Western Sydney HEALTH

Area Health Service

"I go home everyday knowing that I have made a difference."

A/Grade 2 respiratory physiotherapist Ian Starkey

2001 - 2002 ANNUAL REPORT

Western Sydney HEALTH
Area Health Service

CONTENTS

Contents	1
Letter to Minister	2
Establishment, Our Goal, Our Purposes, Our Values	3
Our Community	4
Highlights	5
Chairman's Report	6
Corporate Governance	7
Board Profiles	8
Organisational Structure	10
Corruption Prevention, SES Profile, Performance Statements, Consultancies	11
EEO Report	12
Patient & Staffing Statistics	13
Community Programs	14
Ethnic Affairs Priorities, Public Health	15
Risk Management, Complaints Handling, Community Participation, FOI	16
Clinical Trials Information	17
Financial Information	19
Volunteers	42
Donations & Bequests	43

14th annual report – for the year ended 30 June 2002

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Western Sydney HEALTH
Area Health Service

November 2002

Hon Craig Knowles, MP
Minister for Health
Parliament of NSW
Macquarie Street
SYDNEY NSW 2000

Dear Minister,

We have pleasure in submitting the Western Sydney Area Health Service 2001/2002 annual report including statements for the financial year ended 30 June 2002 as certified by the Auditor-General of NSW.

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

(signed) Professor Peter Castaldi, AO
Chairperson, Western Sydney Area Health Service Board

ESTABLISHMENT

Western Sydney Area Health Service (WSAHS) was established in 1988 and is a public health organisation as defined under the Health Services Act of 1997. The service receives subsidies from the NSW Government through NSW Health for the provision of health services to people living within its boundaries and in many instances to people accessing Statewide services.

OUR GOAL

To improve the health of, and ensure comprehensive health care services for, our community.

OUR PURPOSES

To provide relief to sick and injured people through the provision of care and treatment.

To promote, protect and maintain the health of the community.

OUR VALUES

In fulfilling our mission, WSAHS is guided by the following values:

* The service is committed to the pursuit of excellence in health care delivery and health advancement, efficient resource management and promotion of research and teaching.

* The service exists to serve the community through health advancement and the provision of accessible, quality health care.

* The service's staff are its greatest asset. The development of staff skills throughout the organisation, increased opportunities for staff involvement in decision making, the maintenance of a safe working environment and fair rewards for effort are essential for the achievement of the service's goals.

WSAHS consists of the following facilities:

1 Auburn Hospital

2 Blacktown Hospital

3 Cumberland Hospital

4 Lottie Stewart Hospital*

5 Mt Druitt Hospital

6 St Joseph's Hospital*

7 Westmead Hospital/
Institute of Clinical Pathology
and Medical Research (ICPMR)

8 Auburn Community Health Centre

9 Blacktown Community Health Centre

10 Hills Community Health Centre

11 Merrylands Community Health Centre

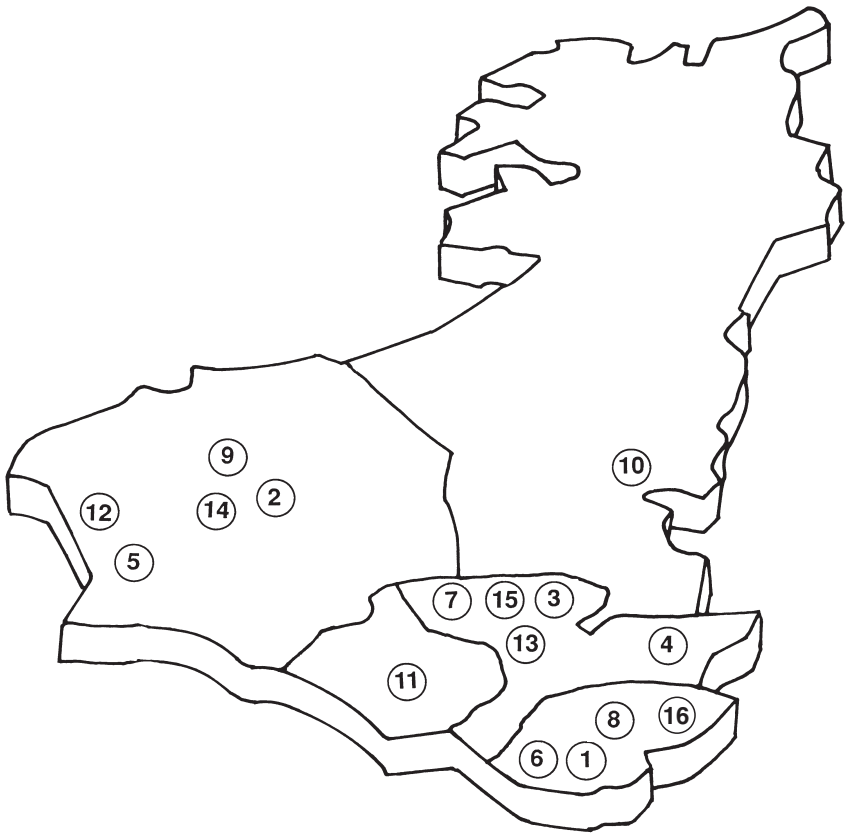
12 Mt Druitt Community Health Centre

13 Parramatta Community Health Centre

14 Doonside Primary Health Care Centre

15 Parramatta Linen Service (PLS)

16 Division of Analytical Laboratories (DAL)



* Affiliated health organisations as defined in the Health Services Act 1997

Western Sydney Health is responsible for providing primary and secondary health care for approximately 710,000 people living in the local government areas (LGAs) of Auburn, Baulkham Hills, Blacktown, Holroyd and Parramatta. The population of the Area is increasing by 1.8 per cent per year.

Most of the people served by Western Sydney Health live in the southern part of the Area, with considerable variation in terms of size and population density between LGAs.

* The Auburn municipality has almost 65 per cent of its land zoned industrial or for purposes such as Rookwood Cemetery and the Department of Defence. The residential population occupies just 30 per cent of the total area.

* Residential and semi-rural areas, with little high-rise development, constitute most of Baulkham Hills Shire.

* Blacktown, Doonside, Mt Druitt, Rooty Hill and Seven Hills are the biggest centres of population in the Blacktown LGA. Major population growth is occurring in Parklea, Quakers Hill and Rouse Hill.

* Holroyd and Parramatta are older established areas, with the highest population densities of the five LGAs. There is a large commercial centre in Parramatta and the suburb includes a sporting stadium and large park for recreational use.

(*Just Health in Western Sydney*, Western Sector Public Health Unit, 1992)

Demographic and Socioeconomic Characteristics

Age Structure

The population of Western Sydney Health is relatively young, with a greater proportion of the population in the 10 to 20 years age group than New South Wales as a whole, while also having a slightly higher proportion in the adult age range between 45 and 60 years.

The population aged 65 years and over is predicted to increase by 18 per cent between 1996 and 2006, from 59,028 to 69,700. Demand for comprehensive aged care services will increase significantly in Parramatta, Auburn, Holroyd and Blacktown.

Ethnicity

In 1996 the Australian Census recorded that 203,378 (33 per cent) of residents were overseas-born and 160,649 (26 per cent) of residents were born in non-English speaking countries. Forty-eight per cent of Auburn's population is overseas-born, Parramatta has 28 per cent, Holroyd 27 per cent, Blacktown 23 per cent and Baulkham Hills 16 per cent.

Aboriginal Population

In 1996 there were 7,686 Aboriginal or Torres Strait Islander people in WSAHS. Sixty eight per cent (5,239) lived in Blacktown, 1120 in Parramatta, 619 in Holroyd, 421 in Auburn and 301 in Baulkham Hills. The Aboriginal community is younger than the wider community with 40 per cent under 25 years, reflecting the level of premature mortality in the Aboriginal community.

Socioeconomic Advantage Indices

Overall, Western Sydney is ranked above the State average on the socioeconomic advantage index. This is primarily due, however, to the high ranking of Baulkham Hills LGA (top 10 per cent in NSW). People in Auburn and Blacktown LGAs are among the more socially disadvantaged in NSW (bottom 40 per cent). Holroyd and Parramatta are close to the State average.

Community Liaison and Ministerial Access

Western Sydney Health is committed to providing timely and thorough handling of enquiries and complaints – which includes action taken to resolve issues expeditiously. During the year Area staff processed 206 ministerial letters, 52 ministerial briefing requests, 9 parliamentary questions and 12 updates for the Parliamentary Folder. Seventy-three requests for information were received from the Health Care Complaints Commission.

The Area's 24-hours, 7-days a week Link Line service (1800 811 620) continued to be well patronised. The service handles many hundreds of calls each year. Most are queries about health services in WSAHS and beyond. Very few are complaints and most enquiries are handled with just one call.

HIGHLIGHTS

EVERY health care service offered by Western Sydney Health continues to enjoy full accreditation - a ringing endorsement of the dedication and commitment of the 10,000 plus team which provides the service with its greatest asset.

MEDICAL researchers from the Westmead Millennium Institute and Research Centres again scooped the field in this year's round of National Health and Medical Research Council grants. The team received 18 grants, accounting for more than 33 per cent of those awarded in NSW. NH&MRC grants are peer-reviewed and highly contested by researchers across Australia.

A DRAMATIC reduction of waiting time for patients in many categories was gained due to the Auburn Elective Surgical Project between August and December 2001. In this project surgeons shared their waiting lists.

SALARY PACKAGING - launched on 1 January 2002 - has enjoyed huge success in WSAHS with over 24 per cent of staff enjoying the benefits. The take-up rate continues to increase as staff become familiar with the new concept. In the first six months staff packaged over $11M worth of benefits, making WSAHS the metropolitan leader in salary packaging.

WESTMEAD HOSPITAL'S Anaesthetics Department, in collaboration with manufacturer Techmin, is developing a revolutionary laryngoscope which will be Australian-made and distributed worldwide. The "Westech" scope represents the first major change in laryngoscope design in the last 50 years and provides a template for further joint research and development projects with private enterprise.

http://www.csp.nsw.gov.au - the NSW Cervical Screening Program's website - received 615,780 hits between November 2001 and June 2002. The site enables women to find a GP in their area and to locate one who speaks their language. It also guides women to information about cervical screening in 28 different languages.

HELICOPTER movements around Westmead will be fewer, faster, quieter and safer in future. As part of the $178.5M first stage of the WIN (Western Integrated Network) Program, NETS (NSW newborn & paediatric Emergency Transport Service) will move into new headquarters and flight facilities next year. The outcome will be a more efficient operation of this vital service.

WITH the launch of the Westmead Research Hub, the combined talents of over 600 medical researchers from the Children's Medical Research Institute, The Children's Hospital at Westmead, Westmead Hospital and the Westmead Millennium Institute form a critical mass of research excellence which establishes Western Sydney Health as a key area of health industry innovation.

WESTMEAD is the only hospital in the world to receive a highly sought-after AAA fire safety award from ACE Insurance Underwriters. In other OH&S risk management achievements WSAHS meets or exceeds all DOH benchmarks.

242 TONNES of waste was recycled by Western Sydney Health under the WRAPP (Waste Reduction Purchasing Plan) in the past 12 months. The impressive figure represents waste segregated and redirected to recycling plants and is the equivalent of 17 per cent of general waste generated by all facilities.

SMILES all round at St Joseph's Hospital with the hospital's carers support group being honoured by receiving the Premier's Award from Auburn Council. The dedicated group offers respite care and social contact for carers who respond by providing positive feedback and a steadily growing demand for the service.

WESTERN SYDNEY MENTAL Health Service and Dharruk Medical Service continue to forge stronger links - with positive outcomes for mental health in the Aboriginal community. As a result of a very successful community consultation, Dharruk Medical Service staff are now accessing specialised mental health training and clinical consultations. The obvious benefits flow on to their clients.

WESTERN SYDNEY HEALTH social workers operating in women's health and newborn care are involved in a multi-disciplinary project with other health care providers, which will replicate the success of a program at the Buffalo Children's Hospital, New York. The incentive has resulted in a 75 per cent reduction in the number of presentations to hospital of shaken babies - a vital contribution to the health of future generations.

ORAL HEALTH in western Sydney was the winner when the Institute of Dental Research (IDR) relocated to become part of the Westmead Centre for Oral Health in April 2002. The IDR has the distinction of being the first research institute in the world dedicated solely to research into dental disease.

ICPMR/DAL sets the standard in forensic DNA testing. Since the national introduction of the convicted offender database in January 2001, DNA testing has been remarkably successful in linking people to murders, sexual assaults, other serious assaults and many burglaries. The DNA team conducts the tests for NSW and the method is becoming one of the most important tools available to identify offenders and reduce crime.

CHAIRMAN'S REPORT

The board of Western Sydney Health is fortunate to be motivated by a dynamic environment in which evaluation and adaptation are core elements. Health provision depends on people who learn throughout life, who can recognise and adapt useful innovations and who are sensitive to the rigours of accountability, peer interaction and best practice. Information to the board comes directly through the committees - finance, audit, quality, planning, ethics, research and appointments, all chaired by directors; through the CEO, his executive, the staff representative and medical staff council attendees. Board papers are concise but voluminous, are informative and contain a story of continuous evolution. Reflect on the WIN program of eastern sector development, the organisation of clinical services in interactive streams, the continuous monitoring of finance, quality and research ethics and there is a snapshot of where we stand at the end of 2002.

While governments move away from leadership in community values of compassion and support and lose interest in education and social welfare, race relations and national good neighbourliness, there is a compelling need for us in the public sector to fill some of the void. In health Areas as now constituted, we have powerful tools to work for the betterment of the physical and mental health of our constituents. We can reach Aboriginal communities, of whom we have a great number, to foster good health and encourage education, to create opportunities for employment and social advancement. We can be proud of the Dharruk Health Centre at Mt Druitt where Frank Vincent and others work towards these ends. We can reach ethnic communities to ensure a sense of co-operation and mutual support. We have a potent group working in multicultural health, led by Abd Malak, who are vocal advocates for the wellbeing of those whose first language is not English. We must strive to compensate for official acts and utterances that come from governments and officials, often in high office, who denigrate foreign nationals often fleeing fearful circumstances and who are seeking protection. We have the capacities, the facilities and the expertise to move constantly to racial and ethnic harmony as we can influence health and welfare directly. We can show leadership through our attitudes, our compassion and our public statements. I must pay tribute to James Wakim, CEO of the Arab Bank and a leader in the Lebanese community. This group, at his instigation, has shown wonderful generosity in support of our research. An example is a recent gift of $120,000 for cancer work raised by young people of this community. James is now President of Westmead Millennium Institute.

I must pay tribute to the Minister, Craig Knowles who engineered an action plan that has revitalised health services and shifted the focus to delivery and clinical involvement. In recent months the board has been fortunate to gain three new Ministerial appointees. A/Prof Graeme Stewart is a senior clinician and a great contributor to the Minister's Government Action Plan for Health. John Lees is a company managing director skilled in executive communication; Talal Yassine is a senior member of a law firm expert in corporate governance and is chairman of the Australian Lebanese welfare organisation. The work of the board will benefit from their expertise and our horizons will be enlarged. I am also pleased to report that Prof Stephen Leeder, Rosanna Martinello, Vernon Dalton and I as chairman, have been re-appointed for a further term.

I am particularly proud of our record in research and teaching. Prof John Uther is now the Associate Dean of the Western Clinical School of the medical faculty and has reinvigorated the medical program. He has recently accepted a broader role in guiding all aspects of graduate education for the Area service. Our trainees in the various specialties achieve excellent results and we see a number returning to senior specialist positions after completing advanced training. Our research teams have done well indeed. Our record on National Health and Medical Research Council grant support and journal publications is second-to-none in our university and comparable with the best in the country. The future looks secure and we have a wonderful base on which to build as we continue to attract the best and brightest research students. Prof Tony Cunningham deserves much credit as Director of Research. He attracts great support and moves constantly towards growth of the research infrastructure. He and A/Prof Jeremy Chapman have forged a strong liaison with The Children's Hospital in the Westmead Research Hub and there are plans to develop a biotech centre to foster business input and enhance research applications. This is the knowledge base on which we depend. We will be strong as long as we foster new ideas and applications of advances to health care and education.

In the five years to 2001, Alan McCarroll led the process that resulted in a major re-organisation of our management structure. The features of this change were an Area medical staff council and Area medical appointment process. These made it possible to introduce a new service structure based on clinical streams, grouping medical, nursing and allied health in related functional units across the Area. Managerial change was required to align financial and quality accountabilities to the new clinical arrangements. The latter part of these innovations has now been completed under the guidance of our newly appointed CEO, A/Prof Steven Boyages. He has brought new vigour to the post at a time when execution is dominant over planning and preparation. He brings - from his clinical academic background and experience as a health service administrator - new insights and particular talents and one can sense the response to his energy and purpose.

We can now be only as strong as our weakest member so the accent is on the best of integrated services and interdependence between the various institutions. Our hospitals now function as members of an integrated network and our appointment process ensures that expertise is uniform and accountability for quality an essential. There are developments to complete, some early and others dependant on realisation of the WIN program of service provision in the years ahead. On behalf of the board I look forward with enthusiasm to the challenges and welcome the support of the community and the participation of my colleagues.

Peter Castaldi

CORPORATE GOVERNANCE STATEMENT

The board is responsible for the corporate governance practices of Western Sydney Area Health Service. This statement sets out the main corporate governance practices in operation throughout the financial year.

The board carries out all its functions, responsibilities and obligations in accordance with the Health Services Act of 1997 and is committed to better practices contained in the Guide on Corporate Governance, issued jointly by the Health Services Association and NSW Health. Membership consists of a chair, 9 other non-executive members, a staff-elected member, and chief executive officer, as an ex-officio member.

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

- setting strategic directions
- ensuring compliance with statutory requirements
- monitoring organisational performance
- monitoring quality of health services
- board appraisal
- community consultation
- professional development.

The board has available to it various sources of independent advice, including the external auditor (the Auditor-General or the nominee of that office), the internal auditor who is free to give advice direct to the board, and other professional advice. The engagement of independent professional advice to the board shall be subject to the approval of the board or a committee of the board.

The board has in place processes for the effective planning and delivery of health services to the communities and patients serviced by WSAHS. This process includes the setting of strategic directions for both the organisation and the service it provides.

As part of its commitment to the highest standard of conduct, the board has adopted a code of ethical behaviour to guide members in carrying out their duties and responsibilities. The code covers responsibilities to the community, compliance with laws and regulations and ethical responsibilities. The board has also endorsed the code of conduct which applies to the management and other employees of the Area health service. A copy is available on web site http://westnet/internal/policy/westmead/ORGPP/ORG/CODECOND.PDF

The board is responsible for supervising and monitoring risk management by WSAHS, including its system of internal controls. The board has mechanisms for monitoring the operations and financial performance of the service.

The board receives and considers all reports of the service's external and internal auditors and, through the Audit Committee, ensures that audit recommendations are implemented. A risk management plan operates. The board meets at regular intervals and can convene for special meetings. A committee structure enhances its corporate governance role. These committees meet regularly.

Systems and activities for measuring and routinely reporting on the safety and quality of care provided to the community are in place. They reflect the principles, performance and reporting guidelines detailed in the "Framework for Managing the Quality of Health Services in NSW" documentation.

The Audit Committee met four times this year. Its terms of reference are to:

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

The Finance Committee met eleven times this year. Its terms of reference are to:

- examine budget allocations
- monitor overall financial performance in accordance with budget targets
- develop and maintain an efficient, cost-effective finance function and information system
- ensure appropriate delegated financial controls
- funds management.

The board complies with the provisions of the Accounts and Audit Determination for Area health services.

Processes are in place to:

- monitor progress of the performance agreement between the board and Director-General of NSW Health
- regularly review the performance of the board through a process of self-appraisal.

BOARD PROFILES

A/PROFESSOR STEVEN BOYAGES, PhD DDU MB BS FRACP FAFPHM
Steven Boyages is the Chief Executive Officer of Western Sydney Area Health Service. He was formerly the Director of Clinical Operations in Western Sydney Health and previously headed up the Centre for Research and Clinical Policy in NSW Health. Steve is a leading clinician in the field of diabetes and endocrinology. He was the Head of the Department of Diabetes and Endocrinology at Westmead Hospital from 1991 to 2001. His interests include biotechnology, the development of research infrastructure, medical training and education, chronic and complex health care strategies and quality management initiatives. Appointed March 2002. Committees: Finance, Audit, Planning, CQC. Meetings 4, attendance 4.

PROFESSOR EMERITUS PETER CASTALDI, AO MD DU Paris (Hon) FRACP
Peter Castaldi was appointed Professor of Medicine and Director of the Department of Medicine at the new Westmead Hospital in 1978. He retired from his academic position in 1995 and has since been active in private practice as a clinical haematologist. He was Acting Associate Dean of the Western Clinical School of the University of Sydney 1997-98. He had previous experience in Melbourne at the Austin Hospital and University of Melbourne and has long-standing contacts with the University of Paris.
Professor Castaldi has special interest in education and medical research and has been one of the driving forces over the years in the development of a strong research base in the clinical school. He has been visiting specialist at Blacktown-Mt Druitt and has encouraged the development of a strong clinical base and of teaching medical undergraduates in this environment.
As board chairperson Peter is particularly interested in the development of clinical streams and is keen to encourage the convergence of clinical research and teaching with the practice aspects of the service delivery. Appointed 1 August 1990, appointed chair 18 November 1996. Committees: Audit, Finance, MDAAC (chair), Planning, Research. Meetings 11, attendance 10.

DR DAVID COOPER, Bmed MMgt MBA AFAIM AFCHSE FACEM
David Cooper was the Director of Emergency Services, Blacktown-Mt Druitt Health and was the staff-elected representative on the board of Western Sydney Health. He worked in western Sydney as an emergency physician from 1996. David has specialist qualifications in emergency medicine and an MBA from Macquarie University Graduate School of Management. He is an Associate Fellow of the Australian Institute of Management and the Australian College of Health Service Executives. His special interest in disaster medicine led him to being appointed as a medical commander for the Sydney 2000 Olympics. He also holds a number of representative appointments, being chair of the NSW Faculty of the Australasian College for Emergency Medicine, vice-president of the Australasian Society for Emergency Medicine and an AMA (NSW) councillor. Appointed 1 August 2000. Committee: Audit. Resigned Dec 01. Meetings 6, attendance 6.

VERNON DALTON, AM BA
Vernon Dalton has been an active member of the board of Western Sydney Area Health Service since 1994. He is also a member of the board of Wentworth Area Health Service and deputy chair of the Greater Western Sydney, Southern and Northern Health Services group since June 2002.
Vern had a distinguished career in the human service fields of the NSW Public Service and in voluntary community service. He retired in 1992 after five years as chairman of the NSW Corrective Services Commission, followed by five years as chairman of the NSW Department of Community Services and chairman of the board of the NSW Home Care Service. He conducts a management consultancy and disputes resolution service.
As a local resident with previous experience as a member of the board of Prospect Area Health Service, with specialised and relevant management experience and with knowledge of the workings of government, he continues to make a valuable contribution to the board through his skills, commitment and involvement - with a particular interest in community health. Appointed 1 August 1994. Committees: Audit, Finance (chair), Planning (chair). Meetings 11, attendance 11.

HON PAUL ELLIOTT, BA MLitt
Paul Elliott is a Westmead resident who has been involved in community activities in the Parramatta district for over 25 years. He has served as an alderman, as mayor of Parramatta and as a member of the Australian Parliament for Parramatta from 1990-1996.
Paul was a board member of the Greater Western Sydney Chamber of Commerce and of Parramatta Riverside Theatres, and is a member of a local advisory committee supporting an employment project for people with disabilities. He has initiated many activities to upgrade community facilities in the region. Integral to his community service is a long-standing interest and involvement in health issues in western Sydney.
Paul works in the financial and technology industries. First appointed 18 November 1996. Meetings 11, attendance 4.

GABRIELLE KIBBLE, AO
Gabrielle Kibble has been the chair of Sydney Water since 1999, having been appointed to the board in 1997. She is also a director of Sydney Water's trading subsidiary, Australian Water Technologies Pty Ltd. In her role as chair she is leading Sydney Water during a period of very substantial reform and rebuilding.

From 1987 until 1997 she was CEO of the Department of Urban Affairs and Planning. From 1992 to 1994 Gabrielle was also Director-General of the NSW Department of Housing. She has a Bachelor of Arts and a diploma of Town and Country Planning from the University of Sydney. She is a Fellow of the Royal Australian Planning Institute and has received its Sidney Luker Memorial medal for an outstanding contribution to urban planning in NSW.
Gabrielle became an Officer of the Order of Australia in 1994. In 1998 she was appointed an adjunct professor in the Faculty of the Built Environment at the University of NSW. UNSW also conferred on her the degree of Science, *honoris causa*. In 1999 she was appointed deputy chair of the Ministerial Council to advise the NSW Minister for Health on reform of the health system. Gabrielle Kibble is on the board of many organisations, both public and private. Appointed 1 August 00. Resigned June 02. Meetings 11, attendance 8.

PROFESSOR STEPHEN LEEDER, BSc (Med) MBBS PhD FRACP FFPHM FAFPHM
Steve Leeder is Dean of the Faculty of Medicine, Professor of Public Health and Community Medicine at the University of Sydney and a fellow of the university Senate. He was the foundation chair of the board of Censors of the Australasian Faculty of Public Health Medicine 1990 to 1994 and has served two terms as national president of the Public Health Association of Australia. He was a member of the National Health and Medical Research Council and chaired its Health Advisory Committee from 1997-1999. Steve was appointed chair of the Health Inequalities Research Collaboration Board and chair of the Health*Insite* (on-line health advice) editorial board by the Minister for Health and Aged Care in 2000. He has an interest in medical education and ethics, health policy communication and strategic approaches to research development and application. His special clinical and research interest is asthma. Stephen Leeder's book, *Healthy Medicine: Challenges facing Australia's health service*, was published in 1999.
Foundation member - 1 August 1988. Committees: CQC (chair), Human Research Ethics (chair). Meetings 11, attendance 10.

ALAN McCARROLL, BA (Hons)
Alan McCarroll was CEO of Western Sydney Health. He joined NSW Health in 1981 and became very familiar with the delivery of health care in the west of Sydney through his time as both deputy and then regional director of Health, Western Metropolitan Region in the mid-to-late eighties.
Part of his responsibilities at that time involved the introduction of the current Area health services. A period of consultancy was followed by further senior positions in NSW Health - including the role of Chief Operating Officer.
Following another brief period in the private sector, he accepted an offer to lead Western Sydney Health. Appointed 16 December 1996. Committees: Finance, Audit, Planning, CQC. Resigned Dec 2001. Meetings 5, attendance 5.

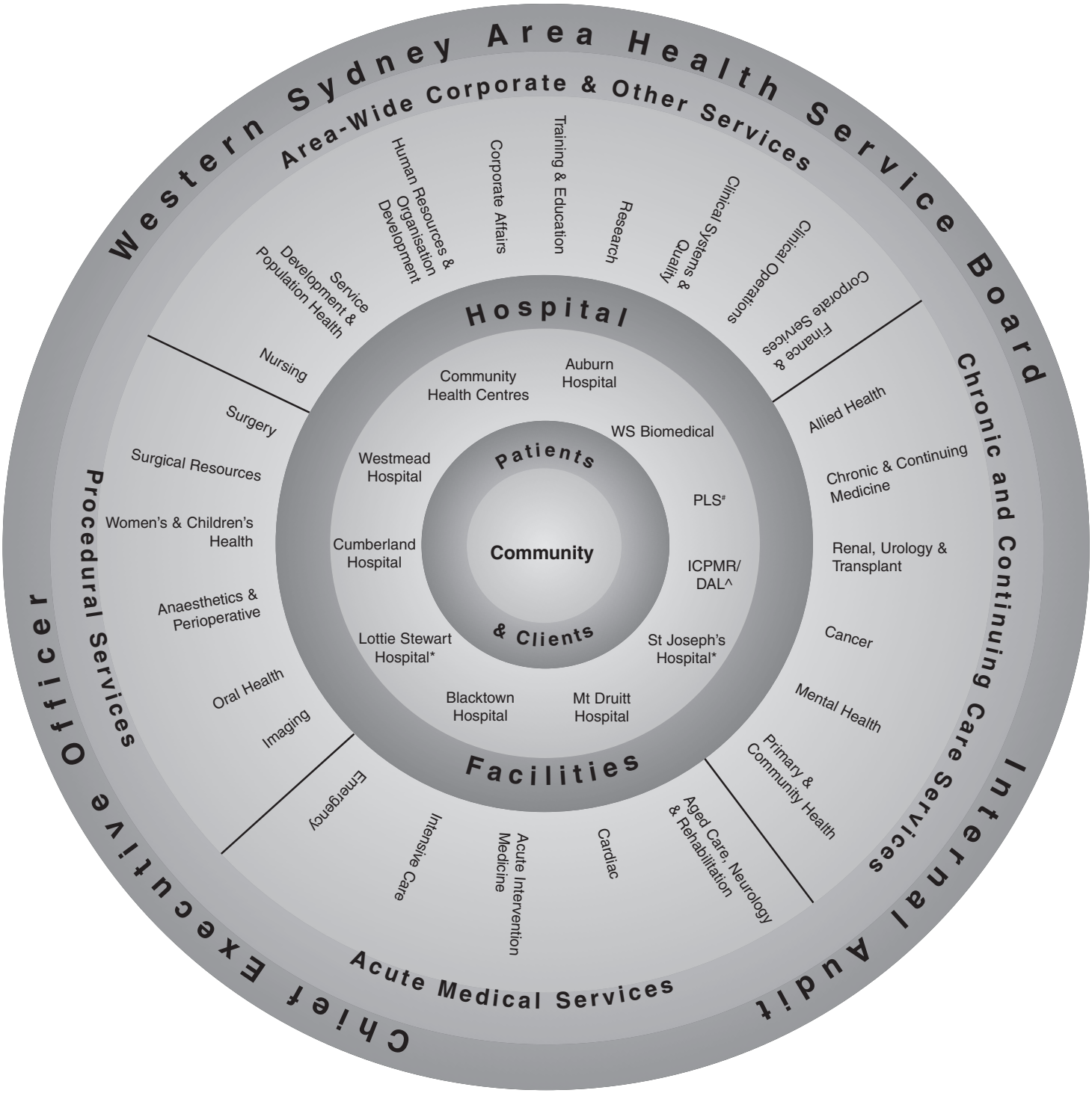
ROSANNA MARTINELLO, Bcom GdipAppFin ASCPA CFTP
Rosanna Martinello has financial and business management experience spanning 20 years in the private sector. As a senior finance executive at CSR Limited, she has had responsibility for managing the group's $2bn worldwide debt portfolio. Rosanna is particularly interested in health promotion and improving cancer care. She contributed to WSAHS' successful 2001 tender providing funding to further improve the quality of cancer care in western Sydney. In 2000 she founded a consumer advocacy group giving a voice to young women with cancer. As an active advocate, Rosanna has brought about change that will benefit young women with cancer. She is on several national advisory committees, is on the board of a credit union and has had extensive involvement in various community initiatives. Appointed 1 August 1998. Committee: CQC. Meetings 11, attendance 11.

MICHELLE ROWLAND, BA (Hons) LLB
Michelle Rowland is a solicitor in the Competition and Regulation group at the Sydney law firm Gilbert and Tobin. Her main areas of practice are telecommunications law and utilities regulation, with a growing focus on regulatory issues in health. She has lived at Blacktown all her life and has special interest in the expansion and enhancement of community health services for growing regions such as North-West Sector. She is involved in a variety of broad-based community initiatives in her local area. Michelle has worked in Corporate Affairs and Communications at NRMA Ltd and as an advisor to a federal Member of Parliament. She attained her Bachelor of Arts (Hons) and Bachelor of Law at Sydney University and is completing her Master of Law at the same institution, focussing on competition and regulation. Michelle is particularly interested in the privacy implications of personal information in technology and health, and the imperatives of health policies to meet the demands of population growth. Appointed 1 August 2000. Meetings 11, attendance 6.

DR LING YOONG, MBBS MBA
Ling Yoong has been a general practitioner in Mt Druitt since 1981. She was born in Malaysia of Chinese parents and has lived in Australia since 1976. She has a Master's in Business Administration, was the inaugural executive director of the Western Sydney Division of General Practice, member of the Australian Medical Association's Woman's Advisory Committee and is an active member of the Mt Druitt Medical Practitioners' Association. She organised the annual Diabetes Awareness Week and Heart Awareness Week to encourage the community to take care of their health. She believes that all health professionals should work together for the improvement of patients' health. Committees: CQC, Planning, Audit (chair). Appointed 18 November 1996. Meetings 11, attendance 9.

Organisational Structure

Western Sydney Health has introduced a clinical stream organisational structure. This chart depicts the structure. The community is the centre of our focus. Services are planned and networked across our facilities/hospitals. Services themselves have strong collaborative links and are framed within, and supported by, a corporate support and governance structure which ensures promotion of Western Sydney Health's mission and values.



Key

* Affiliated Health Organisation
# Parramatta Linen Service
^ Institute of Clinical Pathology and Medical Research/ Division of Analytical Laboratories

CORRUPTION PREVENTION

Western Sydney Health is committed to the active promotion of fraud and corruption prevention awareness through its Fraud Prevention Strategy and Code of Conduct and Ethics. Ethics and Accountability workshops are regularly provided for staff. Staff are encouraged to report any suspected instances of corrupt behaviour or unethical practice to the Area' s Internal Audit Unit. Where appropriate, an investigation is commissioned with reporting mechanisms to executive management and the board.

The Code of Conduct and Ethics document can be viewed on: http://westnet/internal/policy/westmead/ORGPP/ORG/CODECOND.PDF

WESTERN SYDNEY HEALTH SENIOR EXECUTIVE SERVICE PROFILE			
Level	7	4	2
2002	1	1	1
2001	1	1	1

One of these positions is occupied by a woman.

PERFORMANCE STATEMENT

Name: **Alan McCarroll**
Position: **Chief Executive Officer**
SES: **Level 7**
Period: **Resigned Dec 2001**

Strategic Initiatives

Progress in the implementation of the Western Sydney Integrated Network. Discussions commenced on the development of the WSAHS BioHub. Increasing extent of the Area as centre of excellence in post-graduate education and training. Institute of Dental Research established. Revitalisation and strengthening of partnership with Dharruk Aboriginal Medical Service. Significant strengthening of inter-agency partnerships.

Management Accountabilities

Continuing major organisational restructure to a full clinical streaming model. Continuing implementation of Priority Health Care Projects and Cancer Quality Program. Development of community consultation and participation.

Name: **A/Prof Steven Boyages**
Position: **Chief Executive Officer**
SES: **Level 7**
Period: **From March 02**

Strategic Initiatives

Continuing progress in the implementation of the Western Sydney Integrated Network. Westmead Research Hub established. Partnership with the Office of Western Sydney formulated to develop the WSAHS BioHub. Strong growth in research across the Area. Information technology continuing to be expanded across the Area e.g., RADNET. *Staying in the Light* - launch of strategic plan for promotion of social and emotional wellbeing. Strengthened links with Western Sydney Division of General Practitioners. Profile of Inequity undertaken across the Area.

Management Accountabilities

Business review groups improving corporate efficiencies. Successful implementation of salary packaging. Expansion of services at Blacktown-Mt Druitt Health. Introduction of a paediatric ambulatory care service at Mt Druitt Hospital. Non-admitted patient occasions of service (NAPOO) activity for the Area increased by 29.8 per cent, whilst inpatient separations also exceeded targets. Health Forum structure established to enhance consumer and community participation. Strong financial performance. Major organisational restructure to a full clinical streaming model completed. Continuing implementation of Priority Health Care Projects and Cancer Quality Program.

CONSULTANCIES

Over $30,000		**General Fund**	**Trust Fund**	**$**
Centre for Developmental Disability Studies	Development of Cervical Screening Guidelines	93,339.40		
Mary T Rickard	State Radiologist for BreastScreen NSW	49,109.43		
Acetek Communications	Tibet IDD Elimination Project		77,272.31	
Balance as per General Ledger Account 024021		**142,448.83**	**77,272.31**	**219,721.14**
Under $30,000				
Total number	68	331,133.27		
	7			
	75			
Balance as per General Ledger Account 024020		**331,133.27**	**67,056.20**	**398,189.47**
Information Technology Over $30,000				
Groupware Systems Consulting Services	NETS Project	35,522.50		
Rinori P/L	IT Contract S881	81,930.00		
Magik New	Website Development Cervical Screening	56,500.00		
Information Technology Under $30,000				
Total number	19	133,190.98		
	2		14,578.94	
Balance as per General Ledger Account 024022		**307,143.48**	**14,578.94**	**321,722.42**
TOTAL CONSULTANCIES FOR Y/E 30/6/02				**939,633.03**

Table 1 Percent of Total Staff by Level **EEO REPORT**

		Subgroup as Percent of Total Staff at each Level			Subgroup as Estimated Percent of Total Staff at each Level				
LEVEL	***TOTAL STAFF (Number)***	**Respondents**	**Men**	**Women**	**Aboriginal People & Torres Strait Islanders**	**People from Racial, Ethnic, Ethno-Religious Minority Groups**	**People Whose Language First Spoken as a Child was not English**	**People with a Disability**	**People with a Disability Requiring Work-related Adjustment**
< $27,606	*454*	61%	7%	93%		35%	59%	2%	1.1%
$27,606 - $40,535	*4,292*	68%	27%	73%	1%	22%	32%	4%	1%
$40,536 - $51,293	*3,040*	64%	17%	83%	0.7%	25%	31%	4%	0.8%
$51,294 - $66,332	*1,386*	66%	28%	72%	1.5%	25%	23%	5%	1.3%
> $66,332 (non SES)	*860*	49%	62%	38%	0.5%	26%	20%	4%	0.5%
SES									
TOTAL	*10,032*	65%	26%	74%	1.1%	24%	31%	4%	0.8%
Estimated Subgroup Totals		*6,474*	*2,632*	*7,400*	*107*	*2,428*	*3,086*	*405*	*82*

Table 2 Percent of Total Staff by Employment Basis

		Subgroup as % of Total Staff in each Category			Subgroup as Estimated Percent of Total Staff in each Employment Category				
EMPLOYMENT BASIS	***TOTAL STAFF (Number)***	**Respondents**	**Men**	**Women**	**Aboriginal People & Torres Strait Islanders**	**People from Racial, Ethnic, Ethno-Religious Minority Groups**	**People Whose Language First Spoken as a Child was not English**	**People with a Disability**	**People with a Disability Requiring Work-related Adjustment**
Permanent Full-time	*6,930*	64%	32%	68%	1.2%	26%	33%	4%	0.9%
Permanent Part-time	*2,323*	64%	10%	90%	0.8%	19%	25%	4%	0.5%
Temporary Full-time	*607*	75%	28%	72%	0.9%	23%	27%	3%	0.2%
Temporary Part-time	*172*	65%	12%	88%	1.8%	21%	30%	11%	3.6%
Contract - SES									
Contract - Non SES									
Training Positions									
Retained Staff									
Casual	*645*	57%	20%	80%	1.4%	16%	32%	2%	0.3%
TOTAL	*10,677*	64%	26%	74%	1.1%	24%	31%	4%	0.8%
Estimated Subgroup Totals		*6,841*	*2,763*	*7,914*	*117*	*2,523*	*3,314*	*424*	*84*

Notes:

1. Table 1 does not include casual staff.
2. Figures for EEO groups other than women have been adjusted to compensate for the effects of non-response to the EEO data collection. EEO statistics reported in years prior to 1998 may not be comparable due to a change in the method of estimating EEO group representation.

PATIENT AND STAFFING STATISTICS

	Area Services	Area Pathology Service	Auburn Hospital & CHS	Blacktown Hospital	MtDruitt Hospital &CHS	Westmead/ Cumberland & CHS(4)	WSAHS Incorporated Hospitals Total 2002	WSAHS Incorporated Hospitals Total 2001	Lottie Stewart Hospital	StJoseph's Hospital	WSAHS Affiliated Hospitals Total 2002	WSAHS Affiliated Hospitals Total 2001	WSAHS Consolidated Total 2002	WSAHS Consolidated Total 2001
Bed Capacity														
Total Beds at 30 June 2002			114	267	157	1,112	1,650	1,567	114	77	191	212	1,841	1,779
Average Available Beds			112	251	159	1,014	1,536	1,550	126	75	201	207	1,737	1,757
Inpatients														
No in Hospital at 1 July 2001			96	272	117	867	1,352	1,413	132	70	202	205	1,554	1,618
Admissions (incl Live Births)			13,612	27,543	16,981	68,633	126,769	128,414	547	1,068	1,615	1,823	128,384	130,237
Total Patients Treated			13,708	27,815	17,098	69,500	128,121	129,827	679	1,138	1,817	2,028	129,938	131,855
Discharges (incl Unqual Babies)			13,424	27,247	16,759	67,630	125,060	126,763	489	792	1,281	1,435	126,341	128,198
Deaths			157	266	218	747	1,388	1,712	85	277	362	391	1,750	2,103
Number in Hospital														
At 30 June 2002			127	302	121	1,123	1,673	1,352	105	69	174	202	1,847	1,554
Unqual Baby Bed Days			2,792	6,388		11,637	20,817	19,782					20,817	19,782
All Other Bed Days			37,780	91,928	52,839	341,115	523,662	515,973	42,298	24,068	66,366	70,692	590,028	586,665
Total Occupied Bed Days			40,572	98,316	52,839	352,752	544,479	535,755	42,298	24,068	66,366	70,692	610,845	606,447
No of Operations			5,048	7,195	3,728	13,084	29,055	29,747					29,055	29,747
Babies														
Males			622	1,334		1,981	3,937	4,157					3,937	4,157
Females			624	1,208		1,807	3,639	3,871					3,639	3,871
TOTAL			1,246	2,542		3,788	7,576	8,028					7,576	8,028
Emergency Department Attendance			19,242	27,528	27,309	36,980	110,895	117,199					110,895	117,199
Non-Inpatient Services (7)														
Hospital Occasions of Service	59,448	427,998	81,049	132,074	81,958	983,627	1,766,154	1,139,106	1,761	31,312	33,073	36,273	1,799,227	1,175,379
Community Health Occasions			20,602	5,748	109,382	180,099	315,831	469,534	-	3,059	3,059	-	318,890	469,534
Dental Occasions of Service			-	5,020	11,062	187,993	204,075	140,888					204,075	140,888
Total Occasions of Service	59,448	427,998	101,651	142,842	202,402	1,351,719	2,286,060	1,749,529	1,761	34,371	36,132	36,273	2,322,192	1,785,801
Averages														
Daily Average Occupied Beds			103.5	251.9	131.0	918.8	1,405.2	1383.3	115.9	65.9	181.8	193.7	1,587.0	1,576.9
Adjustments														
* **Outpatients (1)**	16.3	117.3	27.8	37.8	52.4	318.8	436.9	363.8	0.5	9.4	9.9	9.9	580.3	450.7
* **Babies**			3.8	8.8		15.9	28.5	27.1					28.5	27.1
* **Comm Residential Care**					13.8	15.7	29.5	30.4					29.5	30.4
* **Dental Patient Flow**			-	1.4	3.0	51.5	55.9	38.6					55.9	38.6
Adjusted Daily Average (ADA)	16.3	117.3	135.2	299.7	200.2	1,320.8	1,956.0	1843.1	116.4	75.4	191.7	203.6	2,281.2	2,123.7
Length of Stay			3.0	3.6	3.1	5.2	4.3	4.2	73.7	22.5	40.4	38.7	4.8	4.7
Bed Occupancy Rate % (5)			92.6%	100.2%	91.2%	92.1%	93.4%	91.2%	91.7%	87.8%	90.2%	93.4%	93.0%	91.5%
Net Cost per ADA (2)	$14,539.53	$263.86	$791.49	$ 674.26	$ 736.60	$ 781.18	$ 958.09	$941.73	$ 183.50	$ 491.37	$ 305.03	$290.95	$ 847.12	$845.22
Staffing Details - YTD Paid EFT (3 & 6)														
Year Ended 30 June 2002														
Nursing	65.8	8.7	243.5	439.9	310.5	1,901.8	2,970.2	2852.2	120.4	85.1	205.5	218.3	3,175.7	3,070.5
Medical	24.6	33.7	38.8	72.3	43.7	483.6	696.7	662.3	1.3	14.5	15.8	13.3	712.5	675.6
Medical Support	57.8	340.1	49.9	77.5	149.0	940.9	1,615.2	1560.2	10.9	44.8	55.7	53.1	1,670.9	1,613.3
Hotel Services	43.8	114.3	116.5	191.6	112.0	833.3	1,411.5	1383.7	37.7	44.6	82.3	85.4	1,493.8	1,469.0
Maintenance Services	-	6.0	7.0	10.2	7.1	69.2	99.5	99.7	3.0	4.8	7.8	7.0	107.3	106.7
Other	413.7	36.8	56.9	94.7	96.4	697.5	1,396.0	1305.1	11.3	22.9	34.2	37.5	1,430.2	1,342.6
TOTAL	605.7	539.5	512.5	886.2	718.8	4,926.3	8,189.0	7863.2	184.6	216.8	401.4	414.6	8,590.4	8,277.8

Notes:

(1) The formula used to convert non-inpatient occasions of service (Outpatient Adjustment) for the Adjusted Daily Average (ADA) was 10.

(2) The Net Cost of Services base has been used to derive at the Net Cost per ADA.

(3) In prior years, EFT (Equivalent Full Time) Staff included paid overtime. In order to maintain data consistency with monthly data reporting sets to NSW Health, overtime EFT is now excluded.

(4) "Westmead/ Cumberland" includes Westmead & Cumberland Hospitals & Community Health Services.

(5) Bed Occupancy Rate % excludes Unqualified Baby Bed Days

(6) EFT for 2001/2002 includes salary payments from the General Ledger.

(7) Non-Inpatients Services method of counting changed 2000/2001 to 2001/2002 - changed from patient count focus to service provider focus.

COMMUNITY PROGRAMS (funded non-government organisations)

Name	$	Review	Program	Nature & purpose of the project
Workers Health Centre	151,000	2003	1	Preventive education on occupational health and safety and hazardous substances in the workplace
Blacktown A&OD Family Service	70,300	2002	1	Support and counselling service for A&OD users and their families
Ted Noffs Foundation	784,600	2003	1	Medium-term residential drug and alcohol treatment service for young people (14-19 years)
Wayback Committee	257,200	2002	1	Residential and outpatient drug and alcohol treatment service
WHO - We Help Ourselves	107,100	2003	1	Residential drug treatment service
ACON West	80,000	2002	1	1. Support and assistance re employment for PLWAs 2. Home-based step-down, stabilisation and/or respite care to PLWAs
Western Suburbs Haven	63,600	2002	1	Living centre for PWLAs providing social support and convalescent respite care
Dharruk AMS	111,100	2002	1	Antenatal outreach service for Aboriginal women
Cumberland Women's Health Centre	69,100	2004	1	Anti-violence project with women from culturally and linguistically diverse backgrounds
Auburn District Com. Health Advisory Council	46,200	2004	1	Itinerant speech pathology service for preschool and day care centres in the Auburn LGA
Blacktown Womens' and Girls' Health Centre	351,100	2004	1	Clinical, counselling and support, health promotion, information and referral and outreach services for women and girls living in the Blacktown LGA
Brain Injury Association	120,200	2004	1	Information, referral and education services for individuals and families affected by brain injury
Charmian Clift Cottages	585,700	2003	1	Residential treatment service for women with mental illness and their dependant children
Cumberland Women's Health Centre	191,100	2004	1	Crisis and other counselling, domestic violence support and advocacy group work, women's health information and programs, community education and referral
Doonside Mt Druitt Pregnancy Help	8,400	2003	1	Counselling and support service for parents and prospective parents
Lifeline Western Sydney	70,500	2002	1	24 hour telephone counselling and face-to-face counselling for people experiencing psychological distress
Maronite Natural Family Planning Service	15,200	2004	1	Natural family planning education and advice for women and couples of the Maronite faith
Nursing Mothers' Association (now known as Australian Breastfeeding Association (NSW Branch)	24,300	2002	1	Education, advice and support for breastfeeding women
SANDS (now amalgamated with SIDA NSW)	101,700	2003	1	Support and counselling for families who experience the loss of a child through stillbirth or neonatal death. Direct counselling and 24-hour emergency support to parents who have lost a child suddenly or unexpectedly
GROW - Western Metro Project	46,000	2002	3	Self-help support network for people experiencing mental illness in western Sydney
After Care Adolescent Service - Kurinda	640,431	2003	3	Residential treatment for young people with serious mental illness who for some reason cannot live at home
Arthritis Foundation NSW	30,000	2003	1	Education, training and information about arthritis
Aust Huntington's Disease Association	37,900	2003	1	Information, support and self-help service for sufferers, families and carers of people with Huntington's Disease
Continence Foundation	63,900	2002	1	Continence information/education for health professionals and public. Clinical service, information and referral
Epilepsy Association	87,200	2004	1	Counselling, information, support and education for people with epilepsy, their families and wider community
Healthy Older People Association	15,100	2002	1	Health information and activities for older people
Burnside	60,000	2003	3	NewPin Centres aim to prevent child abuse and emotional/behavioural problems by building parent social networks, providing children's support, and improving the security of attachment between children and parents
Wareemba	63,100	2003	1	Specialist support service for people with an acquired brain injury
Parramatta Mission	80,249	2003	3	Provide a manager for mental health services within Parramatta Mission
Psychiatric Rehabilitation Association	50,000	2003	3	To contribute to PRA employment of additional full-time support officer and additional part-time welfare officer to support mental health clients from Cumberland Hospital at PRA's Harris Park facilities
Total NGO funding	4,382,280			

ETHNIC AFFAIRS PRIORITIES

Western Sydney Health has developed an Ethnic Affairs Priority Statement (EAPS) in accordance with the direction of the *Community Relations Commission and Principles of Multiculturalism Act 2000*. The Area fully achieved the planned initiatives outlined in the 2000/2001 EAPS report and has responded to additional opportunities as these have arisen during the year. A major contributor to the successful implementation of EAPS by WSAHS is its high profile at the Area executive level.

The CEO is directly responsible for multicultural health policy and is the chairperson of the Area Ethnic Consumer Council. Ethnic affairs priorities are integrated in the Western Sydney Health Business Plan and outcomes are documented as part of the Area's reporting mechanisms.

WSAHS also manages a number of national and State multicultural health services. They include the Australian Transcultural Mental Health Network, the NSW Transcultural Mental Health Centre, the NSW Education Program on Female Genital Mutilation, the NSW Suicide Prevention Program, the NSW Multicultural Gambling Project and the Women's Health at Work Program.

A detailed record of achievements and planned initiatives is contained in the Area's EAPS report 2001/2002. Highlighted initiatives completed in 2001/2002 include:

- The endorsement of the WSAHS Multicultural Health Strategic Plan 2002/2007 by the board as a blueprint for service delivery for western Sydney's culturally and linguistically diverse community
- The Women's Health at Work Market Gardens Project, established to improve the health of women from culturally diverse backgrounds employed in market gardens across the Sydney Basin
- The Multicultural Food Safety Project, a collaboration between Area Multicultural Health, Health Promotion and Public Health units to promote safe food handling practices in businesses across western Sydney.

The report also outlines the wide variety of initiatives planned **for** 2002/2003. They include:

- *The Institute for Diversity in Health Care*: a hub for multicultural health in NSW and Australia that will ensure the integration of key multicultural services in NSW and include a research centre to conduct research into diversity in health care and assist in the design and evaluation of programs
- A Centre of Excellence to be established at the Auburn Hospital site as a demonstration model of innovative approaches to cultural equity that can be incorporated into mainstream management and service delivery structures
- Transcultural Mental Health Centre's Child Mental Health Project: a partnership with the Department of Psychological Medicine at The Children's Hospital at Westmead to address mental health issues for children and families from culturally diverse backgrounds
- The Parramatta Translated Health Fact Sheets Project: a collaboration with Parramatta Council to provide fact sheets on mental health, men's health, stress management, oral health, domestic violence and family relationships for emerging communities in Bosnian, Kurdish, Tigrinya, Amharic and Somali languages.

PUBLIC HEALTH INDICATOR

The immunisation performance agreement between the Western Sydney Area Health Service board, and the Director-General of NSW Health, for 2001-02 states: 'achieve full immunisation coverage of greater than 92 per cent of children aged 12-<15 months by June 2002'.

The Australian Childhood Immunisation Register (ACIR) coverage report dated 31 March 2002 for the Western Sydney Area Health Service reports a fully vaccinated rate of 90 per cent for children aged 12 to less than 15 months. The National Centre for Immunisation Research estimates that reported ACIR data under-estimates the true rate by 2-3 per cent. Based on available information, Western Sydney Health estimates the fully vaccinated rate in this age group to be 92 per cent.

RISK MANAGEMENT

Successful management of the workers compensation Treasury Managed Funds (TMF) has resulted in returns to WSAHS of $6.2m in 01/02. This was achieved through the implementation of OH&S strategies, effective claims management, the implementation of workplace rehabilitation programs/plans for injured workers and receptive and committed line and senior managers.

The fire prevention strategies implemented at Westmead have resulted in the hospital receiving a global fire safety award for achieving a AAA rating, the only hospital surveyed in the world this year to achieve this rating.

During the year the Area was audited by independent OH&S consultants, on behalf of the Premier's Department. The Premier's Department advised that the consultants had reported WSAHS "was nearing best practice".

The Area has continued to implement a risk management driver training program for all employees involved in accidents and any employee required to drive an Area vehicle. Levels of accidents and costs are below those of the early 1990s.

The risk management focus continues on clinical risk and indemnity issues, including the roll-out and management of Government strategies involving VMOs and the development of processes to manage reported incidents. The Area has implemented mandatory Security Risk Assessments and is assisting NSW Health in the development of security risk management tools.

In 2001/02 WSAHS processed 3420 accident/incident/illness reports, which resulted in 673 workers compensation claims (up 8 per cent on the previous year). The estimated cost is $12M. The majority of the claims relate to manual handling incidents.

In November 2001 WSAHS was fined $76,500 by the Industrial Relations Commission following the issuing of four summonses by the Work Cover Authority of NSW. An employee was infected by bacteria referred from an external pathology service. WSAHS pleaded guilty to one of the charges.

COMPLAINTS HANDLING

Western Sydney Health has in place a long-established mechanism for the handling of complaints about the service it provides. All complaints are addressed as per the Better Practice Guidelines for Frontline Complaints Handling and are reported through the Statewide Complaints Data Collection process.

All complaints are categorised as articulated by complainants according to their perceptions. A "snapshot" of complaints received shows that the three dominant issues under the national system of categorisation are access, communications and treatment. Issues involving complex system problems are referred to the Confidential Review Committee which meets monthly. The committee includes representatives of the Division of General Practice, senior clinicians from a range of disciplines, the Director of Social Work, the Quality Management Co-ordinator and the Patient Representative.

CONSUMER PARTICIPATION

Western Sydney Health is committed to providing opportunities for consumers of health services, carers and the community to have active involvement in the planning and evaluation of health care services.

To help achieve this a framework has been developed using two consumer participation co-ordinators to involve communities by keeping them informed of health service plans and encouraging a process of wide consultation. The framework is supported by the Health Forum to ensure effective participation by consumers.

The aim is to encourage people and communities living within the boundaries of Western Sydney Health to be part of a process that ensures consumers "help us make a difference".

FREEDOM OF INFORMATION

Western Sydney Health received eight Freedom of Information applications in 2001/02. The figure is much lower than the previous year (29) and shows a dramatic drop on the peak of 381 applications in 1996/97. The much lower numbers result from increasing use of the NSW Health Information Privacy Code of Practice. Six applications were of a personal nature, while two were for non-personal issues. Full access was granted in four cases, partial access in two cases, one case was denied access and one had no information within that category. Two cases requested an internal review be undertaken.

There were no requests for amendment of records. Two applicants were granted a discount on application fees. Western Sydney Health received FOI fees of $560. Five requests were completed within 21 days, three over 35 days (out of time determination).

Enquiries for information on FOI should be directed to the A/Director of Corporate Affairs on 9845 7000.

Clinical Drug Trials

Western Sydney Area Health Service

Name of Trial	Pharmaceutical Company	Contribution $	Full Cost Recovery Y/N	Patient/Client Nos in Trial	Duration	Purpose of Drug
EFC 4735	Sanofi-Synthelabo Australia Pty Lt	$14,500	N	14	6 months	Improve CVD risk through weight reduction.
MATCH	Parexel International	$16,731	Y	10	18 months	Prevention of stroke in high risk individuals
Treatment of Active Influenza	Johnson & Johnson	$55,310	Y	2	6 months	Influenza inhibition
Herpes Vaccine Trial HSV-017	Smith Kline and Beecham	$456	Y	42	5 years	Vaccine efficacy
HIV 3TC Clinical Endpoint Trial	Glaxo Wellcome	$34,446	Y	10	1 year	Treatment of HIV
FIELD	NHMRC	$47,084	Y	162	5 years+	Prevention of cardiovascular events
Mix25-IOMS	Eli Lilly Pty Ltd	$5,062	Y	5	6 months	Treatment of Diabetes
Mitiglinide	Servier Laboratories	$12,065	Y	5	6 months	Treatment of Diabetes
Luglitazone	Novo-Nordisk Pty Ltd		Y	4	3 months	Treatment of Diabetes
Detemir	Novo Nordisk	$2,000	Y	?	6 months	Treatment of Diabetes
Glargine	Aventis Pty Ltd	$35,570	Y	4	6 months	Treatment of Diabetes
Pregabalin	Pfizer Pty Ltd	$13,950	Y	4	3 months	Peripheral Neuropathy
MKL 410 198	Merck, Sharp & Dohme Pty Ltd	$9,162	Y	4	1 year	Treatment of Diabetes
S-15261	Servier Laboratories	$6,750	Y	3	6 months	Treatment of Diabetes
International Breast Cancer Intervention Study	ANZ Breast Cancer Trials Group	$16,874	N	71	10 years	Prevention of breast cancer in ladies with a family history of breast cancer
Limugan	Allergan Australia Pty Ltd	$10,296	Y	13	1 year	Treatment for Glaucoma
Vitrase	ISTA Pharmaceuticals	$9,547	N	7	2 years	Treatment for Diabetic Retinopathy
Anti-VEGF Pegylated Aptamer	Eyetech Pharmaceuticals	$25,000	Y	5	1-2 years	Treatment for Macular Degeneration
Phase I/IIa controlled evaluation of the safety and biological activity of Avipox Virus expressing HIV-gag-pol and IFN-gamma in HIV-1 infected subjects	Virax Immunotherapeutics Pty Ltd	$407,834	Y	35	1 year	HIV vaccine
Dose assesment of entecavir vs lamivudine in CHB	Bristol M yers S quibb	$5,075	Y	4	76 weeks	Treatment of chronic hepatitis B
Safety and efficacy of entecavir vs lamivudine	Bristol M yers S quibb	$4,500	Y	2	76 weeks	Treatment of chronic hepatitis B
Entecavir vs lamivudine in HBeAg+ve patients.	Bristol M yers S quibb		Y	5	76 weeks	Treatment of chronic hepatitis B
Entecavir vs lamivudine in HBeAg-ve patients.	Bristol M yers S quibb		Y	4	76 weeks	Treatment of chronic hepatitis B
Phase III trial entecavir vs lamivudine.	Bristol M yers S quibb		Y	1	76 weeks	Treatment of chronic hepatitis B
A phase II trial entecavir vs lamivudine.	Bristol M yers S quibb		Y	1	48 weeks	Treatment of chronic hepatitis B
Lamivudine in hepatitis B.	Glaxo Smith Kline	$10,450	Y	10	39 months	Treatment of chronic hepatitis B
Extended lamivudine trial.	Glaxo Smith Kline	$9,300	Y	5	60 months	Treatment of chronic hepatitis B
Lamivudine vs lamivudine + adefovir.	Glaxo Smith Kline	$18,200	Y	4	104 weeks	Treatment of chronic hepatitis B
52 week study of adefovir dipivoxil + lamivudine .	Glaxo Smith Kline	$3,912	Y	4	44 weeks	Treatment of chronic hepatitis B
Adefovir dipivoxil + lamivudine in hepatitis B variant.	Glaxo Smith Kline	$3,611	Y	4	52 week	Treatment of chronic hepatitis B
Peg-interferon alfa-2a + ribavirin.	Roche Pharmaceuticals	$2,745	Y	5	72 weeks	Treatment of chronic hepatitis C
Long-term studies NV15495, NV15496 and NV15497.	Roche Pharmaceuticals	$1,500	Y	8	5 years	Treatment of chronic hepatitis C
Peg-interferon alfa-2a + rebavirin, 24 vs 48 weeks.	Roche Pharmaceuticals	$10,845	Y	4	72 weeks	Treatment of chronic hepatitis C
Follow-up after 24 weeks trial	Scherin g-Plou gh Pt y Lt d	$4,536	Y	7	5 years	Treatment of chronic hepatitis C
Co-infection CHC/CHB	Scherin g-Plou gh Pt y Lt d	$22,050	Y			Treatment of chronic hepatitis B & C
AUSHEP8	Scherin g-Plou gh Pt y Lt d	$4,195	N	9	64 weeks	Treatment of chronic hepatitis C
Value Study	Novartis Pharmaceuticals	$1,876	Y	1	7 years	Anti-hypertensive
Sirolimus 306 Study	Wyeth Australia Pty Ltd	$6,400	Y	3	3 years currently - ongoing until PBS Listing	Anti-rejection
RAPATAC	Wyeth Australia Pty Ltd	$31,740	Y	8	Completed, though extension study is in progress	Anti-rejection
Sirolimus 310 Study	Wyeth Australia Pty Ltd	$1,490	Y	2	5 years	Anti-rejection
Sirolimus 311 Study	Wyeth Australia Pty Ltd	$2,000	Y	2	3 years currently - ongoing until PBS Listing	Anti-rejection
MOST	Novartis Pharmaceuticals	$9,000	Y	73	3 years from entry of patient data	Anti-rejection
Phase II trial of AM424 in chemotherapy-induced peripheral neuropathy		$10,294		8	1 year	To determine if AM424 prevented onset of peripheral neuropathy in patients receiving chemotherapy for ovarian cancer
Boehringer Tiotropium Study	Boehringer Ingelheim	$27,515	Y	- 24(14 recruited so f	Until approximately Oct 2002	Anticholinergic bronchodilator - Once a day dosage to keep airways open longer.

CRC Protocol 7	University of Sydney - Royal Princ	$8,429	Y	(5 recruited-study fin	Pulled out of trial	3 different current asthma medications - leukotrience receptor antagonist, long-acting beta2 antagonist, and inhaled corticosteroid. All 3 have different purposes. Study is designed to compare them.
Mometasone nasal spray in nasal polyps	Schering-Plough Pty Ltd	$50,000	Y	9	15 months	Reduce nasal polyp size
Bee venom vaccination	Allecure	$20,000	Y	2	9 months	Bee venom immunotherapy
Recombinant human alpha - galactosidaseA on the progression of Renal disease and significant clinical events in patients with Fabry Disease. Protocol No: AGAL-008-00	Genzyme Corporation (USA)	$41,647	Y	3	1 year	Remove substrate (GL-3) from endothilial cells.
Clinical screening protocol to characterise the clinical statue of Fabry partients for potential inclusion in a clinical trial. Protocol No: AGAL-009-00	Genzyme Corporation (USA)	$34,423	Y	7	1 year	Monitor progress for participation in trial
GemTaxBladder (ABC)	Sydney Cancer Centre, CSAHS	$0	N	2	4 yrs	Prolong survival
Ovarian study OVA-1	Roche Products	$4,000	N	0	2yrs	Prolong survival
SILVA Study	Quintiles P/L	$5,350	N	1	6 yrs	Prolong survival
JWCI-MC-3-001A/JWCI-MC-4-001	John Wayne Cancer Inst.	$18,891	Y	3	4 yrs	Prolong survival
Theratope Study STn-BR-104 in breast cancer	Covance P/L-Biomira	$11,311	Y	0	2 yr	Prolong survival
GUOG-IAB Study	Sir Charles Gairdner Hospital	$150	N	0	6 yrs	Prolong survival
Dacarbazine Plus G3139 vs Dacarbazine in adv. Melanoma	Genta Incorporated	$38,219	Y	6	2 yr	Prolong survival
Lometrexol in melanoma	Ilex Oncology	$0	N	0	2yr	Prolong survival
AM424-03-001	Amrad Operations P/L	$4,164	N	0	2yr	Prevention of peripheral neuropathy
CA159-008 in adv. gastric cancer	Bristol-Myers Squibb Pharmaceuti	$8,011	Y	0	2yr	Prolong survival
CA154-013 in adv. bladder cancer	Bristol-Myers Squibb Pharmaceuti	$7,000	N	0	2yr	Prolong survival
Protocol No. 302, Histrelin in met. prostrate cancer	Shire-Roberts	$69,149	Y	3	3 yrs	Prolong survival
Zoledronate 039 Study	Novartis Pharmaceuticals	$2,200	N	0	4 yrs	Prolong survival
Maxim-Melanoma Study MP-MA-0102	Covance Pty. Ltd.	$545	N	0	4 yrs	Prolong survival
TAX-CMA-601 in ovarian cancer	Aventis Pharma Pty Limited	$0	N	0	3 yrs	Prolong survival
Taxotere RP56976-v-303	Aventis Pharma Pty Limited	$0	N	0	4 yrs	Prolong survival
Protocol RP56976V-327	Aventis Pharma Pty Limited	$1,300	N	0	3 yrs	Prolong survival
PRI/EPI-INT-76/EPO-CA-489	Johnson & Johnson Medical P/L	$30,650	N	0	2 yr	Maintain haemoglobin
PRI/EPI-AUS-15	Johnson & Johnson Medical P/L	$0	N	0	3yr	Maintain haemoglobin
CPT-11 Study	Pharmacia & Upjohn Pty Ltd	$43,000	Y	2	2yr	Prolong survival
548-ONC-0050-0007 in melanoma	Pharmacia Aust Pty Limited	$0	Y	0	1 yr	Prolong survival
Study No: 198-547-3 in melanoma	Schering-Plough Pty Ltd	$0	N	0	2 yr	Prolong survival
ATLAS study	ANZ breast cancer trials group	$0	N	2	1yr	Prolong survival
5FU dose calculation study	In-house	$0	N	11	2 yrs	Clinical information
Phase III adjuvant letrozole study	ANZ trials group	$7,500	N	0	4yrs	Prolong survival
BIG2-98 study	ANZ trials group	$2,500	N	0	2yrs	Prolong survival
Hepatic metabolism/vinorelbine disposition	In house	$0	N	4	3 yrs	Clinical information
Cilengitide melanoma study	Merk /Quintiles Pty Ltd	$2,000	Y	0	<1 yr	Prolong survival
GIST study	NHMRC clinical trials centre	$2,500	N	3	1 yr	Prolong survival
GLOB 2 lung study	Pierre Fabre	$17,215	N	5	2yr	Prolong survival
Atrasentan MOO211, MOO244, MOO258	PPD Development/Abott Pharmace	$17,450	Y	11	1yr	Prolong survival
Capcitabine vs CMF breast study	ANZ breast cancer trials group	$0	N	3	1yr	Prolong survival
Tamoxifen vs Letrozole	ANZ breast cancer trials group	$0	N	8	2yr	Prolong survival
Ovarian studies S231, S202	Eli Lilly Pty Ltd	$5,000	N	5	1yr	Prolong survival
Glivec study	In House	$0	N	12	1yr	Pharmocokinetic study
E1697 melanoma study	ECOG gropup	$0	N	0	1yr	Prolong survival
ZD0473 ovarian study	AstraZeneca	$2,160	N	2	1yr	Prolong survival
Sundry donations		$1,250				
Reimbursement of pharmacy costs relating to various clinical trials		$46,608				
Reimbursement of labour costs		$113,660				
Sundry grouped trials		$107,819				
		$1,637,972				

FINANCIAL OVERVIEW

Western Sydney Area Health Service received its Budget Allocation for the 2001/02 financial year on 31 August 2001.

The agreed 2001/02 Net Cost of Services of Services budget for the Area Health Service was $707.8M against which the audited actuals of $702.0M represented a variation of $5.8M or 0.82 per cent.

The reported variation can be attributed to:
- timing issues associated with the receipt of research grants and the expenditure against these grants,
- proceeds from salary packaging initiatives of $ 2.2M, and
- receipt of Treasury Managed Fund hindsight adjustments of $ 1.3 M.

In achieving the above result the Health Service is satisfied that it operated within the advised level of Government Cash payments and restricted operating costs to the budget available.

Significant Budget Increases

During the year the Area received and allocated in excess of $12M in Growth and Enhancement Funds to enhance clinical services in the following areas:
- Mental Health
- Oral Health Services
- Booked Surgery at all Hospitals
- Intensive Care and Emergency Services
- Winter Bed Management
- Chronic Care Services
- Stroke Unit

Financial Commentary

Employee related expenditure rose by $ 30.2M over the last financial year and was largely associated with increases in award entitlements (3 per cent) and associated increases in leave entitlements. During the year nursing agency payments increased by $2.0M and reflects the significant difficulty that the Area has in recruiting skilled nurses.

Other operating expenditure increased by $18.4M (after purifying for cross border-flows) and comprised largely increases in Goods and Services of $11.1M, Visiting Medical Officers $2.5M and Repairs and Maintenance $2.2M.

The Area was a net exporter of health services to other States and the notional earning from this source for the year was $0.8M. Overall the Area experienced a net outflow equivalent to $29.8M as against $21.9M for the previous year. The derived outflow to the Children's Hospital at Westmead was $24.5M, or 26 per cent of the total.

Patient fees revenue, when compared to last year, increased by $0.9M and relates to price increases. There has been no real increase in patient fees and patient mix has largely hovered around 20 per cent.

The Area overall achieved its targets for both raw inpatient separations and non-inpatient occasions of service.

The audited financial statements published within this report record the Area's consolidated results – both General Fund and Special Purposes and Trust Funds. The Area is not funded for non-cash items like depreciation and long service leave.

General fund liquidity was adequate for immediate requirements with creditors performance operating within normal trading terms.

Allocation/apportionment of expenses and revenues to Health Programs and the Net Cost of Services result is shown on page. This should be read together with the footnotes thereon. The dynamics of health service delivery has meant that certain Health Programs show relatively significant comparative changes. In addition, during the year, there has also been some correction of the allocation/ apportionment basis for programs such as Mental Health and Teaching & Research.

Accounts Payable

Accounts Payable at year end amounted to $25.4M. This included Trade Creditors of $15.3M, all of which were under 45 days (except for $ 16,473). The following table shows the Area's Trade Creditor performance:

0-30 Days $	30 – 45 Days $	45 Days and Over $	Total Trade Creditors $	Accounts Paid on Time %
15,156,076	148,163	16,473	15,271,577	99.9

Accounts Receivable

Receivables at year-end amounted to $17.7M and included in the figure were net GST receivable of $1.5M. Debtors for the sale of Goods and Services amounted to $12.2M (including an undischarged patient accrual of $0.6M) and the provision for doubtful debts amounted to $0.4M. The aged analysis for debtors for the sale of Goods and Services is as follows:

30 Days and Under $	30 – 60 Days $	60 – 90 Days $	Over 90 Days $	Total Debtors $
6,871,661	1,595,816	402,400	3,307,123	11,177,000

Compensable and Ineligible patient fee debtors included in the total debtors figure above was $1,742,309.

Group Services

Parramatta Linen Service (PLS) has a customer base comprising Northern Sydney, South Eastern Sydney, South Western Sydney and Western Sydney Area Health Services and the Children's Hospital at Westmead. PLS ended the year with a favourable NCOS result of $0.6M. Linen processed during the year was 11.3M kilograms. The service has sufficient liquidity to meet its ongoing recurrent and linen replacement needs.

Matters Raised by the Auditor-General

The Auditor-General issued a Management Letter at the end of the audit for 2000/01 and the recommendations contained therein have been largely implemented.

Directions in Financing

As part of the initiatives detailed in the Health Council Report, Episodic Funding is being introduced as a means of distributing funds to clinical streams for acute care services, Emergency Departments and Intensive Care Units. These services will be increasingly funded in accordance with target activity levels in preference to the traditional method of providing budgets largely based on annualised budgets and historical expenditure patterns.

Budget 2002/03

The initial budget for the year 2002/03 includes general and specific enhancements totalling $14.4M and comprise Mental Health $3.0M, Intensive Care Services $2.8M, Oral Health Services $ 0.7M and General Growth monies of $ 7.9M.

The attached financial statements of the Western Sydney Area Health Service for the year ended 30 June 2002

1. Have been prepared on an accruals basis and in accordance with applicable Australian Accounting standards, other mandatory professional reporting requirements and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals;

2. Present fairly the financial position and transactions of the Health Service;

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

Chief Executive Officer

Board Member

2/8/02

2002

AUDITOR-GENERAL
NEW SOUTH WALES

GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

WESTERN SYDNEY AREA HEALTH SERVICE

To Members of the New South Wales Parliament

Scope

I have audited the accounts of the Western Sydney Area Health Service for the year ended 30 June 2002. The Board of the Service is responsible for the financial report consisting of the statement of financial position, statement of financial performance, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament based on my audit as required by the *Public Finance and Audit Act 1983* (the PF&A Act) and the *Charitable Fundraising Act 1991* (the CF Act). My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

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

These procedures have been undertaken to form an opinion:

(a) whether, in all material respects, the financial report is presented fairly in accordance with the PF&A Act, Accounting Standards and other mandatory professional reporting requirements and statutory requirements, in Australia, so as to present a view which is consistent with my understanding of the Western Sydney Area Health Service's financial position, the results of its operations and its cash flows; and

(b) on the matters required by section 24(2) of the CF Act.

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

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

In my opinion, the financial report of the Western Sydney Area Health Service complies with section 45E of the PF&A Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 2002 and the results of its operations and its cash flows for the year then ended.

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

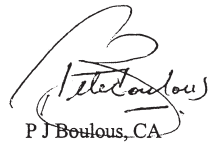
In my opinion :

i) the accounts of the Western Sydney Area Health Service show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2002;

ii) the accounts and associated records of the Western Sydney Area Health Service have been properly kept during the year in accordance with the CF Act;

iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act; and

iv) there are reasonable grounds to believe that the Western Sydney Area Health Service will be able to pay its debts as and when they fall due.



P J Boulous, CA
Director of Audit

SYDNEY
2 September 2002

Western Sydney Area Health Service
Statement of Financial Performance for the year ended 30 June 2002

	Notes	Actual 2002 $000	Budget 2002 $000	Actual 2001 $000
Expenses				
Operating Expenses				
Employee Related	3	500,360	501,489	470,174
Visiting Medical Officers		19,801	19,835	17,304
Goods and Services	4	223,284	223,257	206,019
Maintenance	5	24,379	24,984	22,171
Depreciation and Amortisation	2(k), 6	52,397	52,629	50,089
Grants and Subsidies	7	27,298	28,612	25,888
Payments to Affiliated Health Organisations	8	19,785	19,785	20,938
Total Expenses		**867,304**	**870,591**	**812,583**
Revenues				
Sale of Goods and Services	9	138,210	140,236	134,596
Investment Income	10	7,754	4,269	7,960
Grants and Contributions	11	14,799	6,956	13,049
Other Revenue	12	4,961	11,705	6,066
Total Revenues		**165,724**	**163,166**	**161,671**
Gain/(Loss) on Disposal of Non Current Assets	13	(540)	(327)	(2,035)
NET COST OF SERVICES	30,35	**702,120**	**707,752**	**652,947**
Government Contributions				
NSW Health Department Recurrent Allocations	2(a)	625,119	625,119	595,944
NSW Health Department Capital Allocations	2(a)	7,087	8,753	9,489
Acceptance by the Crown Entity of Superannuation Liability	2(c)	38,358	38,358	37,097
Total Government Contributions		**670,564**	**672,230**	**642,530**
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	25	**(31,556)**	**(35,522)**	**(10,417)**
Net increase/(decrease) in Asset Revaluation Reserve		-	-	98,129
Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity		**-**	**-**	**98,129**
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS		**(31,556)**	**(35,522)**	**87,712**

The accompanying notes form part of these Financial Statements

Western Sydney Area Health Service
Statement of Financial Position as at 30 June 2002

	Notes	Actual 2002 $000	Budget 2002 $000	Actual 2001 $000
ASSETS				
Current Assets				
Cash	15	46,733	45,591	36,944
Receivables	17	17,676	16,968	18,065
Inventories	18	6,657	6,300	6,362
Other Financial Assets	16	35,000	26,399	27,130
Total Current Assets		**106,066**	**95,258**	**88,501**
Non-Current Assets				
Other Financial Assets	16	15,059	18,334	18,335
Property, Plant and Equipment				
- Land and Buildings	20	647,618	663,364	677,708
- Plant and Equipment	20	81,602	68,726	85,087
Total Property, Plant and Equipment		**729,220**	**732,090**	**762,795**
Total Non-Current Assets		**744,279**	**750,424**	**781,130**
Total Assets		**850,345**	**845,682**	**869,631**
LIABILITIES				
Current Liabilities				
Payables	22	25,387	24,955	23,898
Interest Bearing Liabilities	23	13	-	13
Employee Entitlements and Other Provisions	24	58,433	58,157	56,848
Total Current Liabilities		**83,833**	**83,112**	**80,759**
Non-Current Liabilities				
Interest Bearing Liabilities	23	90	108	108
Employee Entitlements and Other Provisions	24	82,771	82,777	73,557
Total Non-Current Liabilities		**82,861**	**82,885**	**73,665**
Total Liabilities		**166,694**	**165,997**	**154,424**
Net Assets		**683,651**	**679,685**	**715,207**
EQUITY				
Reserves	25	108,047	108,047	108,047
Accumulated Funds	25	575,604	571,638	607,160
Total Equity		**683,651**	**679,685**	**715,207**

The accompanying notes form part of these Financial Statements

Western Sydney Area Health Service
Statement of Cash Flows for the year ended 30 June 2002

	Notes	Actual 2002 $000	Budget 2002 $000	Actual 2001 $000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		451,203	452,601	426,436
Grants and Subsidies		47,082	48,395	47,309
GST Paid		20,771	20,771	18,390
Other		149,651	150,808	132,438
Total Payments		**668,707**	**672,575**	**624,573**
Receipts				
Sale of Goods and Services		73,279	76,637	57,984
Interest Received		7,754	4,269	7,960
GST Received		6,467	6,467	5,149
Other		12,569	12,490	17,380
Total Receipts		**100,069**	**99,863**	**88,473**
Cash Flows From Government				
NSW Health Department Recurrent Allocations		595,326	595,326	574,032
NSW Health Department Capital Allocations		7,087	8,753	9,489
Net Cash Flows from Government		**602,413**	**604,079**	**583,521**
NET CASH FLOWS FROM OPERATING ACTIVITIES	30	**33,775**	**31,367**	**47,421**
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		670	562	460
Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(20,044)	(23,999)	(28,880)
Purchases of Investments		(4,594)	730	(945)
NET CASH FLOWS FROM INVESTING ACTIVITIES		**(23,968)**	**(22,707)**	**(29,365)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Repayment of Borrowings and Advances		(18)	(13)	(18)
NET CASH FLOWS FROM FINANCING ACTIVITIES		**(18)**	**(13)**	**(18)**
NET INCREASE / (DECREASE) IN CASH		**9,789**	**8,647**	**18,038**
Opening Cash and Cash Equivalents		**36,944**	**36,944**	**18,906**
CLOSING CASH AND CASH EQUIVALENTS	15	**46,733**	**45,591**	**36,944**

The accompanying notes form part of these Financial Statements

Western Sydney Area Health Service
Program Statement - Expenses and Revenues for the year ended 30 June 2002

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	
	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses																						
Operating Expenses																						
Employee Related	47,867	47,441	499	235	47,435	35,968	34,967	31,643	187,467	173,022	35,993	34,088	54,236	58,349	28,732	28,775	18,663	14,905	44,502	45,748	500,361	470,174
Visiting Medical Officers	533	270	-	-	2,182	1,696	724	824	11,343	8,941	2,884	3,620	527	782	201	279	644	-	762	892	19,800	17,304
Goods and Services	9,928	8,817	95	74	17,387	11,216	7,084	6,517	129,360	142,768	34,598	13,281	8,041	9,658	5,153	4,155	4,027	2,251	7,610	7,282	223,283	206,019
Maintenance	2,812	2,044	16	7	3,127	2,474	1,398	1,339	9,780	6,964	1,526	1,634	1,529	2,355	1,199	1,226	1,199	725	1,794	3,403	24,380	22,171
Depreciation and Amortisation	4,300	3,411	26	10	6,338	6,266	3,576	2,955	20,542	20,973	4,253	3,912	4,900	5,289	3,144	2,575	2,182	666	3,136	4,032	52,397	50,089
Grants and Subsidies	3,440	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,858	25,888	-	-	27,298	25,888
Payments to Affiliated Health Organisations	-	-	-	-	-	-	-	-	-	-	-	-	2,057	-	17,728	20,938	-	-	-	-	19,785	20,938
Other Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	68,880	61,983	636	326	76,469	57,620	47,749	43,278	358,492	352,668	79,254	56,535	71,290	76,433	56,157	57,948	50,573	44,435	57,804	61,357	867,304	812,583
Revenue																						
Sale of Goods and Services	3,054	3,038	13	14	7,325	7,285	2,405	2,392	92,642	92,135	3,787	3,766	3,220	3,203	11,389	11,326	1,023	1,017	13,351	13,277	138,209	137,453
Investment Income	331	218	2	1	682	449	154	101	1,023	673	209	138	264	174	312	205	204	134	4,573	3,010	7,754	5,103
Grants and Contributions	642	557	3	3	1,322	1,148	297	258	1,982	1,721	406	352	512	445	604	525	395	343	8,636	7,697	14,799	13,049
Other Revenue	153	259	1	1	315	534	71	120	1,858	800	96	164	122	206	144	244	94	160	2,108	3,578	4,962	6,066
Total Revenue	4,180	4,072	19	19	9,644	9,416	2,927	2,871	97,505	95,329	4,498	4,420	4,118	4,028	12,449	12,300	1,716	1,654	28,668	27,562	165,724	161,671
Gain/ (Loss) on Disposal of Non Current Assets	(23)	(87)	-	(1)	(48)	(179)	(11)	(40)	(71)	(268)	(14)	(54)	(18)	(69)	(22)	(82)	(14)	(54)	(319)	(1,201)	(540)	(2,035)
NET COST OF SERVICES	64,723	57,998	617	308	66,873	48,383	44,833	40,447	261,058	257,607	74,770	52,169	67,190	72,474	43,730	45,730	48,871	42,835	29,455	34,996	702,120	652,947

* The name and purpose of each program is summarised in Note 19.

The basis for the program split is essentially the Area's cost centre profiles in relation to its program mix and is complemented by standards and data definitions mandated by NSW Health as part of the of the annual Hospitals Cost Data Collection and its associated Unaudited Annual Return.

Notes

1. The increase in Net Cost of Services when compared to 2002 resulting from cost escalations was 7.5 per cent.
2. Comparative figures have been adjusted between the Primary and Community Based Services (Prog. 1.1) and Population Health Services Programs (Prog. 5.1) in order to reflect the correct dissection of NGO grant payments.
3. The increase in Outpatient Services (Prog. 1.3) and Same Day Acute Services (Prog. 2.3) reflects the shift by the Area of clinical service delivery from an inpatient to an ambulatory care / day only care setting which impacts on Overnight Acute Inpatient Services (Prog. 2.2.).
4. Comparative figures have also changed in respect of the Overnight Acute Inpatient Services (Prog. 2.2) and Same Day Acute Inpatient Services (Prog. 2.3) reflect the related split that is available in respect of Inter-Area and Interstate Patient Flows.
5. The decrease in The Mental Health Program (Prog. 3.1) relates to the accurate determination of overheads to the program this year - no reduction in real terms has occurred in Mental Health Funding.
6. The movements in the Population Health Services (Prog. 5.1) and Teaching and Research (Prog. 6.1) reflect the results of an ongoing refinement of the cost centre profiles that drive the Program Statement dissections.

1. The Health Service Reporting Entity

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

2. Summary of Significant Accounting Policies

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

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

In the absence of a specific Accounting Standard, other authoritative pronouncements of the AASB or UIG Consensus View, the hierarchy of other pronouncements as outlined in AAS6 "Accounting Policies' is considered.

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

Except for certain investments and land and buildings, plant and equipment and infrastructure systems, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency. Other significant accounting policies used in the preparation of these financial statements are as follows:

a) NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided in 2001/2002 on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of St Joseph's and Lottie Stewart Hospitals (Affiliated Health Organisations) have only been included in the Statement of Financial Performance prepared to the extent of the net cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

b) Employee Entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs

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

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

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

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

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

c) Superannuation

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

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (.i.e., Basic Benefit and First State Super) is calculated as a percentage of the employee's 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.

d) Insurance

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

e) Borrowing Costs

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

f) Revenue Recognition

Revenue is recognised when the Health Service has control of the goods or right to receive and it is probable that the economic benefits will flow to the Health Service and the amounts of revenue can be measured reliably. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Grants and Donations

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

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, i.e., user charges. User charges are recognised as revenue when the Health Service obtains control of the assets that result from them.

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 as it accrues. Rent revenue is recognised in accordance with AAS17 "Accounting for Leases". Dividend revenue is recognised when the Health Service's right to receive payment is established.

Debt Forgiveness

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

Use of Hospital Facilities

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

Use of Outside Facilities

The Health Service uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. It is not practical to estimate the related values.

g) Goods and Services Tax (GST)

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

- the amount of GST incurred by the 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.

h) Inter-Area and Interstate Patient Flows

Health Services recognise the flow of acute inpatients from the Area in which they are resident to other Areas within the State and across Australia. The expense and revenue values reported within the financial statements have been based on 2000/01 activity data using standard cost weighted separation values to reflect estimated costs in 2001/02 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the area providing the service is reimbursed by the benefiting Area.

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

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

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

i) 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 determined as the fair value of the assets given as consideration plus the costs incidental to the acquisition.

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

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

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

i) Acquisition of Assets cont

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

j) Plant and Equipment

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

k) Depreciation

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

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than $200,000	10.0%
- Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Computer Software	20.0% to 33.3%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%

l) Revaluation of Physical Non-Current Assets

Buildings, plant and equipment and infrastructure systems (excluding land) are valued based on the estimated written-down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis, subject to any restrictions or enhancements since acquisition.

In accordance with Treasury policy, the Health Service has applied the AAS B 1041 "Revaluation of Non-Current Assets" transitional provisions for the public sector and has elected to continue to apply the existing revaluation basis, while Treasury's policy on fair value is finalised. It is expected, however, that in most ins tances the current valuation methodology will approximate fair value.

Revaluations are made at least every 5 years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. Valuations are determined in accordance with an independent valuation.

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 is separately restated.

Otherwise, 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.

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

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

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

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

m) Maintenance and repairs

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

n) Leased Assets

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

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

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

o) Inventories

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

o) Inventories cont.

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

p) Other Financial Assets

"Other financial assets" are generally recognised at cost, with the exception of TCorp Hour Glass Facilities and Managed Fund Investments, which are measured at market value.

For non-current "other financial assets", revaluation increments and decrements are recognised in the same manner as physical non-current assets (see para l).

For current "other financial assets", revaluation increments and decrements are recognised in the Statement of Financial Performance.

q) 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". This treatment is consistent with Urgent Issues Group Abstract UIG 38 "Contributions by Owners Made to Wholly Owned Public Sector Entities".

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 Services/government department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

r) Financial Instruments

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

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 33 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

Cash
Accounting Policies - Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.
Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 5 per cent.

Receivables
Accounting Policies - Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.
No interest is earned on trade debtors. Accounts are issued on 30-day terms.

Investments
Accounting Policies - Investments reported at cost include both short-term and fixed-term deposits, exclusive of Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Statement of Financial Performance when earned. Shares are carried at cost with dividend income recognised when the dividends are declared by the investee.
Terms and Conditions - Short -term deposits have an average maturity of 180 days (180 days in 2000/01) and effective interest rate of 5 per cent to 6 per cent as compared to 5 per cent and 6 per cent in the previous year. Fixed-term deposits have an average maturity of 365 days (365 days in 2000/01) and effective interest rates of 5 per cent to 7 per cent as compared to 5 per cent to 8 per cent in the previous year.

Payables
Accounting Policies - Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.
Terms and Conditions - Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

There are no classes of instruments that are recorded at other than cost.

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

s) Payables

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

t) Interest bearing liabilities

All loans are valued at current capital value.

u) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in note 27. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

v) Reclassification of Financial Information

"Lease and Rental Income" was recognised in prior year statements as Sale of Goods & Services whereas, from 2001/02, the Health Service's reporting has been amended to comply with Whole of Government reporting and bring the revenue to account under Investment Income.

As a result of this change the amount for 2000/01 has been reclassified to ensure compatibility.

w) Budgeted amounts

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

x) Changes in Accounting Policy

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

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

	2002 $000	2001 $000
3. Employee Related		
Employee related expenses comprise the following:		
Salaries and Wages	379,331	358,942
Long Service Leave [see note 2(b)]	12,559	10,944
Annual Leave [see note 2(b)]	40,105	37,171
Sick Leave and Other Leave	11,720	10,766
Redundancies	173	-
Nursing Agency Payments	6,246	4,221
Workers Compensation Insurance	11,881	11,007
Superannuation [See note 2(c)]	38,358	37,097
Fringe Benefits Tax	(13)	26
	500,360	**470,174**

Salaries and Wages includes $105,000 paid to members of the Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

$ range	Number paid
$0 to $15,000	8
$15,000 to $30,000	1

	2002 $000	2001 $000
4. Goods and Services		
Computer Related Expenses	3,797	3,496
Domestic Charges	8,013	7,335
Drug Supplies	32,080	30,794
Food Supplies	6,851	6,175
Fuel, Light and Power	6,279	5,392
General Expenses	11,982	10,739
Hospital Ambulance Transport Costs	883	738
Insurance	533	563
Inter-Area Patient Outflows, NSW	93,201	87,269
Interstate Patient Outflows	1,155	904
Medical and Surgical Supplies	27,910	24,632
Postal and Telephone Costs	3,866	3,775
Printing and Stationery	3,617	3,426
Rental	513	556
Rates and Charges	1,768	1,646
Special Service Departments	16,801	14,844
Staff Related Costs	1,081	1,058
Travel Related Costs	2,954	2,677
	223,284	**206,019**

4. Goods and Services cont.

	2002 $000	2001 $000
(a) General Expenses include:-		
Advertising	1,561	1,297
Books and Magazines	1,374	1,161
Consultancies		
- Operating Activities	940	1,101
Courier and Freight	512	305
Auditor's Remuneration - Audit of financial reports	102	103
Legal Expenses	365	348
Membership/Professional Fees	245	294
Operating Lease Expense	1,594	2,019
Payroll Services	21	5
Provision for Bad and Doubtful Debts	467	38
Other	4,801	4,068
(b) Expenses for Inter-Area Patient Flows, NSW on an Area basis are as follows:-		
Central Sydney Area Health Service	19,771	18,694
Northern Sydney Area Health Service	18,706	19,158
Wentworth Area Health Service	12,587	11,904
South Western Sydney Area Health Service	8,153	7,126
South Eastern Sydney Area Health Service	7,525	6,713
Children's Hospital at Westmead	24,509	21,862
Other	1,950	1,812
	93,201	**87,269**
(c) Expenses for Interstate Patient Flows are as follows:-		
Australian Capital Territory	170	113
Northern Territory	20	16
Queensland	446	438
South Australia	41	59
Tasmania	33	15
Victoria	346	192
Western Australia	99	71
	1,155	**904**

5. Maintenance

Repairs and Routine Maintenance	17,053	14,602
Other		
Renovations and Additional Works	38	154
Replacements and Additional Equipment less than $5000	5,119	5,469
Y2K expenditure and other capital expenditure written off	2,169	1,946
	24,379	**22,171**

6. Depreciation and Amortisation

Depreciation - Buildings	26,991	27,303
Depreciation - Plant and Equipment	25,406	22,786
	52,397	**50,089**

7. Grants and Subsidies

Breast Screening	20,936	20,520
Cervical Screening	751	922
Non-Government Organisations	4,464	4,058
Other	1,147	388
	27,298	**25,888**

8. Payments to Affiliated Health Organisations	**2002 $000**	**2001 $000**
Recurrent Sourced:		
Lottie Stewart Hospital	7,478	9,240
St Josephs Hospital	12,307	11,698
	19,785	**20,938**

9. Sale of Goods and Services

(a) Sale of Goods and Services comprise the following:-

Patient Fees [see note 2(f)]	28,386	27,455
Staff - Meals and Accommodation	3,869	4,405
Infrastructure Charge - Facility Fees [see note 2(f)]	12,533	10,693
Car Parking	2,168	2,032
Fees for Medical Records	284	272
Linen Service Revenues - Other Health Services	13,787	11,505
Linen Service Revenues - Non Health Services	569	873
Sale of Prostheses	2,717	3,535
Services Provided to Non NSW Health Organisations	5,093	4,233
Patient Inflows from Interstate	62,565	63,673
Inter-Area Patient Inflows, NSW	1,998	2,588
Other	4,241	3,332
	138,210	**134,596**

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

Central Sydney Area Health Service	2,971	3,815
Northern Sydney Area Health Service	6,044	5,536
Wentworth Area Health Service	17,541	23,470
South Western Sydney Area Health Service	14,115	17,857
Mid-Western Health Service	2,418	2,771
Illawarra Area Health Service	1,380	1,480
South Eastern Sydney Area Health Service	2,119	1,397
Central Coast Area Health Service	1,489	1,739
Hunter Area Health Service	841	1,167
Southern NSW Area Health	1,096	964
Mid-North Coast Area Health Service	793	1,164
Macquarie Area Health Service	684	915
Other	11,074	1,398
	62,565	**63,673**

(c) Revenues from Patient Inflows from Interstate are as follows:-

Australian Capital Territory	810	772
Northern Territory	25	9
Queensland	512	594
South Australia	25	72
Tasmania	141	502
Victoria	338	304
Western Australia	147	335
	1,998	**2,588**

10. Investment Income

Interest	4,710	5,103
Lease and Rental Income	3,044	2,857
	7,754	**7,960**

	2002 $000	2001 $000
11. Grants and Contributions		
University Commission grants	-	111
Research Grants	5,451	3,738
Commonwealth Grants	1,111	820
Other -		
Manufacturing	4	88
Wholesale and Retail Trade	90	37
Finance, Property and Business Services	110	34
Public Administration and Defence	17	11
Clinical Drug Trials	1,638	1,414
Community Services	651	600
Other Industry Contributions	3,749	4,118
Other Grants	1,978	2,078
	14,799	**13,049**
12. Other Revenue		
Other Revenue comprises the following:-		
TMF Hindsight Premium Adjustment 98/99 (97/98)	1,411	5,257
Adjustment for TESL payment	1,387	-
Westmead Millennium Institute	825	260
Other	1,338	549
	4,961	**6,066**
13. Gain/(Loss) on Disposal of Non Current Assets		
Property Plant and Equipment	7,455	10,316
Less Accumulated Depreciation	6,245	7,821
Written Down Value	**1,210**	**2,495**
Less Proceeds from Sale	670	460
Gain/(Loss) on Disposal of Non-Current Assets	**(540)**	**(2,035)**

14. Conditions on Contributions

	Purchase of Assets $000	Other $000	Total $000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	530	60	590
Contributions recognised in previous years which were not expended in the current financial year	600	971	1,571
Total amount of unexpended contributions as at balance date	1,130	1,031	2,161

Comment on restricted assets appears in Note 21

	2002 $000	2001 $000
15. Current Assets - Cash		
Cash at bank and on hand	46,733	36,944
	46,733	**36,944**
Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows.		
Included in the above figures is Special Purposes and Trust Cash	**148**	**1,764**
16. Current/Non Current Other Financial Assets		
Current		
Treasury Corporation - Hour Glass Facility	-	2,200
Other Loans and Deposits	35,000	24,930
	35,000	**27,130**
Included in the above figures is Special Purposes and Trust Cash	**32,800**	**24,930**
Non Current		
Other Loans and Deposits	15,024	18,300
Shares	35	35
	15,059	**18,335**
Included in the above figures is Special Purposes and Trust Cash	**15,059**	**18,335**
17. Current Receivables		
Current		
(a) Sale of Goods and Services	12,177	10,888
Other Debtors	3,421	2,712
GST Receivables	1,547	1,626
Prepayments	913	945
NSW Health Department	29	2,495
Sub Total	18,087	18,666
Less Provision for Doubtful Debts	(411)	(601)
	17,676	**18,065**
(b) Bad debts written off during the year - Current Receivables - Sale of Goods and Services	**657**	**428**
	657	**428**
(c) Sale of Goods and Services includes:		
Patient Fees - Compensable	2,398	2,282
Patient Fees - Ineligible	916	719
Patient Fees - Other	8,863	7,887
18. Inventories		
Current - at cost		
Drugs	3,834	3,337
Medical and Surgical Supplies	2,223	2,463
Food and Hotel Supplies	271	321
Other including Goods in Transit	329	241
	6,657	**6,362**

19. 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 lifestyle.

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, wellbeing and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 - **Rehabilitation and Extended Care Services**
Objective: To improve or maintain the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 - **Population Health Services**
Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and pre-requisites 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 wellbeing of the people of New South Wales.

20. Property, Plant and Equipment

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	$000	$000	$000	$000	$000
Gross Carrying Amount 1 July 2001					
At Valuation date 1 July 2000	121,710	1,131,709			**1,253,419**
At Cost		11,018	18,876	181,865	**211,759**
Capital Expenditure/Donations		460	8,766	10,806	**20,032**
Disposals				(7,455)	**(7,455)**
Reclassifications		2,630	(14,955)	12,325	**-**
Balance at 30 June 2002					
At Valuation date 1 July 2000	121,710	1,131,709			**1,253,419**
At Cost		14,108	12,687	197,541	**224,336**
TOTAL	**121,710**	**1,145,817**	**12,687**	**197,541**	**1,477,755**
Accumulated Depreciation					
Balance 1 July 2001					
At Valuation date 1 July 2000		605,330			**605,330**
At Cost		275		96,778	**97,053**
Charge for the year		26,991		25,406	**52,397**
[see note 2(k)]					**-**
Adjustment for disposals				(6,245)	**(6,245)**
Balance at 30 June 2002					
At Valuation date 1 July 2000		631,969			**631,969**
At Cost		627		115,939	**116,566**
TOTAL	**-**	**632,596**	**-**	**115,939**	**748,535**

20. Property, Plant and Equipment cont.

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	$000	$000	$000	$000	$000
Carrying Amount at 30 June 2002					
At Valuation date 1 July 2000	**121,710**	**499,740**	**-**	**-**	**621,450**
At Cost	**-**	**13,481**	**12,687**	**81,602**	**107,770**
TOTAL	**121,710**	**513,221**	**12,687**	**81,602**	**729,220**

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

(ii) Land and Buildings were valued by Terry Stevens (Val & Econ) of the Australian Valuation Office on 1 July, 2000 [see note 2(l)]. He is not an employee of the Health Service.

(iii) Plant & equipment are stated at cost

(iv) Fully depreciated Plant & Equipment in use at year-end was approximately $44.7M. It is estimated that $17M worth of assets reached their fully depreciated status during 2001/02.

21. Restricted Assets

The Health Service's financial statements include the following assets which are restricted by externally imposed conditions, e.g., 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**	**2001 $000**	**2002 $000**
Specific Purposes	Health Promotion	1,130	667
Research Grants	Research	-	800
Other	Miscellaneous	1,031	970
		2,161	**2,437**

22. Payables

	2002 $000	**2001 $000**
Current		
Creditors	19,785	19,831
Other Creditors		
- Capital works	1,458	810
- Other	4,144	3,257
	25,387	**23,898**

23. Current/Non Current Interest Bearing Liabilities

Current		
Other Loans and Deposits - unsecured	13	13
	13	**13**
Non Current		
Other Loans and Deposits - unsecured	90	108
	90	**108**

The above unsecured loan represents monies to be repaid to the NSW Health Department.
Final Repayment is scheduled for December 2006.

23. Current/Non Current Interest Bearing Liabilities cont.

Repayment of Borrowings (excluding Finance Leases)	2002 $000	2001 $000
Not later than one year	13	13
Between one and five years	65	66
Later than five years	25	42
Total Borrowings at face value (excluding Finance Leases)	**103**	**121**

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

Current		
Employee Annual Leave	37,935	36,615
Employee Long Service Leave	5,933	7,000
Accrued Salaries and Wages	12,668	10,683
Taxation and Other Payroll Deductions	1,897	2,550
Aggregate employee entitlements/other provisions	**58,433**	**56,848**
Non Current		
Employee Annual Leave	9,860	7,500
Employee Long Service Leave	72,911	66,057
Aggregate employee entitlements/other provisions	**82,771**	**73,557**

25. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000
Balance at the beginning of the financial year	607,160	617,577	108,047	9,918	715,207	627,495
Result for the Year after Extraordinary Items	(31,556)	(10,417)			(31,556)	(10,417)
Increment/(Decrement) on Revaluation of: Land and Buildings				98,129	0	98,129
Balance at the end of the financial year	575,604	607,160	108,047	108,047	683,651	715,207

26. Commitments for Expenditure

	2002 $000	2001 $000
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	26,522	11,154
Later than one year and not later than five years	157,212	3,838
Total Capital Expenditure Commitments (including GST)	**183,734**	**14,992**

Of the commitments reported at 30 June 2002 it is expected that $2.95M will be met from locally generated moneys.

The total of "Capital Expenditure Commitments" above includes input tax credits of $16.7M that are expected to be recoverable from the Australian Taxation Office.

26. Commitments for Expenditure cont.

(b) Other Expenditure Commitments	**2002**	**2001**
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:	**$000**	**$000**
Not later than one year	1,665	1,109
Later than one year and not later than five years	5,877	4,256
Total Other Expenditure Commitments (including GST)	**7,542**	**5,365**

These leases are largely for Plant & Equipment with a 5-year lease term and an effective interest rate of approximately 7 per cent.

(c) Operating Lease Commitments

Future non-cancellable operating lease rentals not provided for and payable:

Not later than one year	2,221	2,217
Later than one year and not later than five years	8,884	8,868
Later than five years	8,884	8,868
Total Operating Lease Commitments (including GST)	**19,989**	**19,953**

These leases are for Motor Vehicles with a 2-year lease term and an effective interest rate of approximately 5..3 per cent.

(d) Contingent Asset related to Commitments for Expenditure

The total of "Other Expenditure Commitments" above includes input tax credits of $0.67M that are expected to be recoverable from the Australian Taxation Office.

27. Trust Funds

The Health Service holds Trust Fund moneys of $13.9M 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:

	Patients' Trust		**Private Practice Trust Funds**	
	2002 $000	**2001 $000**	**2002 $000**	**2001 $000**
Cash Balance at the beginning of the financial year	247	243	11,058	12,868
Receipts	1,496	1,330	28,436	26,604
Expenditure	1,487	1,326	25,627	28,414
Cash Balance at the end of the financial year	256	247	13,867	11,058

28. Contingent Liabilities

(a) Claims on Managed Fund

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

(b) Workers Compensation Hindsight Adjustment

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

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

28. Contingent Liabilities cont.

the end of year five.
The interim hindsight adjustment has now been effected for the 1998/99 year and resulted in a decrease in expenses of $1.4M.
A contingent liability/asset may now exist in respect of the 1999/2000, 2000/01 and 2001/02 Workers Compensation Fund years.

(c) Affiliated Health Organisations

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

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

29. Charitable Fundraising Activities

The Western Sydney 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 Western Sydney Area Health Service. Fundraising activities are dissected as follows:

	INCOME RAISED $000's	DIRECT EXPENDITURE* $000's	INDIRECT EXPENDITURE+ $000's	NET PROCEEDS $000's
Appeals (Consultants)				
Appeals (In-house)	56	2		54
Fetes	13	1		12
Raffles	17	2		15
Functions	26	2		24
	112	7		105
Percentage of Income	100%			100%

* Estimates of Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc
\+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:	$000's
Purchase of Equipment	105

The provisions of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the Western Sydney Area Health Service are considered appropriate and effective in accounting for all the income received in all material respects.

	2002 $000	**2001 $000**

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

Net Cash Flows from Operating Activities	(33,775)	(47,421)
Depreciation	52,397	50,089
Inter-Area/Interstate Patient Outflows	93,201	87,269
Inter-Area/Interstate Patient Inflows	(62,565)	(63,673)
Interstate Patient Inflows	(1,998)	(2,588)
Interstate Patient Outflows	1,155	904
Provision for Doubtful Debts	(190)	(390)
Acceptance by the Crown Entity of Superannuation Liability	38,358	37,097
(Increase)/Decrease in Provisions	11,025	6,639
Increase / Decrease) in Prepayments and Other Assets	94	(6,509)
(Increase)/Decrease in Creditors	1,483	5,992
Net Gain/(Loss) on Disposal of Property, Plant and Equipment	540	2,035
(NSW Health Department Recurrent Allocations-		
Net of Adjustments for Inter-Area/Interstate Patient Flows)	595,326	574,032
(NSW Health Department Capital Allocations)	7,087	9,489
Repayable Loan from the NSW Health Department	(18)	(18)
Net Cost of Services	**702,120**	**652,947**

	2002 $000	2001 $000
31. Non Cash Financing and Investing Activities		
Assets Received by Donation	414	176
	414	**176**

32. 2001/2002 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, Fundraising
. Patient Support Groups	- Practical Support to Patients and Relatives
. Community Organisations	- Counselling, Health Education, Transport, Home Help & Patient Activities

33. 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.
Western Sydney Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, Both recognised and unrecognised, at the (consolidated) Statement of Financial Position date are as follows:

Financial Instruments	Fixed interest rate maturing in:								Non-interest bearing		Total carrying amount as per the Statement of Financial Position		Weighted average effective interest rate*	
	Floating Interest Rate		1 year or less		Over 1 to 5 years		More than 5 years							
	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 %	2001 %
Financial Assets														
Cash	-	-	46,674	36,900	-	-	-	-	59	44	46,733	36,944	4.70	4.95
Receivables	-	-	-	-	-	-	-	-	17,676	18,065	17,676	18,065	-	-
Shares	-	-	-	-	-	-	-	-	35	35	35	35	-	-
Treasury Corp. Investments	-	-	2,200	2,200	-	-	-	-	-	-	2,200	2,200	5.25	4.95
Other Loans and Deposits	-	-	32,800	24,930	15,024	18,300	-	-	-	-	47,824	43,230	5.42	5.64
Total Financial Assets	-	-	81,674	64,030	15,024	18,300	-	-	17,770	18,144	114,468	100,474	-	-
Financial Liabilities														
Borrowings-Bank Overdraft	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Borrowings-Other	-	-	13	13	90	108	-	-	-	-	103	121	-	-
Payables	-	-	-	-	-	-	-	-	25,389	23,898	25,389	23,898	-	-
Total Financial Liabilities	-	-	13	13	90	108	-	-	25,389	23,898	25,492	24,019	-	-

* Weighted average effective interest rate was computed on a semi-annual basis.
It is not applicable for non-interest bearing 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 Western Sydney Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

33. Financial Instruments cont.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000	2002 $000	2001 $000
Financial Assets										
Cash	59	44	46,674	36,900	-	-	-	-	46,733	36,944
Receivables	8,217	4,121	-	-	5,536	10,287	3,923	3,657	17,676	18,065
Shares	-	-	-	-	-	-	35	35	35	35
Treasury Corp. Investments	2,200	2,200	47,824	43,230	-	-	-	-	50,024	45,430
Total Financial Assets	10,476	6,365	94,498	80,130	5,536	10,287	3,958	3,692	114,468	100,474

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 $ 0.7M at balance date.

c) Net Fair Value

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

d) Derivative Financial Instruments

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

34. Unclaimed Monies

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

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

35. Budget Review

Net Cost of Services
The actual net cost of services was lower than budget by $5.8M. This was primarily due to the successful implementation of salary packaging arrangements netting the Area $2.2M during the year, the receipt of higher than expected research grants and the receipt of $1.3M in TMF Hindsight dividends.

Assets and Liabilities
The actual figures are reasonable in relation to the budget.

Cash Flows
The actual figures are reasonable in relation to the budget.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 31 August 2001 are as follows:-

	$000
Initial Allocation, 31 August 2001	541,375
Award Increases	4,515
Special Projects	43,002
VMO remuneration adj including backpay	2,619
Nurses ten hour night duty shift	1,048
NSW Ventilator Dependant Funding	1,035
Inter-Area Patient Flows	30,636
Other	889
Balance as per Statement of Financial Performance	625,119

36. After Balance Date Events

Awards

The Department of Health has previously negotiated industrial agreements with all relevant unions at WSAHS which provide for a 4 per cent award increase effective from 1 January 2003.

End of Audited Financial Statements

VOLUNTEERS & COMMUNITY SUPPORT GROUPS

Please accept our grateful thanks for the volunteer and community support offered throughout the year.

Air Liquide
After Care Association
Alliance for Mentally Ill
Alzheimer's Disease & Related Disorders Association
Amgen Australia
AMP Foundation/General Insurance
Apex Club of Blacktown
Association of Children's Welfare
Association of Civilian Widows
Association of Relatives and Friends of the Mentally Ill
Assissians Society
Astra Zeneca Pty Ltd
Auburn Aged Day Care Advisory Committee
Auburn Aged Day Care Centre Volunteers
Auburn Council
Auburn District Community Health Advisory Committee
Auburn Hospital & CHS Volunteers
Auburn Hospital Pink Ladies
Auburn Rotary Club
Auburn RSL & Sub-Branch
Auburn Salvation Army
Australian Chinese Buddhist Society
Bankers Trust
Bethany Respite Care Centre Volunteers
Bidwill High School
Blacktown Bowling Club
Blacktown City Council
Blacktown City Councillors Wards 4&5
Blacktown City Garden Club
Blacktown City Lions Club
Blacktown Rotary Club
Blacktown City RSL Club
Blacktown City Women's Bowling Club
Blacktown East Presbyterian Church
Blacktown Hospital Ladies Auxiliary
Blacktown Hospital Pink Ladies
Blacktown Workers Club
BMDH Aged Care Volunteers
Bonnyscents
Bradley, Jean & Fred
Breast Cancer Support Service Volunteers
Bridgeway Volunteers
Broken Hill Mine Employees' Pension Fund
Brush Park Bowling Club
Busy Fingers
Café Lottie
Castle Hill RSL Club
Catholic Schools Parents' Forum
Chester Hill/Carramar RSL Club
Coles Supermarket staff
Confused and Disturbed Elderly (CADE)
Combined Pensioners' Association Western
Country Women's Association (CWA)
Community Support Network (West)
Crestwood Volunteers, Blacktown
Cumberland Aftercare Association
Cumberland Newspapers
Cumberland Women's Bowling Club
Day Services Complex Volunteers
Diabetes Australia, Mt Druitt Branch
Diabetes Australia, Parramatta Branch
Doonside Society of Model Engineers
Eastwood residents
Edna Lyall-Linley Memorial Fund – P Perks
Fairfax Community Newspapers
Fairfield Ladies' Golf Club
Friends of Auburn Hospital and CHS Auxiliary
Girraween Amateur Athletic Club
Grace Bros Art Union
Grace Bros Charities Fund
Granville Branch CWA
Green Team, MtDH
GROW
Guildford Netball Club
Hammor Village
Handicapped Bowls-Denistone Bowling Club
Homecare Service of NSW
Host Volunteers, MtDH
Inner Wheel Club of Eastwood Inc
Kids West
Kimguard Sterile Wrap
Les Baddock & sons
Lidcombe Catholic Workmen's Club
Lidcombe Ladies Working for Auburn Hospital & CHS
Lidcombe RSL Sub-Branch
Lidcombe Women's Bowling Club
Lifeline - Parramatta
Lions Club of Auburn/Lidcombe
Lions Club of NSW & ACT
Lions Club of Mt Druitt
Lions Club of Prospect
Lions Club of Rooty Hill
Lions Club of Wentworthville
Lottie Stewart Auxiliary
Lottie Stewart Day Centre
Lottie Stewart Library
Lottie Stewart Men's Workshop
Lottie Stewart Patient Support
Lottie Stewart Patient Visiting/Escorting
Lottie Stewart Activity Groups
McDonald's Aust Ltd
McDonald's, Blacktown
McDonald's, Mt Druitt
McDonald's, Plumpton
Meals on Wheels, Mt Druitt
Miss Spring Fair
Motor Accidents Authority
Mt Druitt Cancer Support Group
Mt Druitt Hospital Kiosk Volunteers
Mt Druitt Hospital Ladies Auxiliary
Mt Druitt Hospital Transport Dept clients
Mt Druitt Police Social Club
Nara Respite Program
Northern Grammar School
NSW State Forests
Nurses' Association of NSW
Oncology Unit Blacktown Hospital staff
Order of Eastern Star - Lidcombe Chapter 42
Order of Eastern Star Mt Beulah Chapter 2
Parramatta City Council
Parramatta Leagues Club
Parramatta Lions Club
Parramatta Riverside Theatres
Parramatta RSL
Parramatta Triple O
Pastoral Care Volunteers
Patchwork Quilters of Hawkesbury
Penrith Adult Brain Injury
Plumpton Rural Fire Brigade (in memory of G Briggs)
Price, R (International Women's Day)
Psychiatric Rehabilitation Association
Punchbowl RSL Club
Rainbow Girls
Rauland Australia Pty Ltd
Red Cross
Riverside Lyric Ensemble
Rooty Hill RSL Club
Rooty Hill Volunteer Bush Fire Brigade
Rosnay Golf Club
Rotary Club of Eastwood
Rotary Club of Prospect
Rotary Club of Rydalmere
Rotary Club of Ryde
RSL Australia
Ryde City Council
Ryde Eastwood Leagues Club
Salvation Army
Schizophrenia Fellowship of NSW
SES, Mt Druitt
Seven Hills & Toongabbie Baseball Club
Seven Hills & Toongabbie RSL Anglers
St Joseph's Hospital Auxiliary
St Joseph's Hospital Rehabilitation Ambassadors
St Joseph's Hospital Volunteers
St Marys Salvation Army
St Raphael Community Centre
SGE Credit Union
Statehealth Credit Union
Stiklites Aust
Surgical Products Educational Fund
Tallowood Volunteers, MtDH
Target Blacktown
Terry Shields Toyota
Tregear Spring Festival
2WS & Radio Roo
Uniting Church in Australia, Parramatta Regional Mission
Voluntary Transport Drivers, MtDH
Volunteer psychologists in Arabic, Cantonese, Croatian, Mandarin & Portugese
Wallacia Associates
Western Districts Cardiac Support Group
Westfield Parramatta Shoppingtown
Westmead Cardiac Institute
Westmead Hospital Arts Society
Westmead Hospital Voluntary Services
Westmead Renal and Pancreas Transplant Support Group
Westpoint Shopping Centre
Wheelie Warriors
WISHBONE

DONATIONS & BEQUESTS

We acknowledge our deep appreciation and thanks to the following donors for their contribution to Western Sydney Health.

Greater than $100,000

Mt Druitt Kiosk Volunteers
Sundry Donors

Greater than $50,000

Abbott Australia
St John's Park Bowling Club
Westmead Voluntary Services

Greater than $30,000

Fenton, DE, estate of the late
Westmead Institute of Reproductive Medicine

Greater than $20,000

Blacktown Workers Club
Castle Hill RSL Club
Eli Lilly P/L
George AH Mounty, estate of the late
Mundiphacma P/L

Greater than $10,000

Auburn Health Fundraising Committee
Galloway, D & Horrocks, M
Granville RSL Club
McDonald's Restaurants
Merrylands Bowling Club
Mt Druitt Voluntary Services
Parramatta Leagues Club
Rooty Hill RSL Club Charity Golf Day
Schering P/L
Speed E Gas (NSW)
University of NSW

Greater than $5,000

Auburn Health Auxiliary No 1
Auburn Health Auxiliary No 2
Bleasdale, T&N
Boston Scientific P/L
Lidcombe Catholic Workmen's Club
Mitre 10 - Cammeray
Rotary Club of Blacktown City
RSL Parramatta
Clive & Vera Ramaciotti Foundation
United Hospital Auxiliary
Watkins, P
Wilson, R
Zeidan, Mouhamad

Greater than $1,000

Alex, NG
Anonymous
Apex Club Blacktown
Bacha, M
Bastick, S
Blacktown Kennel & Training Club
Channell, D&J
Chester Hill - Carramar RSL
Eastwood Uniting Church Musical Society Inc
Edmonds, Howard
Featherby, Frank
Friends of Auburn Health
Glaxo-Smith Kline Aust P/L
Godwin, Joy
Hamdan
Hawkins, G&G
Herbert, & Hudson, R
Himmelreich
Hodgson, J
Hughes, TMD
Iredell, J
J & J Medical - North Ryde
John, Elizabeth
Johnson & Johnson P/L
Kent, DG&EM
KidsWest
Lao, C&R, Bloor, M & Kelly,V
Lawsons Auctioneers & Valuers
Lidcombe RSL
Lions Club of Rooty Hill
Locsal P/L
Markus, Jolan - St Elizabeth Hostel
McCue, T
Melton Hotel Social Club
Mitchell, D
Movement Disorder Foundation
Mt Druitt Hospital Ladies Auxilliary
National Thrombosis Working Party
Nesbitt, J
Nield, Christine, family & friends
NSW Cancer Council
Patterson, Dr H
Paul G&J
Pfizer P/L
Phillips, Wendy & Derek
Pitzing
Pride, A
Roberts, W&D
Roberts, Wilfred
Scicapital P/L
Sergeant, Vincent
Sheridan, Phillip
Sorrell, Prof T
St Marys Town Centre Management Inc
Szilard, John
Finks Motorcycle Club
Lions Club Auburn/Lidcombe
Royal Aust College of Physicians
Tyco Healthcare
Western Suburbs Haven Inc.
Westmead Hospital Arts Society
World Health Organisation
Zammit, family of

Greater than $500

Amputee Support Committee - Westmead Hospital
Baulkham Hills Shire Council
Bland, Colin
Boehringer Ingelheim
Bristol Myers Squibb
Caparrotta, P&A
Carefree Conditioners Aust
Conti, Maria
Crispe, B
Datex Ohmeda
Davies, P&S
Doonside Society of Model Engineers
Entertainment Publications
Greatorex, David
Landesbank, LRP
Nicholas, Lawrence, family of the late
Nutricia Aust Ltd
Peter MacCallum Cancer Institute
Pink Ladies Fund
Rose, CC&SM
Ryde Rotary Youth Driver Awareness
Siemens Ltd
Statehealth Credit Union
Vertigan, M
Wangmann, PW&KF
Wyeth Nutritionals

All our other benefactors

Aadbon, Michael
ABB Metering
Abis, P
Adams, C
Adams, G
Adderton, Connie
Airpak Air Conditioning
Aitken, DM
Alexander, John
Alphapharm P/L
Anaesthetic Dept Staff
Anderson, PT
Anon
Aplin, Stephanie
Apple Tree Bay Boating Assn
Arfhill, Edith
Arthur, W & Cant, C
Ashlar Golf Club - Blacktown
Ashworth, Helen
Auburn Pensioners Friendly
Australia Post, staff of Club
Aventis Pharmaceutical P/L
Badger, W
Baldwin, W
Balesic, Emina
Ball, A
Baptist Church
Barnes, R
Barnett, Keith - St Peters Seven Hills
Bartlett, Kerry
Bastick, Stephen
Beaumont, H
Beaumont
Bede Polding College
Benson, Henry
Beres, Katica
Berger, Piepers
Birmingham, ISC
Bishai, Amira
Blacktown Light & Sound
Blacktown Rotary Club
Blundell, John
Boesel, Dr Tillman
Boorer, Heather
Boother, B
Brazenall, Barbara
Brazzale
Bright, Solange
Brindell, Mary
Brooke, M
Brown, Tony
Brunton, Elizabeth & Robert
Bryon, I
Burt, RM
Butt, J
Callaghan, Megan
Campbell, S
Campelltown Family Support Service Inc
Carlyon, Geoffrey
Carlyon, Phillip
Carlyon, Phyllis
Carlyon, Robyn
Castform P/L
Castle Hill RSL Club
Cavallaro, Sam
Cebula, Melissa
Chamberlain, Kevin
Chan, R
Chan, Raymond
Chang, RE
Chant Link & Associates
Charlton Shearman - medical lawyers
Cheah, May Hong
Chen
Chu, Desmond
Church of Christ
Ciba Specialty Chemicals
CK AU Services
Clark, D
Clazquin, Brenda
Cogno, L
Cole, R
Concord RSL Club
Connolly, L
Cooper, Pam & Chris
Corry, Ray
Costa, M
Creech, GL&SE
Crestwood Lions Club
Cromedica P/L
Croning, EA
Crook, A&C
Curran, N
Cystic Fibrosis Foundation
Dalglish, G
Dan
Dane, DH&RA
Davidson, MJ
Davies, M
Davies, P&S, friends of
Davies, Terence
Davis, Melinda
Day, C
Day, C & Keegan, A
De Alwis, B, friends of the late
De Reland, SR
Deaf Mothers Club
Dean, JH
Debus, R
Delange
Desborough, Colin, family & friends
Deschamps, D
Dickings, C
Diek, Robert
Diocesan Development Fund
DK Girls
Dmowski
Dodd, GR&M
Dodd, M
Donoghue, MS
Dorahy, Annette
Douglas
Douglass, RW
Doyle, MP
Drew, Dominic
Dumas, M
Dumas, Maureen
Dunlop, M
Eagles, Carol L
Earl, J
Eastern Creek Trefoul Guild
Easton, Betty
Ebdon, G&T
Edmonston, Tim
Edwards, B
Eglon, David E
Eisunhuth, J P
Elhaddad, L
Elsworth & Elsworth
Elvery, MH
Elvery, Mark
Emerton, L
English, J&M
Epping Boys High School
Fairlif, Ingrid L
Fairweather, Emily
Fehon, Kim
Fernandes, L
Fernando, S
Fisher, S
Fixter, Billy &Joesph
Forbes, L
Forsyth, D&DJ
Foster, Toby
Foti, Steve
Foulstone, M
Francis, Samuel
Fraser, Alan
Friends of Art
Gailey, JR
Garfinkel, Dr Craig
Gerace, M
Geriatric Day Hospital, clients of
Gibson, John
Gillings, B
Goddard, D
Gord, Doris
Grace Bros Penrith
Grant, Lilian & John
Granziera, S
Grass Roots Publishing P/L
Grasso, K
Gray, M
Green, D
Green, JI
Greentree, G
Greentree, M
Greenwald, H
Gresty, L
Hall, Chris
Hammond, K&G
Harewood, N
Harris, Cheryl
Harwood, J
Hawkins, G
Hawkins, Michael
Hawthorne, W
Haydn Smith Chemist
Hayes, Donald & Greta
Head, JW&NE
Henningham, Alison
Herbert, family of
Hien, PT
Hill, Emma
Hills Family Centre
Howart, Maureen
Hudson, Herbie
Hunter, Kevin
Hunters Shoe Store
Hurley's Butcher
Ibrahim, Refaat
Impressionable Kids - Doonside
Indolos, Benjamin P
Ingersole, B&G
International Year of Volunteers
James Sheahan Catholic High School
Jamieson, Graham
Jelliffe, Chris
Jenkins, I&R
Jennings, R
Johnson, A
Johnson, R&A
Jolitte
Kapoor, Anil
KCI Medical Australia P/L
Keating, Liz
Keens, M
Kellen Kawasaki
Kelly, B
Kelly, Ian
Kennedy, MK
Kershaw, M
Kevin's Book Nook
Khoo, Edwin

Kid, Elsie
Kirkpatrick, Sue
Kolic, Barbara
Kumar, S&S
Ky, Daw Khin
L J Hooker, Rooty Hill
Ladecka, M
Lal, S
Lamb, F
Lambert, M
Larsson, M
Latti, C
Lee, Dr E
Lee, John
Lena, MA
Lidcombe Chapter No 42
Lidcombe RSL Sub-Branch
Lions Club of Mt Druitt
Lions Club of Springwood
Lockley, Elaine
Loder, P
Lord, Kevin
Lyons, Betty
Lyons, Gordon, family and friends
Mackaway, B&R
MacKinnon
Macpherson, Lorraine
Macpherson, Stuart
Madden
Madson, J
Maghazli, Ibraham, family of
Maher, Peter
Mangion, A
Marcin, K&M
Max, N
McCarney, Dr J
McClumpha, BE
McFarlane, E
McIntosh, Dr Catherine
McIntyre, Heather
McArdle, GJ&RA
McGarry, DJ&BC
McIntyre
McWilliam, Eileen & Keith
MD Allum P/L
Merck Sharpe Dohme
Merlin, M
Micallef, S
Michael
Michael, Angela
Milagros, Teodoro
Miller, I
Miller, James
Mills, Anita
Mills, Patricia
Minchinbury Buffers
Moore, J&H
Mooyaart, N
Mooyaart, SF
Morris, Brad & Julie
Morrison, NS&DL
Moss, J
Mt Beulah Chapter no 5
Mulcahy, MP&T
Mulder, Peter
Mullany, SR
Muriel Parkin Memorial Assembly Order
NSAHS Nurses
Newman, M&ES
Nicholas, Elaine
Northey, S
Novartis Pharmaceuticals
NSW Nurses' Association
Nursoo, Ben
Nutricia Australia P/L
Oakhill College - Castle Hill
One Steel NSW P/L
Onus, Jessica
Order of the Eastern Star
Order of The Eastern Star - Wentworthville
Parramatta High School
Partridge, Jackie
Patterson
Pearce Omnibus P/L
Pedvin, B
Peffer, Martin
Perks, Patricia
Peters, F&J
Peters, JA
Peterson, Percy
Petterson, K&H
Pharmacia
Pitsillidi, C
Pollifrone, Lina
Polo Smash Repairs
Posker, J
Potter, Barbara
Pratley, J
Press, Catherine
Price, Lilly A
Price, R
Quota International of Springwood Inc
RA Gale Foundation
Radbron, M
Radio Two P/L
Ramodo, M
Ramond, R
Real Estate Agency Management
Reardon, ML&RJ
Redknap, I
Returned Services League
Richmond High School
Riddell, K
Riley, Dorothy
Riverside Girls High School
Rizzuto, I
Rob, A
Robinson, Wendy
Roderick, J
Rooty Hill Newsagency
Rose, T
Rotary Club, Granville
Roy, JMJ
RTS Imaging
Rutherford -Telarah Rotary Club
Ryde-Epping Early Childhood Centre
Ryznar, L
Sandhu, Baljinder Singh
Santa Sabina College
Saville, M
Savitoben, Nagindas, family of
Sawyer, Gerald
Sayers, J
Schaefer, MB
Scheve, C
Scotts Spare Parts Ltd
Seeto, W
Sergeant, Warren & Sharon
Shen, Soliwna
Sheridan
Shoemark, EJ
Sillence, D
Simmons
Skinner, Lance
Smith, Mervyn
Smith, Warwick
Snowie, J
Solvay Biosciences P/L
Somia, C
Springwood Bottle Shop
Springwood Motor World
Springwood Tyre Service
St Dominic College, Kingswood
St John Sovereign Chapter No 27
St Mary's Development Committee
St Peters Church Seven Hills
Staples, K
StateWide Flooring Services P/L
Statehealth Credit Union
Stew, J
Stiklites Australia
Stone, Teanie
Stopes, Marie
Strathfield Sessional Pre-school
Straubl, Janet
Stringer, E
Sturrock, W&M
Sumin, Lee
Sutton, Lowen
Sutton, Peter
Suttor, J&J
Suttos
Synthelabo, S
Tan, F
Tao, Dr Connie
Taylor, John
Taylor, NJ&ME
Templonvoevo, J
Terrizzi, S
Tesauro, S
Theaker, NJ
Thompson, E
Thomson, Anne
Timmins, C&M
Tolhurst, G
Toongabbie Crowd
Traini, Dr Gianpiero
Tran, D
Tregear Spring Festical
Tuong, Bui Trong
Turnock, Paul
Tweed, DM&ME
Tweedie, JM
Twinkle Toes North West Sydney
Tyco Water P/L
Unilever Australasia
Uniting Church Association - Epping
Uniting Church Parramatta Mission
Unity Care Burnside
Urbis
Vandenberg & Diennan
Vandersteen, Bill
Vandersteen, L&M
Vassiliadis, Rachel
Vicary, R & Newman, R
Vickery, A&J
Victoria, Dr WSHA
Vishnoi, Nitraj
Wakfield, J
Walker, J
Walpitagama, Ravi
Wanbinga Youth Accomodation
Warburton, E&J
Ware, G
Watson family
Watson, R
Wearmouth family
Webster, K
Wenban, B
Wentworthville Youth Centre
Westerlani, RD
Westmead Hospital Anaesthetics Society
Westmead Hospital Social Club
Westmead Tavern
Westview Baptist Church
Westway Youth Support Inc
White, A
White, AM&DM
Whitton, Cary
Wilcox, RN&MA
Wilkins, C
Wilkinson, RI
Williams, GT&LB
Williams, J
Wilson, Peter
Wingello Wednesday Club
Wingett, Ron
Wiseman, AL
Woo, Dr H
Wright, LE
Yorkshire Aust, management & staff
Zaucer