT & CONSOLIDATION

Equity	Accumulated Funds		Asset Revaluation Reserve		Available for Sale Reserves		Total Equity	
	2006	2005	2006	2005	2006	2005	2006	2005
	$000	$000	$000	$000	$000	$000	$000	$000
Balance at the beginning of the financial reporting period	**173,658**	**0**	**0**	**0**	**0**	**0**	**173,658**	**0**
Correction of errors	2	0	0	0	0	0	2	0
Restated Opening Balance	173,660	0	0	0	0	0	173,660	0
Changes in equity - transactions with owners as owners								
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	0	189,149	0	0	0	0	0	189,149
Total	0	189,149	0	0	0	0	0	189,149
Changes in equity - other than transactions with owners as owners								
Result for the year	(15,648)	(15,491)	0	0	0	0	(15,648)	(15,491)
Increment/(Decrement) on Revaluation of:								
Land	0	0	11,447	0	0	0	11,447	0
Buildings	0	0	240	0	0	0	240	0
Total	(15,648)	(15,491)	11,687	0	0	0	(3,961)	(15,491)
Transfers within equity								
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0
Balance at the end of the financial reporting period	158,012	173,658	11,687	0	0	0	169,699	173,658

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Health Service's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(j).

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

29. Commitments for Expenditure

(a) Capital Commitments

Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:

2,275	2,374	Not later than one year	2,275	2,374
2,275	2,374	Total Capital Expenditure Commitments (including GST)	2,275	2,374

(b) Other Expenditure Commitments

Aggregate other expenditure contracted for at balance date but not provided for in the accounts:

1,911	944	Not later than one year	1,911	944
842	647	Later than one year and not later than five years	842	647
0	0	Later than five years	0	0
2,753	1,591	Total Other Expenditure Commitments (including GST)	2,753	1,591

(c) Operating Lease Commitments

Commitments in relation to non-cancellable operating leases are payable as follows:

4,968	3,882	Not later than one year	4,968	3,882
5,307	4,509	Later than one year and not later than five years	5,307	4,509
226	31	Later than five years	226	31
10,501	8,422	Total Operating Lease Commitments (including GST)	10,501	8,422

(d) Contingent Asset related to Commitments for Expenditure

The total of "Commitments for Expenditure" above includes input tax credits of $1,038K that are expected to be recoverable from the Australian Taxation Office.

PARENT & CONSOLIDATION

30. Trust Funds

The Health Service holds trust fund moneys of $1.777 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 the Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Patient Trust		Refundable Deposits		Private Practice Trust Funds	
	2006	2005	2006	2005	2006	2005
	$000	$000	$000	$000	$000	$000
Cash Balance at the beginning of the financial reporting period	535	0	97	0	166	0
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	0	542	0	96	0	209
Receipts	1,279	261	383	44	4,800	1,336
Expenditure	(662)	(268)	(362)	(43)	(4,459)	(1,379)
Cash Balance at the end of the financial reporting period	1,152	535	118	97	507	166

31. Contingent Liabilities

a) Claims on Managed Fund

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

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 1999/2000 fund year and an interim adjustment for the 2001/2002 fund year were not calculated until 2005/06. As a result, the 2000/2001 final and 2002/03 interim hindsight calculations will be paid in 2006/07.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

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

PARENT & CONSOLIDATION

32. Charitable Fundraising Activities

Fundraising Activities

The Greater Southern Area Health Service conducts direct fundraising in all hospitals under its control.

All revenue and expenses have been recognised in the financial statements of the Greater Southern Area Health Service. Fundraising activities are dissected as follows:

	INCOME RAISED $000	DIRECT EXPENDITURE* $000	INDIRECT EXPENDITURE+ $000	NET PROCEEDS $000
Functions	3	0	0	3
	3	0	0	3
Percentage of Income	100%			100%

* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc

\+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:	$000
Purchase of Equipment	2
Held in Special Purpose & Trust Fund Pending Purchase	1
	3

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

PARENT			CONSOLIDATION	
2006	2005		2006	2005
$000	$000		$000	$000

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

5,736	(5,032)	Net Cash Flows from Operating Activities	5,736	(5,032)
(16,551)	(8,777)	Depreciation	(16,551)	(8,777)
115	(279)	Allowance for impairment of receivables	115	(279)
(7,161)	(14,801)	Acceptance by the Crown Entity of Employee Superannuation Benefits	(10,053)	(14,801)
(6,056)	(4,724)	(Increase)/ Decrease in Provisions	(6,056)	(4,724)
1,084	(970)	Increase / (Decrease) in Receivables, Prepayments and Other Assets	1,084	(970)
(443)	4,298	(Increase)/ Decrease in Payables	(443)	4,298
467	(7)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	467	(7)
(638,538)	(257,166)	(NSW Health Department Recurrent Allocations)	(638,538)	(257,166)
(13,450)	(5,216)	(NSW Health Department Capital Allocations)	(13,450)	(5,216)
2,900	0	(NSW Health Department Asset sale proceeds)	2,900	0
(671,897)	(292,674)	Net Cost of Services	(674,789)	(292,674)

34. 2005/06 Voluntary Services

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

Services provided include:

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

35. Unclaimed Moneys

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

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are rec

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

PARENT & CONSOLIDATION

36. Budget Review

Net Cost of Services

The actual net cost of services was higher than budget by $14.2M (2.2%). Total Expenditure was approx $20.0M unfavourable to budget, Total retained revenue was approx $5.9M favourable to budget targets. The Area continues to experience increases in demand for services across Southern New South Wales. The continued high costs of providing public health services in a rural environment continues to impact the costs of the Area Health Service. These cost increases have primarily impacted in employee related costs and goods & services expenses. Revenue favourability in the sale of goods & services supported the unfavourable position in total expenses. This favourability was primarily in Department of Veteran's Affairs (DVA) revenue.

Result for the Year

The Result for the year was unfavourable to budget by $19.475M. Government contributions for the year totalled $659.1M, which was approx $5.3M lower than budgeted for and reflects the transfer of Asset Sale proceeds to NSW Health . Recurrent allocations were in line with budgeted amounts.

Assets and Liabilities

Total assets exceeded budget by approx $6.6M which is an increase on last year of approx $13M. The increase is principally due to the asset revaluation of $11.7M. Total liabilities exceeded budget by approx $14.4M which represents an increase of $16.9M on last year. This increase is generally in line with the operating results for the Area.

Cash Flows

Closing cash & cash equivalents increased by $4.8M during the year but were approx $1.7M unfavourable to budget. Operating activities were approx $4.0M unfavourable to budget. Operating payments were approx $1.4m unfavourable to budget. Total operating receipts were approx $3.2M above budget for the year and reflects the improved revenue results for the year. Movements in the level of the NSW Health Department recurrent allocation that have occurred since the time of the initial allocation on July 1, 2005 are as follows:

'$000'	
Initial Allocation, July 1, 2005	503,351
Interstate Patient Flows	46,454
Inter Area Patient Flows	35,015
Superannuation Adjustments	4,439
Amalgamation Seperation Costs	3,091
Leave Accrual Restatements	5,033
Mental Health Enhancements	3,439
Elective Surgery List Reduction	2,656
General Assistance	7,366
Award Costs	3,119
Rural Doctors Grants	1,065
Workforce Development & Leadership	925
Other Miscellaneous Adjustments	22,760
Balance as per Operating Statement	638,713

PARENT & CONSOLIDATION

37. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates.
Greater Southern Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Balance Sheet date are as follows:

Financial Instruments	Floating interest rate		Fixed interest rate maturing in: 1 year or less		Over 1 to 5 years		More than 5 years		Non-interest bearing		Total carrying amount as per the Balance Sheet		Weighted average effective interest rate *	
	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 $000	2005 $000	2006 %	2005 %
Financial Assets														
Cash	12,723	7,986	0	0	0	0	0	0	80	0	12,803	7,986	5.80%	5.00%
Receivables	0	0	0	0	0	0	0	0	13,542	12,351	13,542	12,351	0.00%	0.00%
Total Financial Assets	12,723	7,986	0	0	0	0	0	0	13,622	12,351	26,345	20,337	5.80%	5.00%
Financial Liabilities														
Borrowings-Other	0	0	344	0	707	344	0	1,722	27,604	16,175	28,655	18,241	6.25%	6.00%
Payables	0	0	0	0	0	0	0	0	40,238	39,795	40,238	39,795	0.00%	0.00%
Total Financial Liabilities	0	0	344	0	707	344	0	1,722	67,842	55,970	68,893	58,036	6.25%	6.00%

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

37. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder.
The Greater Southern Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Financial Assets										
Cash	0	0	12,723	7,986	0	0	80	0	12,803	7,986
Receivables	4,491	6,329	0	0	4,792	4,009	4,259	2,013	13,542	12,351
Total Financial Assets	4,491	6,329	12,723	7,986	4,792	4,009	4,339	2,013	26,345	20,337

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 $232K at balance date.

c) Derivative Financial Instruments

The Greater Southern Area Health Service holds no Derivative Financial Instruments.

38. Cross Border Issues

Effective from 1 July 2003, the area Health Service entered into an agreement with the Wodonga Regional Health Service whereby it assumes reponsibility for the provision of service at Abury Base Hospital.
The agreement seeks through improved integration of hospital and health services to improve continuity of care and access to services.
The agreement has been extended for a further two year period with effect from 1 July 2006.

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Certification of Financial Statements for Period Ending 30 June 2006

The attached financial statement of the Greater Southern Area Health Service Special Purpose Service Entity for the Year Ended 30th June 2006:

i) Have been prepared in accordance with the requirements of 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 *Health Services ACT 1997* and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals.

ii) Present fairly the financial position and transactions of the Greater Southern Area Health Service; and

iii) Have no circumstances which would render any particulars in the financial; statements to be misleading or inaccurate.

Ms Heather Gray
Chief Executive
Greater Southern Area Health Service

13 November 2006

Mr Peter Gould
Director Corporate Service
Greater Southern Area Health Service

13 November 2006

Ms. H Gray
Chief Executive
Greater Southern Area Health Service
PO Box 1845
QUEANBEYAN NSW 2620

GPO BOX 12
Sydney NSW 2001
9275 7166
DO639279/1316

15 November 2006

Dear Ms. Gray

STATUTORY AUDIT REPORT

For the Year Period 17 March 2006 to June 2006

Greater Southern Area Health Service Special Purpose Service Entity

I have audited the financial report and transactions of the Greater Southern Area Health Service Special Purpose Service Entity as required by the *Public Finance and Audit Act 1983* (the Act). This Statutory Audit Report outlines the results of my audit for the period ended 30 June 2006, and details any significant matters that in my opinion call for special notice. The Act requires that I send this report to the Greater Southern Area Health Service, the Minister and the Treasurer.

This report is not the independent Audit Report, which expresses my opinion on the Greater Southern Area Health Service Special Purpose Service Entity's financial report. I have enclosed the independent Audit Report, together with the Greater Southern Area Health Service Special Purpose Service Entity's financial report.

Audit Result

I expressed an unqualified opinion on the Entity's financial report and I have not identified any significant issues. My audit is continuous and I may therefore identify new significant matters before the Auditor-General's next Reports to Parliament on the Greater Southern Area Health Service Special Purpose Service Entity's audit. If this occurs I will write to you immediately.

Auditor-General's Report to Parliament

Comment on the Greater Southern Area Health Service Special Purpose Service Entity's activities and financial operations, performance and compliance will appear in the Auditor-General's Report to Parliament. I will send a draft of this comment to the Greater Southern Area Health Service for review before the Report is tabled.

Scope of the Audit

My audit procedures are targeted specifically towards forming an opinion on the Greater Southern Area Health Service Special Purpose Service Entity's financial report. This includes testing whether the Entity complied with key legislation that may materially impact on the financial report. The results of the audit are reported in this context

Acknowledgment

I thank the Greater Southern Area Health Service Special Purpose Service Entity's staff for their courtesy and assistance.

Yours sincerely

Peter Carr

Director, Financial Audit Services

Income Statement of the Greater Southern Area Health Service
Special Purpose Service Entity for the Period Ended 30 June 2006

	2006 $000
Income	
Acceptance by the Crown Entity of employee superannuation benefits	2,892
Personnel services	115,470
Total income	118,362
Expenses	
Salaries & Wages	86,993
Defined contribution superannuation	7,305
Defined benefit superannuation	4,842
Long Service Leave	3,407
Recreation Leave	7,468
Nursing Agency Payments	359
Other Agency Payments	1,308
Workers Compensation Insurance	3,788
Grants and Subsidies	2,892
Total expense	118,362
Operating Result	0

Statement of Changes of Equity of the Greater Southern Area Health Service
Special Purpose Service Entity for the Period Ended 30 June 2006

	2006 $000
Opening Equity	0
Result for the Year	0
Balance 30 June 2006	0

The accompanying notes form part of these Financial Statements

Balance Sheet of the Greater Southern Area Health Service
Special Purpose Service Entity as at 30 June 2006

	Notes	2006 $000
ASSETS		
Current Assets		
Receivables	2	98,749
Non-Current Assets		
Receivables	2	2,577
Total Assets		101,326
LIABILITIES		
Current Liabilities		
Payables	3	10,080
Provisions	4	88,669
Total Current Liabilities		98,749
Non-Current Liabilites		
Provisions	4	2,577
Total Non-Current Liabilities		2,577
Total Liabilities		101,326
Net Assets		0
EQUITY		
Accumulated Funds		0
Total Equity		0

The accompanying notes form part of these Financial Statements

Cash Flow Statement of the Greater Southern Area Health Service
Special Purpose Service Entity for the Period Ended 30 June 2006

	2006 $000
Net Cash Flows from Operating Activities	0
Net Cash Flows from Investing Activities	0
Net Cash Flows from Financing Activities	0
NET INCREASE / (DECREASE) IN CASH	0
Opening Cash and Cash Equivalents	0
CLOSING CASH AND CASH EQUIVALENTS	0

The Special Purpose Service Entity does not hold any cash or cash equivalent assets and therefore there are nil cash flows.

The accompanying notes form part of these Financial Statements

Note 1 Summary of Significant Accounting Policies

(a) Reporting Entity

The Greater Southern Area Health Service Special Purpose Service Entity is a Division of the Government Service, established pursuant to Part 2 of Schedule 1 to the Public Sector Employment and Management Act 2002 and amendment of the Health Services Act 1997. It is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at 34 Lowe St Queanbeyan NSW.

The Entity's objective is to provide personnel services to Greater Southern Area Health Service.

The Entity commenced operations on 17 March 2006 when it assumed responsibility for the employees and employee-related liabilities of the Greater Southern Area Health Service. The assumed liabilities were recognised on 17 March 2006 together with an offsetting receivable representing the related funding due from the former employer.

The financial report was authorised for issue by the Chief Executive on 13 November 2006 The report will not be amended and reissued as it has been audited.

(b) Basis of preparation

This is a general purpose financial report prepared in accordance with the requirements of Australian Accounting Standards, 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.

This is the first financial report prepared on the basis of Australian equivalents to International Financial Reporting Standards.

Generally, the historical cost basis of accounting has been adopted and the financial report does not take into account changing money values or current valuations.

The accrual basis of accounting has been adopted in the preparation of the financial report, except for cash flow information.

Management's judgements, key assumptions and estimates are disclosed in the relevant notes to the financial report.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(c) Comparative information

As this is the Entity's first financial report, comparative information for the previous year is not provided.

(d) Income

Income is measured at the fair value of the consideration received or receivable. Revenue from the rendering of personnel services is recognized when the service is provided and only to the extent that the associated recoverable expenses are recognised.

(e) Receivables

A receivable is recognised when it is probable that the future cash inflows associated with it will be realised and it has a value that can be measured reliably. It is derecognised when the contractual or other rights to future cash flows from it expire or are transferred.

A receivable is measured initially at fair value and subsequently at amortised cost using the effective interest rate method, less any allowance for doubtful debts. A short-term receivable with no stated interest rate is measured at the original invoice amount where the effect of discounting is immaterial. An invoiced receivable is due for settlement within thirty days of invoicing.

If there is objective evidence at year end that a receivable may not be collectable, its carrying amount is reduced by means of an allowance for doubtful debts and the resulting loss is recognised in the income statement. Receivables are monitored during the year and bad debts are written off against the allowance when they are determined to be irrecoverable. Any other loss or gain arising when a receivable is derecognised is also recognized in the income statement.

(f) Payables

Payables include accrued wages, salaries, and related on costs (such as payroll tax, fringe benefits tax and workers' compensation insurance) where there is certainty as to the amount and timing of settlement.

A payable is recognised when a present obligation arises under a contract or otherwise. It is derecognised when the obligation expires or is discharged, cancelled or substituted.

A short-term payable with no stated interest rate is measured at historical cost if the effect of discounting is immaterial.

(g) Employee benefit provisions and expenses

i) Salaries & Wages, Current Annual Leave, Sick Leave and On Costs (including non-monetary benefits)

Liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to

be made in the next twelve months are reported as "Short Term".

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

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

ii) Long Service Leave and Superannuation Benefits

Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 17.4% for short term entitlements and 7.6% for long term entitlements above the salary rates immediately payable at 30 June 2006 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces result not materially different for the estimate determined by using the present value basis of measurement.

The Entity's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of a the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Superannuation Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 3 "Payables".

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

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Parent Health Service beyond that date.

(h) Accounting standards issued but not yet effective

The following Accounting Standards are being early adopted from 1 July 2005:

- AASB 2005-4 regarding the revised AAS139 fair value option;
- UIG 9 regarding the reassessment of embedded derivatives; and
- AASB 2005-06, which excludes from the scope of AASB3, business combinations involving entities or businesses under common control

(i) Goods & Services Tax (GST)

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

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

	2006 $000

2. Receivables

Current	
Accrued income- Personnel Services Provided	98,749
Non-Current	
Accrued income- Personnel Services Provided	2,577
	101,326

3. Payables

Current	
Accrued Salaries and Wages	7,618
Payroll Deductions	2,462
	10,080

4. Provisions

Current Employee Benefits and Related on-costs	
Employee Annual Leave - Short Term Benefit	25,980
Employee Annual Leave - Long Term Benefit	7,467
Employee Long Service Leave - Short Term Benefit	5,093
Employee Long Service Leave - Long Term Benefit	50,129
Total Current Provisions	88,669
Non Current Employee Benefits and Related on-costs	
Employee Long Service Leave - Conditional	2,577
Total Non Current Provisions	2,577
Aggregate Employee Benefits and Related on-costs	
Provisions - current	88,669
Provisions - non current	2,577
Accrued salaries and wages and on costs (Note 3)	10,080
	101,326

5 Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Greater Southern Area Health Service Special Purpose Entity's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Balance Sheet date are as follows:

Financial Instruments	Non-interest bearing	Total Carrying amount as per the Balance Sheet
	2006	2006
	$000	$000
Financial Assets		
Receivables	101,326	101,326
Total Financial Assets	101,326	101,326
Financial Liabilities		
Payables	10,080	10,080
Total Financial Liabilities	10,080	10,080

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The Greater Southern Area Health Service special purpose entity's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the Balance Sheet.

	Government	Other	Total
	2006	2006	2006
	$000	$000	$000
Financial Assets			
Receivables	101,326	0	101,326
Total Financial Assets	101,326	0	101,326

c) Net Fair Value

Financial Instruments are carried at cost. The resultant values are reported in the balance sheet and are deemed to constitute Net Fair Value.

d) Derivative Financial Instruments

The Greater Southern Area Health Service Special Purpose Entity holds no Derivative Financial Instruments.

END OF AUDITED FINANCIAL STATEMENTS

APPENDICES

	HEALTHY PEOPLE - NOW AND IN THE FUTURE			
Why are we here?	To keep people healthy	To provide the health care people need	To deliver high quality health services	To manage health services well
	More People adopt healthy lifestyles	Emergency care without delay	Consumers satisfied with all aspects of services	Sound resource and financial management
	Prevention and early detection of health problems A healthy start to life	Shorter waiting times for non-emergency care Fair access to health services across NSW	High quality clinical treatment Care in the right setting	Skilled, motivated staff working in innovative environments Strong corporate and clinical governance
What do we want to achieve?	Healthy People Strategy NSW Chronic Disease Prevention Strategy BreastScreen NSW NSW Immunisation Strategy Policy to Reduce Fall Injury Among Older People NSW Aboriginal Affairs Plan 2002 to 2012: Health Cluster Action Plan NSW Families First Strategy Actions from Drug Summit and Alcohol Abuse Summit	Sustainable Access Plan including: - Clinical Services Redesign Program - Predictable Surgery Program - Patient Flow Management - Emergency Demand Strategies - Integrated Management of Older Persons Older People's Framework Mental Health - Clinical Care and Prevention model Area Healthcare Plans Rural Health Plan	NSW Health Patient Safety and Clinical Quality Program, including: - Clinical Excellence Commission - Clinical Governance Units - Incident Management System - Quality Assessment Program Clinical Service Frameworks, including Chronic Care Teaching and Research	Shared Corporate Services Management Program Asset Management Reform Program Integrated Clinical Information Program (ICIP) NSW Health Workforce Action Plan NSW Health system restructuring NSW Health Care Advisory Council and Area Health Advisory Councils Health Priority Task Forces
What are our highest priorities?				

Ethnic Affairs Priority Statement (EAPS)

The Culturally and Linguistically Diverse Background (CALD) population within GSAHS has been determined from the 2001 Census for this year's Annual report. This data indicates that the GSAHS Non English Speaking Background (NESB) population is 15,642, approximately 3.6% of the total population. Languages other than English are spoken at home by 4.5% of the population, however only 0.6% of GSAHS total population speaks poor, or have no English.

GSAHS has continued to work towards meeting the goal of healthier people through work with local communities and participation in regional health forums that focus on health issues and concerns of people from a culturally and linguistically diverse background.

GSAHS is working towards meeting the goal of fairer access and quality health care by developing health programs for specific groups as the need is identified. A Women's Health program for Sudanese women was developed and provided in partnership with a local TAFE after the need for this was identified in a local community. This year there has been a focus on the older person and in particular dementia in people from a culturally and linguistically diverse background. Regular education and information sessions for health staff, clients and local communities have been held and local support networks established.

Education of our staff continues to be a priority for GSAHS. Local staff orientation programs include information and education on multicultural health and staff participate in ongoing multicultural training through the Multi-Lingual Centre.

The majority of interpreter service usage within GSAHS occurs in hospital outpatients at approximately 41%. The interpreter service occurs approximately 53% on a face to face basis with telephone being the next most frequent service type. The majority of service went to the language groups of Macedonian, Cantonese, Arabic, Iranian and Italian.

Freedom of Information

Freedom of Information 1 July 2005 to 30 June 2006

The Freedom of Information Act (1989) gives the public a legally enforceable right to information held by public agencies, subject to exemptions.

The Health Service has a policy of open access for clients to their personal health records. Applications for access to personal health records are therefore not included in applications received under of the Freedom of Information Act.

Number of new FOI Requests from 1 July 2005 to 30 June 2006

FOI REQUESTS	PERSONAL	OTHER	TOTAL
New (inc transferred in)	6	10	16
Brought forward	0	0	0
Total to be processed	**6**	**10**	**16**
Completed	6	10	16
Transferred Out	0	0	0
Withdrawn	0	0	0
Total processed	6	10	16
Unfinished (carried forward)	0	0	

Completed requests

RESULT OF FOI REQUEST	PERSONAL	OTHER
Granted in full	4	6
Granted in part	0	4
Refused	1	0
Deferred	1	0
Completed*	6	10

There were no Ministerial Certificates issued.

One request required formal third party consultation.

There were no requests for amendments or notation of records.

FOI Applications granted in part or refused

BASIS FOR PARTIAL ACCESS OR REFUSAL	PERSONAL	OTHER
S19 (incomplete, wrongly addressed)	0	0
S22 (deposit not paid)	1	0
S25(1)(a1) (diversion of resources)	0	0
S25(1)(a) (exempt)	2	0
S25(1)(b), (c), (d) (info otherwise available)	0	0
S28(1)(b) (documents not held)	1	0
S24(2) (exceed 21 day limit, deemed refusal)	0	0
S31(4) (released to Medical Practitioner)	0	0
TOTAL	4	0

Note – the total need not reconcile with the refused requests total as there may be more than one reason cited for refusing an individual request.

Costs and fees of requests processed

	ALL COMPLETED REQUESTS	ASSESSED COSTS	FOI FEES RECEIVED
GSAHS	16	$1340	$1265

Discounts allowed

Two FOI requests where discounts were allowed were processed during the period.

Time to process

ELAPSED TIME	PERSONAL	OTHER
0 – 21 days	6	8
22 – 35 days	0	2
Over 35 days	0	0
TOTALS	6	10

Processing time

PROCESSING HOURS	PERSONAL	OTHER
0 – 10 hours	6	10
11 – 20 hours	0	0
21 – 40 hours	0	0
Over 40 hours	0	0
TOTALS	6	10

Reviews and Appeals

REVIEWS AND APPEALS	
Number of Internal Reviews finalised	0
Number of Ombudsman Reviews finalised	0
Number of District Court/ADT appeals lodged	0
Number of District Court/ADT appeals finalised	0

Occupational Health and Safety

Occupational Health and Safety (OH&S)

Occupational Health and Safety holds a prominent place in the operation of GSAHS. Following the amalgamation of the former health services a new Workforce directorate created a new structure which incorporated the best practices from each of the former OHS/Risk Management units. This new OH&S Unit is responsible for ensuring GSAHS had in place appropriate OH&S management and Injury Management systems which is consistent with Industry, Public Sector and Health best practice. The OHS and IM structure and program is currently being implemented. An organisation chart is attached

All Clusters and facilities in the SAHS have safety programs. The OH&S unit encourages standard risk management practices embracing identification, assessment and control of hazards in the workplace and legislative compliance. Steps are being taken to ensure that the OH&S Act 2000 and the OH&S Regulation 2001 are complied with. Active Injury Management programs are also in place across the Area, along with plans apply a holistic approach to the management of psychosocial and physical workplace health. In this regard steps have already taken place to begin to integrate workplace health into Area policies and management practices. The goal is to manage physical and mental health problems, reduce risks, and improve health and rehabilitation.

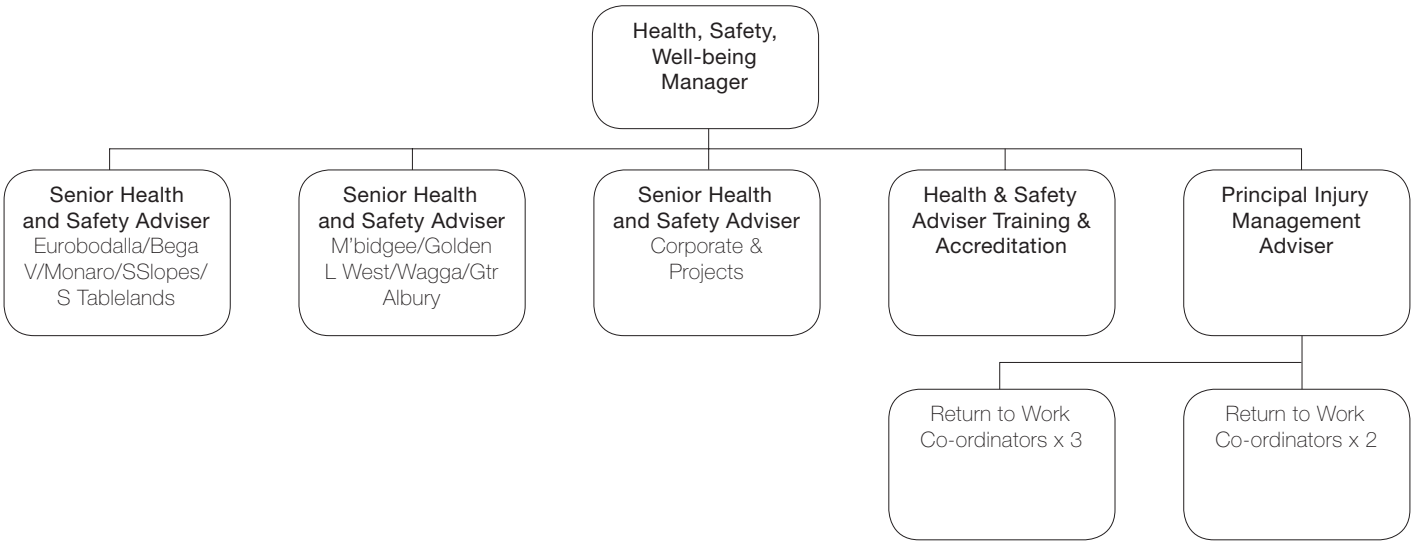
Implementation of the structure and programs is expected to be fully operational in the 06/07 year. During the implementation the Health Service continues to strive for compliance with Legislative, Department of Health and other requirements. Some achievements are as follows:

- ACHS Accreditation – during the year GSAHS underwent a corporate survey and achieved certification from ACHS in the Safe Practice and Environment element
- Numerical Profile - Area Health Services are required to audit/assess the OHS Management Systems of their facilities using a OHS and IM Numerical Profile Assessment process. The audit program is conducted over a 2 year cycle with the current assessment period concluding on 30/6/07. To date approximately 50% of audits have been completed and it is expected that the program will be finalised prior to the period conclusion. During this year the Health Service was advised that it had achieved full compliance with audit requirements for the previous audit cycle.
- OH&S Training – A total of 29 external courses in OHS Consultation, Consultation Refresher, Manual Handling and Return to Work Coordinator were conducted with 347 targeted staff receiving training. There were also 42 internal training courses completed in Risk Assessment, OH&S for Managers and Supervisors, Hazardous Substances and A Safer Place to Work with 626 targeted staff receiving this training.

The GSAHS has a new Insurer, Employers Mutual Limited (EML), this year to administer the Workers Compensation portfolio of the Treasury Managed Fund. Injury Management/ Workers Compensation claims performance data for the previous 5 years as provided by EML is attached. In addition financial performance data for workers compensation insurance is also attached. It is encouraging to note that advice has been received from the Insurer, SICorp (NSW Treasury) and NSW Health that the GSAHS has a surplus of benchmark budget to premium charged of $1.3M for the 06/07 year. The surplus is a positive platform on which the unit can base its Injury Management strategies to ensure the Health Service remains in a positive position for the 3 and 5 year premium hindsight reviews. The development of effective working relationships with the insurer, together with a strong Area commitment, has also led to major gains being made in finalising Workers' Compensation claims, with 289 claims being finalised in the second half of the year compared to 153 in the first half – resulting in an improvement of almost 90%.

The Health Service has been subject to a prosecution under the OH&S Act 2000 by the WorkCover Authority in relation to an electrical incident at Wagga in the kitchen in April 2005. The matter is before the Chief Magistrates Court and has been adjourned several times awaiting the outcome of discussions between the parties. The prosecution is the only time since the advent of occupational health and safety legislation that the Health Service has been subject to prosecution.

Health / Safety / Well-being



Workers' Compensation

Renewal Premiums – Excludes GST

Year	Premium	Benchmark	Surplus/ Shortfall	Hindsight Adjustment 30/06/04	Hindsight Adjustment 30/06/04	Hindsight Final Date
				Up to 3 yrs	4 to 5 yrs	
05/06	$12,215,628	$11,263,651	-$951,977			30/06/10
04/05	$12,062,161	$10,371,251	-$1,690,910			30/06/09
03/04	$10,771,485	$10,256,008	-$515,477			30/06/08
02/03	$11,124,120	$9,475,582	-$1,648,538			30/06/07
01/02	$9,987,111	$9,543,047	-$444,064	-$2,354,288		30/06/06
00/01	$10,908,234	$9,450,775	-$1,457,459	*$1,433,469	$896,693	30/06/05
99/00	$9,733,319	$9,256,481	-$476,838	*$72,157	$927,480	30/06/04
98/99	$12,553,990	$10,659,539	-$1,894,451	*$2,479,705	**$1,612,006	30/06/03

Note * 3 year interim hindsight and ** 5 year final hindsight

Workers Compensation Claims

Financial Year	No of Claims Submitted
2005/06	493
2004/05	411
2003/04*	386
2002/03*	422
2001/02*	350

* total for GMAHS and SAHS

HEALTH SERVICES

Hospitals

Albury Base Hospital
Albury Base Hospital
Borella Rd
ALBURY
Telephone: 02 60584444
Fax: 02 60584504

Albury Mercy Hospital
Poole St
ALBURY
Telephone: 02 60421400
Fax: 02 60214378

Barham Koondrook Soldiers Memorial
Punt Rd
BARHAM
Telephone: 03 54532026
Fax: 03 54532656

Batemans Bay District Hospital
Pacific St
BATEMANS BAY
Telephone: 02 44724504
Fax: 02 44720678

Batlow District Hospital
Cnr Park St and Wakehurst Ave
BATLOW
Telephone: 02 69491105
Fax: 02 69491390

Bega District Hospital
McKee Dr
BEGA
Telephone: 02 64929111
Fax: 02 64923274

Berrigan War Memorial Hospital
Anzac Place
BERRIGAN
Telephone: 03 58852208
Fax: 03 58852505

Bombala Hospital
Wellington St
BOMBALA
Telephone: 02 64583166
Fax: 02 64583759

Boorowa Hospital
Dry St
BOOROWA
Telephone: 02 63853004
Fax: 02 63853206

Bourke Street Health Service
234 Bourke St
GOULBURN
Telephone: 02 48237800
Fax: 02 48219659

Braidwood Hospital
73 Monkittee St
BRAIDWOOD
Telephone: 02 48422566
Fax: 02 48422054

Coolamon Ganmain Health Service
Buchanan Dr
COOLAMON
Telephone: 02 69273303
Fax: 02 69273565

Cooma Hospital
2a Bent St
COOMA
Telephone: 02 64553222
Fax: 02 64522117

Cootamundra Hospital
MacKay St
COOTAMUNDRA
Telephone: 02 69420444
Fax: 02 69420433

Corowa Hospital
Guy St
COROWA
Telephone: 02 60331333
Fax: 02 60333646

Crookwell Hospital
Kialla Rd
CROOKWELL
Telephone: 02 48321300
Fax: 02 48322099

Culcairn Health Service
Balfour St
CULCAIRN
Telephone: 02 60298203
Fax: 02 60298762

Delegate Multi Purpose Service
Craigie St
DELEGATE
Telephone: 02 64588008
Fax: 02 64588156

Deniliquin District Hospital
411 Charlotte St
DENILIQUIN
Telephone: 03 58822800
Fax: 03 58822815

Finley Hospital
Dawe Ave
FINLEY
Telephone: 03 58831133
Fax: 03 58831457

Goulburn Hospital
130 Goldsmith St
GOULBURN
Telephone: 02 48273111
Fax: 02 48273248

Griffith Base Hospital
Noorebar Ave
GRIFFITH
Telephone: 02 69695555
Fax: 02 69695507

Gundagai District Hospital
O'Hagan St
GUNDAGAI
Telephone: 02 69441022
Fax: 02 69441630

Hay Hospital and Health Service
Murray St
HAY
Telephone: 02 69908700
Fax: 02 69908771

Henty District Hospital
7 Keighran St
HENTY
Telephone: 02 69294999
Fax: 02 69294940

Hillston District Hospital
Burns St
HILLSTON
Telephone: 02 69672502
Fax: 02 69672284

Holbrook District Hospital
Bowler St
HOLBROOK
Telephone: 02 60362522
Fax: 02 60362782

Jerilderie Health Service
Newel Highway
JERILDERIE
Telephone: 03 58861300
Fax: 03 58861277

Junee District Hospital
Button St
JUNEE
Telephone: 02 69241122
Fax: 02 69242485

Kenmore Hospital
Taralga Rd
GOULBURN
Telephone: 02 48273301
Fax: 02 48273315

Leeton District Hospital
Palm and Wade Ave
LEETON
Telephone: 02 69531111
Fax: 02 69531113

Lockhart Hospital
Hebden St
LOCKHART
Telephone: 02 69205206
Fax: 02 69205483

Mercy Care Centre
Campbell St
YOUNG
Telephone: 02 63821111
Fax: 02 63828400

Moruya District Hospital

River St
MORUYA
Telephone: 02 44742666
Fax: 02 44741586

Murrumburrah-Harden Hospital

Swift St
MURRUMBURRAH-HARDEN
Telephone: 02 63862200
Fax: 02 63862931

Narrandera District Hospital

Cnr Douglas and Adams St
NARRANDERRA
Telephone: 02 69591166
Fax: 02 69591063

Pambula District Hospital

Merimbula St
PAMBULA
Telephone: 02 64956002
Fax: 02 64956570

Queanbeyan District Hospital

Cnr Collette and Erin Sts
QUEANBEYAN
Telephone: 02 62989211
Fax: 02 62991536

Temora and District Hospital

Loftus St
TEMORA
Telephone: 02 69771066
Fax: 02 69771545

Tocumwal Hospital

Adams St
TOCUMWAL
Telephone: 03 58742166
Fax: 03 58742321

Tumbarumba Health Service

Albury St
TUMBARUMBA
Telephone: 02 69489600
Fax: 02 69482263

Tumut District Hospital

Simpson St
TUMUT
Telephone: 02 69471555
Fax: 02 69473074

Urana Health Service

Princess St
URANA
Telephone: 02 69208106
Fax: 02 69208263

Wagga Wagga Base Hospital

Edwards St
WAGGA WAGGA
Telephone: 02 69386666
Fax: 02 69215632

West Wyalong Hospital

Hospital Rd
WEST WYALONG
Telephone: 02 69790000
Fax: 02 69790006

Yass District Hospital

Meehan St
YASS
Telephone: 02 62261333
Fax: 02 62262944

Young District Hospital

Allanan St
YOUNG
Telephone: 02 63821222
Fax: 02 63824398

Community Health Centres

Adelong Community Health Centre

Tumut St
ADELONG
Telephone: 02 69462055
Fax: 02 69462041

Albury Community Health Centre

596 Smollett St
ALBURY
Telephone: 02 60581800
Fax: 02 60581801

Ardlethan Community Health Centre

Redmond St
ARDLETHAN
Telephone: 02 69782066
Fax: 02 69771545

Barellan Community Health Centre

Bendee St
BARELLAN
Telephone: 02 69639266
Fax: 02 69639556

Barham Community Health Centre

Gonn St
BARHAM
Telephone: 03 54533299
Fax: 03 54532656

Barmedman Community Health Centre

Robertson St
BARMEDMAN
Telephone: 02 69762183
Fax: 02 69722802

Batemans Bay Community Health Centre

Pacific Street
BATEMANS BAY
Telephone: 02 44724544
Fax: 02 44720680

Batlow Community Health Centre

Wakehurst Ave
BATLOW
Telephone: 02 69491105
Fax: 03 69491390

Bega Community Health Centre

McKee Dr
BEGA
Telephone: 02 64929620
Fax: 02 64923257

Berrigan Community Health Centre

Memorial Place
BERRIGAN
Telephone: 03 58852208
Fax: 03 58852505

Bombala Community Health Centre

Wellington St
BOMBALA
Telephone: 02 64583166
Fax: 02 64583759

Boorowa Community Health Centre

Dry St
BOOROWA
Telephone: 02 63853450
Fax: 02 63853206

Braidwood Community Health Centre

74 Monkittee St
BRAIDWOOD
Telephone: 02 48422566
Fax: 02 48422054

Coleambally Community Health Centre

33 Brolga Pl
COLEAMBALLY
Telephone: 02 69544297
Fax: 02 69544420

Coolamon Community Health Centre

Cowabbie St
COOLAMON
Telephone: 02 69273303
Fax: 02 69273565

Cooma Community Health Centre

Cnr Victoria and Bombala Sts
COOMA
Telephone: 02 64553201
Fax: 02 64553360

Cootamundra Community Health Centre

37 Hurley St
COOTAMUNDRA
Telephone: 02 69401111
Fax: 02 69401199

Corowa Community Health Centre

Guy St
COROWA
Telephone: 02 60331340
Fax: 02 60334397

Crookwell Community Health Centre

Kialla Rd
CROOKWELL
Telephone: 02 48321300
Fax: 02 48322099

Culcairn Community Health Centre

Balfour St
CULCAIRN
Telephone: 02 60298917
Fax: 02 60297018

Darlington Point Community Health Centre

Boyd St
DARLINGTON POINT
Telephone: 02 69684131
Fax: 02 69684131

Delegate Community Health Centre

Craigie St
DELEGATE
Telephone: 02 64588008
Fax: 02 64588156

Deniliquin Community Health Centre

2 Macauley St
DENILIQUIN
Telephone: 03 58822900
Fax: 03 58822905

Eden Community Health Centre

144 Imlay St
EDEN
Telephone: 02 64961436
Fax: 02 64961452

Finley Community Health Centre

Dawe Ave
FINLEY
Telephone: 03 58833627
Fax: 03 58831527

Goulburn Community Health Centre

Cnr Goldsmith and Faithful Sts
GOULBURN
Telephone: 02 48273913
Fax: 02 48273943

Griffith Community Health Centre

Yambil St
GRIFFITH
Telephone: 02 69669900
Fax: 02 69641743

Gundagai Community Health Centre

O'Hagan St
GUNDAGAI
Telephone: 02 69441297
Fax: 02 69441878

Hay Community Health Centre

351 Murray St
HAY
Telephone: 02 69908732
Fax: 02 69908767

Henty Community Health Centre

Ivor St
HENTY
Telephone: 02 69294999
Fax: 02 69294940

Hillston Community Health Centre

48C Burns St
HILLSTON
Telephone: 02 69672201
Fax: 02 69672284

Holbrook Community Health Centre

Bowler St
HOLBROOK
Telephone: 02 60362787
Fax: 02 60362782

Jerilderie Community Health Centre

62 Southey St
JERILDERIE
Telephone: 03 58861300
Fax: 03 58861277

Jindabyne Community Health Centre

Bent St
JINDABYNE
Telephone: 02 64572074
Fax: 02 64572158

Junee Community Health Centre

77 Lorne St
JUNEE
Telephone: 02 69241791
Fax: 02 69242839

Karabar Community Health Centre

12 Southbar Rd
QUEANBEYAN
Telephone: 02 62997299
Fax: 02 62997601

Leeton Community Health Centre

Palm and Wade Ave
LEETON
Telephone: 02 69531205
Fax: 02 69531214

Lockhart Community Health Centre

Hebden St
LOCKHART
Telephone: 02 69205206
Fax: 02 69205483

Mathoura Community Health Centre

Livingstone St
MATHOURA
Telephone: 03 58843301
Fax: 03 58843604

Moama Community Health Centre

6 Meninya St
MOAMA
Telephone: 02 5482 4399
Fax: 02 54802707

Moruya Community Health Centre

River St
MORUYA
Telephone: 02 44741561
Fax: 02 44741591

Moulamein Community Health Centre

54 Barratta St
MOULAMEIN
Telephone: 03 58875012
Fax: 03 58875037

Murrumburrah-Harden Community Health Centre

Swift St
MURRUMBURRAH-HARDEN
Telephone: 02 63862200
Fax: 02 63862931

Narooma Community Health Centre

Marine Drive
NAROOMA
Telephone: 02 44762344
Fax: 02 44761731

Narranderra Community Health Centre

Cnr Douglas and Adams St
NARRANDERRA
Telephone: 02 69591166
Fax: 02 69591063

Pambula Community Health Centre

Merimbula St
PAMBULA
Telephone: 02 69457294
Fax: 02 64957448

Queanbeyan Community Health Centre

Antill St
QUEANBEYAN
Telephone: 02 62989233
Fax: 02 62996920

Talbingo Community Health Centre

Talbingo Medical Centre
TALBINGO
Telephone: 02 69495467
Fax: n/a

Tarcutta Community Health Centre

Oberne Rd
TARCUTTA
Telephone: 02 69287258
Fax: 02 69287385

Temora Community Health Centre

294-296 Hoskins St
TEMORA
Telephone: 02 69774951
Fax: 02 69774960

The Rock Community Health Centre

King St
THE ROCK
Telephone: 02 69202066
Fax: 02 69202502

Tocumwal Community Health Centre

Adams St
TOCUMWAL
Telephone: 02 5874 2166
Fax: 03 58742321

Tooleybuc and Early Childhood

Flat 2/34 Murray St
TOOLEYBUC
Telephone: 03 50305189
Fax: 03 50305251

Tumbarumba Community Health Centre

Albury Rd
TUMBARUMBA
Telephone: 02 69482566
Fax: 02 69482263

Tumut Community Health Centre

Simpson St
TUMUT
Telephone: 02 6947 1811
Fax: 02 69472220

Ungarie Community Health Centre

Condamine St
UNGARIE
Telephone: 02 6975 9102
Fax: 02 69720401

Urana Community Health Centre

Princess St
URANA
Telephone: 02 69208101
Fax: 02 69208263

Wagga Wagga Community Health Centre

Docker St
WAGGA WAGGA
Telephone: 02 69386411
Fax: 02 69386410

Weethalle Community Health Centre

Bulga St
WEETHALLE
Telephone: 02 69756120
Fax: 02 69720401

West Wyalong Community Health Centre

Hospital Rd
WEST WYALONG
Telephone: 02 69722122
Fax: 02 69720401

Yass Community Health Centre

Meehan St
YASS
Telephone: 02 62263833
Fax: 02 62262485

Young Community Health Centre

Allanan St
YOUNG
Telephone: 02 63828700
Fax: 02 63821047

Other Services

Public Health

641 Olive Street
Albury NSW 2640
Telephone: 02 60214799 (24 hours)
Fax 02 60214899

Other offices:

34 Lowe Street
Queanbeyan NSW 2620
Telephone: 02 61289777
Fax 02 62996363

Mandala House
Bourke Street
Goulburn NSW 2850
Telephone: 02 48241830
Fax 02 48241831

375 Townsend Street
Albury NSW 2640
Telephone: 02 60581700
Fax 02 60581737

Level 2
75 Johnson Street
Wagga Wagga NSW 2650
Telephone: 02 69339100
Fax 02 693391104

Southern Area Brain Injury Service

'Carrawarra'
104 Bradley Street
GOULBURN NSW 2580
Telephone: 02 4823 7911
Facsimile: 02 4821 9165

South West Brain Injury Rehabilitation Service

PO Box 326
Albury NSW 2640
Australia
Telephone: 02 6041 9902
Facsimile: 02 6041 9928
Email: swbirs@gsahs.health.nsw.gov.au

1800 Numbers

Mental Health and Alcohol and Drug Services

GSAHS provides a telephone based risk assessment, triage, consultation, support and information service.

In the Western sector of GSAHS residents should contact:

Accessline
1800 800 944

Accessline is available 24 hours a day, seven days a week, 365 days a year. Accessline is the first contact point to access Mental Health and Drug and Alcohol Services within the western sector of GSMAHS.

Accessline is staffed by trained mental health professionals. Accessline works with on the ground services, and has regular contact with case managers to support clients and contribute to care planning.

In the former SAHS, residents wanting to access mental health services should contact:

1800 677 114

The Mental Health Intake and Information Service for the former Southern Area Health Service is staffed by specialist Mental Health professionals 24 hours a day, 7 days a week. The Service provides a single point of contact for those wishing to access mental health services in the southeast area of New South Wales. All calls are assessed as to their urgency and referred to the appropriate mental health team or other outside agencies.

In the former SAHS, residents wanting information about drug and alcohol services or who want to be referred to the Southern Area Alcohol and other Drug services should contact:

1800 809 423

Staffed by specially trained professionals and offers a seven day a week, 8.30am to 6.00pm Monday to Friday service.

Public Oral Health Clinics

Eastern GSAHS: 1800 450 046
Albury: 02 6058 1800
Wagga Wagga: 02 6938 6461
Griffith: 02 6969 5581
Deniliquin: 03 5882 2990

All clients needing to access Oral Health Services in GSAHS should contact the relevant number.

Domestic Violence Line
1800 65 64 63

The Domestic Violence Line provides telephone counselling, information and referrals for people who are experiencing or have experienced domestic violence.

NSW Artificial Limb Service Accredited Clinic

Rehabilitation Department
PO Box 159
Wagga Wagga NSW 2650
Telephone: 02 6938 6344
Facsimile: 02 6040 1359

GLOSSARY

A

ACAT (Aged Care Assessment Team): A range of health professionals providing assessment, treatment, ongoing management and other services designed to meet the needs of elderly people. They are also responsible for assessing and approving placement into nursing home and hostels.

Australian Council on Healthcare Standards (ACHS): promotes a series of health care standards that enable hospitals and health care services to measure their performance.

Acute Care: The principal clinical intent is to do one or more or the following: manage labour (obstetric), cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms or illness or injury (excluding palliative care); reduce severity of an illness or injury: protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; perform diagnostic or therapeutic procedures.

Aged: The aged population is defined as the group of people aged 65 and older. There are also younger groups of people with aged related needs e.g. dementia and disabilities, for whom it is appropriate to access age care services.

Allied Health Staff: Include qualified staff engaged in duties of a professional nature; audiologist, chiropractor and osteopath, dietician, occupational therapist, optometrist, orthopaedist, orthodontist, podiatrist, psychologies, prosthetist, physiotherapist, radiographer, social worker and counsellor and speech therapist.

Ambulatory Care: Describes health care services delivered to patients on a "day stay" basis, as an alternative to the patient being an inpatient.

Antenatal: The period between conception and birth. Same as 'prenatal'.

Audiology: The study of hearing.

Audiometry: The measurement of hearing.

B

C

Community: The people who live in a defined geographical locality.

Community Based Services: Services provided in the community.

Community Consultation: Consultation is regarded as a form of community participation where views and opinions are sought on specific issues. Consultation processes are usually one-off or short-term and are organised around a specific issue or topic.

Community Development: The process of involving people in initiatives to improve their health by supporting community actions to identify and overcome a community's health problems e.g. Self help groups, support networks, improvements in transport, access to services.

Community Health: A service that provides coordinated community based health services to a defined community. Its size and service mix varies. Service components may include physiotherapy, mental health, screening of school children, child health, counselling, drug and alcohol services etc.

Community Participation: A range of activities and structures providing opportunities for individuals and organisations that are part of a community to identify issues/needs, comment on policies and programs (proposed and existing) and participate in the decision making process.

Continuum of care: The relationships between services so that there is an easy transition for patients either moving from one service to another or receiving care from a number of services.

D

Day Care: A service that provides personal care and supervision for a person for all or part of a day. This may occur on a regular or respite basis. A range of activities with a rehabilitation focus, to prevent deterioration and retain social skills, for the frail aged and/or disabled.

Dementia: An organic mental disorder characterised by a general loss of intellectual abilities involving impairment of memory, judgment and abstract thinking as well as changes in personality.

Dietetics: The study and regulation of the diet.

Domiciliary Care: A service dedicated to the provision of nursing or other professional paramedical care or treatment and also non-qualified domestic assistance to people in their own homes.

E

ED: Emergency Departments (EDs) are often recognised by the community as the main entry point into the hospital system. The Emergency Department operates as the interface between the hospital and the community. Despite location, size or specialty of the hospital all Emergency Departments provide a minimum standard of care.

EN: Enrolled Nurse

Emergency Services: Treatment provided on an un-planned basis or in a designated emergency department within a hospital. It is generally expected that the treatment is of a surgical or medical nature.

F

G

Geriatrician: A specialist in the branch of medicine concerned with the physiological and pathological aspects of the aged, including the clinical problems of being old and senility.

GP: General Practitioner

H

HACC: Home and Community Care

Health: A state of complete physical, mental, spiritual and social well-being, not merely the absence of disease or infirmity.

Health promotion: Health promotion is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. It covers a number of approaches aimed at changing living

conditions and lifestyles for the purpose of improving health, including health education.

Home and Community Care (HACC) program: For the frail aged, people with disabilities, and their carers. HACC services include community nursing, allied health services, personal care, meals on wheels and day-centre meals, home help, home modification and maintenance, transport and community based respite care.

Home Nursing: Defined as any nursing service provided to a client in their own home.

Hostel Care: Refers to residents in residential accommodation who do not require personal care support.

Hostels: Provide residential care for people requiring some form of assistance with daily living. Most do not provide nursing care. Staff is available on a 24-hour call basis and can assist with personal care tasks. Usually Commonwealth funded for low-level care.

I

Integrated Care: Seamless health care, where all aspects of care are linked and managed in a coordinated manner, to provide more effective and efficient health service provision.

Intrapartum: During labour and delivery or childbirth.

J

K

L

LAN: Local Area Network

LGA(s): Local Government Area(s)

M

Meals on Wheels: Meals fresh or frozen are delivered to a person's residence.

Multi Purpose Service (MPS): Provide integrated acute, nursing home, hostel, community health and aged care services under one organisational structure, as agreed between the Commonwealth and State governments. MPSs provide a range of services that are negotiated with the community.

N

Neurology: The branch of science that treats disorders of the nervous system.

NSW Health: The NSW Health system is made up of Area Health Services both rural and metropolitan, the NSW Department of Health, Corrections Health Service, the Ambulance Service of NSW and the Children's Hospital.

Nursing Care: Type of service provided to a person who needs the assistance of qualified personnel with such things as the taking of medication and administration of an injection.

Nursing Homes: Provide accommodation for frail, older people who need ongoing nursing and help with personal care.

O

Occupational Therapy: A form of therapy that encourages and instructs manual activities for therapeutic or remedial purposes in mental and physical disorders.

Oncology: The study of diseases that cause cancer.

Orthopaedic: Pertaining to the correction of deformities of the musculoskeletal system; all the muscles, bones, and cartilages of the body collectively pertaining to orthopaedics.

Outpatient Clinic: Medical, surgical, diagnostic, nursing or paramedical services are provided to non-residents from a clinic on an appointment basis.

P

Paediatrician: A medical doctor who treats children and infants.

Palliative Care: Palliative care is provided when a person's condition has progressed beyond the state where curative treatment is effective and attainable, or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life. An approach to care which supports the physical, psychological, emotional, cultural and spiritual needs of a dying person and their family and friends, and includes grief and bereavement support during the life of the patient and continuing after death.

PANOC: Physical (and emotional) Abuse and Neglect Of Children. PANOC workers provide a service aimed at assisting children to cope with their experiences and the effects of abuse and neglect. PANOC workers also assist families where abuse of children has occurred to provide a more nurturing environment for children to minimise the chances of re-abuse. PANOC services take referrals of substantiated child physical and emotional abuse and neglect from the department of Community Services and the police. The PANOC services see children and young people aged up to 18 years.

Physiotherapy: A physical therapist is a specialist trained to use exercise and physical activities to condition muscles and improve levels of activity. Physical therapy is helpful in those with physical debilitating illness (for example stroke).

Podiatrist: A podiatrist is trained to care for feet and recognise mechanical faults. (Podiatrists used to be called chiropodists.)

Podiatry: The medical study of the diagnosis and treatment of disorders of the foot.

Postnatal: Occurring after birth, with reference to the newborn.

Primary Health Care: The components of the health system which places an emphasis on health promotion and disease prevention as well as addressing illness/disability at an early stage. Also refers to an approach to health care that looks at the whole individuals in the whole community to ensure social justice is achieved.

Psychology: The science of the human soul; specifically, the systematic or scientific knowledge of the powers and functions of the human soul, so far as they are known by consciousness.

Psychosis: A mental disorder characterised by gross impairment in reality testing as evidenced by delusions, hallucinations, markedly incoherent speech or disorganised and agitated behaviour without apparent awareness on the part of the patient of the incomprehensibility of his behaviour. The term is also used in a more general sense to refer to mental disorders in which mental functioning is sufficiently impaired

as to interfere grossly with the patients capacity to meet the ordinary demands of life.

Q

R

Radiology: The study of X-rays in the diagnosis of a disease.

Rehabilitation: Establishments with a primary role in providing services to persons with an impairment, disability or handicap where the primary goal is improvement in functional status.

Renal Services: Services pertaining to care of patients with kidney disorders.

Respite Care: Provides relief for carer who has the responsibility for ongoing care, attention and support of another person. It provides an alternative form of care and enables the carer to have a break.

S

SAFTE: Sub-Acute Fast Track Elderly Care aims to minimise the need for older people to be admitted to hospital

Social Support Services: Support systems that provide assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by churches, groups, etc.

Social Work: The use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments.

Speech Pathology: The science concerned with functional and organic speech defects and disorders.

T

U

UPI: Unique Patient Identifier

V

VMO: Visiting Medical Officer

W

WinPAS: Windows Patient Administration System

X

Y

Z

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GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Better Health for Rural Australia

ADELONG ALBURY ARDLETHAN BARELLAN BARHAM
BARMEDMAN BATLOW BATEMANS BAY BEGA BERRIGAN
BOMBALA BOOROWA BRAIDWOOD COOLAMON-
GANMAIN COLEAMBALLY COOMA COOTAMUNDRA
COROWA CROOKWELL CULCAIRN DARLINGTON POINT
DELEGATE DENILIQUIN EDEN FINLEY GOULBURN
GRIFFITH GUNDAGAI GUNNING HAY HENTY
HILLSTON HOLBROOK JERILDERIE JINDABYNE JUNEE
LEETON LOCKHART MATHOURA MOAMA MORUYA
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NARRANDERA PAMBULA QUEANBEYAN TARCUTTA
TEMORA THE ROCK TOCUMWAL TOOLEYBUC
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