GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Annual Report 2004 | 05

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Key

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

Acknowledgements:

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

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Incorporating

Health Services
Adelong
Albury
Ardlethan
Barellan
Barham
Barmedman
Batlow
Batemans Bay
Bega
Berrigan
Bombala
Boorowa
Braidwood
Coolamon-
Ganmain
Coleambally
Cooma
Cootamundra
Corowa
Crookwell
Culcairn
Darlington Point
Delegate
Deniliquin
Eden
Finley
Goulburn
Griffith
Gundagai
Gunning
Hay
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Hillston
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Moulamein
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Harden
Narooma
Narrandera
Pambula
Queanbeyan
Tarcutta
Temora
The Rock
Tocumwal
Tooleybuc
Tumbarumba
Tumut
Ungarie
Urana
Wagga Wagga
Weethalle
West Wyalong
Yass
Young

Better Health for Rural Australia

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

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

Dear Minister

I have pleasure in submitting the Greater Southern Area Health Service 2004/05 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit determination for public health organisations and the 2004/05 Directions for Health Service Annual Reporting.

Yours sincerely

Assoc. Prof. Stuart Schneider
Chief Executive
Greater Southern Area Health Service

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HIGHLIGHTS OF 2004/05

Achievements in Greater Southern Area Health Service in the first six months of operation include:

- Successful recruitment of an experienced senior executive team
- The appointment of the Chair of the Area Health Advisory Council
- Implementation of the Incident Information Management System in all sites across the Area
- Completion of The Clinical and Corporate Quality Management Framework and Plan
- Continued work towards Australian Council on Healthcare Standards accreditation for all facilities
- Completion of the Area's planning principles and planning governance
- Development of the GSAHS Population Health Plan, the Strategic Plan (Part One) and, as part of the Healthcare Service Plan (First Draft), development of Clinical Plans related to the following Clinical Networks:
    - Medical and Chronic Care
    - Surgical Services
    - Critical Care
    - Cancer Care
    - Oral Health
    - Rehabilitation Services
    - Mental Health
    - Drug and Alcohol
    - Aged and Extended Care
    - Telehealth and Transport
    - Maternity Services
    - Child, Family, Youth and Paediatric
    - Violence Prevention
    - The Health of Aboriginal People.
- The continued roll out of CHIME, the electronic medical record for community health services
- The development of a model of integrated care for Multi Purpose Services
- Development of the GSAHS Patient and Community Engagement Strategy
- Increasing success of the Snowfield Injury Prevention Service.

Clinical achievements in the first six months included:

- Introduction of interventional cardiology services at Wagga Wagga
- Development of cancer services and partnerships, including the finalisation of a chemotherapy agreement with Riverina Cancer Care
- Additional orthopaedic services at Bega, Wagga Wagga and Albury
- Expansion of renal services through the opening of a new six-chair unit in Griffith, the opening of the Eurobodalla unit in April and the Goulburn unit in May
- Progression of the planning processes for redevelopment of Wagga Wagga Base Hospital, Queanbeyan Hospital, Junee Hospital and Bombala Hospital
- Official opening of the Young Hospital redevelopment and the new Brungle Health and Community Centre
- Commencement of the upgrade of emergency services at Griffith Base Hospital and Batemans Bay Hospital
- Completion of the Henty Health Service
- Implementation of the recommendations from the review of maternity services in the Eurobodalla
- Changes in the delivery of services at Yass Hospital and the appointment of a Nurse Practitioner to the Emergency Department and a Community Midwife
- Development of a clinical infrastructure safety list.

CHIEF EXECUTIVE'S YEAR IN REVIEW

The first six months of operation for the Greater Southern Area Health Service saw many achievements and the identification of challenges requiring the development and implementation of key strategies.

We have recruited to the Area an experienced senior executive team that will provide strong leadership and innovation in the provision of health services in southern New South Wales. New people, new ideas and the opportunity for a new beginning will see health and the people we serve as our focus and they will be the beneficiaries.

The development of a new Clinical Governance Unit and finalisation of a range of enhancements to clinical services for the Area is high on the list of achievements. The Clinical Governance Unit's priority is to maintain high standards of clinical safety and quality in the Greater Southern Area. The Unit assists the Area to be accountable for improving and safeguarding its clinical standards across all facilities. It enables adverse events to be identified and measures to be put in place to attempt to stop them recurring.

The management of cross-border issues is an issue peculiar to the Greater Southern Area and strategies are in place both to reverse the flow of patients going to the ACT for treatment and to continue the integration of services in the Albury/Wodonga region and along the NSW/Victorian border. We are committed to reversing the net flows out of the Area by providing health services closer to the homes of the people who need them.

The recruitment and retention of nurses, medical staff and all health professionals remain a challenge for the Area. A trainee enrolled nurse education program had been implemented and a new graduate nurse program is under development.

Strong links with our communities is essential and the appointment of Dr Bob Byrne as Chair of the Area Health Advisory Council is welcomed. We are also making it a priority to establish a relationship with local governments within the Greater Southern Area to work together to tackle rural health issues.

Our financial management strategies will ensure as many taxpayers' dollars as possible are invested in direct patient care services closer to where people live. These include general efficiencies, best practice initiatives in all aspects of financial control of revenue and expenditure and a workforce review program, which will occur through redeployment, re-training and, subject to union consultation, voluntary redundancies. Everyone who wants to stay on and work in the new Area will have a job as the Government has a commitment to no forced redundancies.

An amalgamation also throws up many opportunities. I am looking forward to the finalisation of our Area structure and the appointment of staff into positions to which they are committed. Our aim is to develop a workforce that is focused on clinical services and meeting the needs of our communities.

The first six months of the new Greater Southern Area have been challenging, but also exhilarating.

The merging of the two Area Health Services and the consequent due diligence processes have triggered strategies that will result in viable health services being provided closer to where people live and a greater proportion of taxpayer dollars being spent in direct clinical care. These are the fundamental benefits of the NSW Government's current health reforms and I am committed to delivering them to the people of southern New South Wales.

Of course, none of this can be achieved without the input of the talented and committed staff of GSAHS, our volunteers who provide assistance in all forms to our facilities and the communities within GSAHS who provide support for our endeavours. I would like to thank everyone who has contributed to the achievements of GSAHS since its formation.

Associate Professor Stuart Schneider

Chief Executive

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OVERVIEW

GSAHS Profile

Greater Southern Area Health Service (GSAHS) is dedicated to continually improving the health and well-being of the people it serves in rural and regional communities. We will deliver the highest quality services, making best use of all available resources and integrating health care. We will fully utilise population health, primary and community care to maximise the local delivery of services.

The GSAHS provides an extensive range of primary and secondary specialist services. In addition to direct clinical care it provides a broad range of home and community-based services as well as public health illness prevention and health promotion services.

What is the Greater Southern Area Health Service?

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

Geographical Description

The GSAHS extends from the NSW South Coast across the Great Dividing Range and the Snowy Mountains through the south-west slopes, Riverina and Murrumbidgee regions and Murray border areas. It covers an area of approximately 166,000 square kilometres. There are six main areas of population density at Albury, Deniliquin, Goulburn, Griffith, Queanbeyan and Wagga Wagga and the Area has many smaller rural towns.

The GSAHS surrounds the Australian Capital Territory. The southern border of the Area follows the NSW/Victorian border, while to the west and north the Area borders Greater Western Area Health Service and South-East Sydney/Illawarra Area Health Service. The Area is divided by the Great Dividing Range, which creates a natural barrier separating the coastal regions from the inland tablelands and western plains.

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

Local Government Areas

The Greater Southern Area comprises the 38 local government areas of: Albury, Bega Valley, Berrigan, Bland, Bombala, Boorowa, Carrathool, Conargo, Coolamon, Cooma Monaro, Cootamundra, Corowa, Deniliquin, Eurobodalla, Goulburn-Mulwaree, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Palerang, Queanbeyan, Snowy River, Temora, Tumbarumba, Tumut, Upper Lachlan, Urana, Yass Valley, Young and Wagga Wagga.

Population

GSAHS has a population of approximately 468,000 people. The population is expected to grow to approximately 476,000 by 2011.

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

Services Available

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

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

GSAHS Purpose

The Service strives to achieve better health and good health care by:

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

GSAHS Goals and Strategic Directions

Vision

To deliver better health for rural Australia

Mission

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

The values identified by the organisation are:

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

The concepts underpinning and activating these values are:

- Accountability
- Integrity
- Respect
- Competence
- Leadership
- Quality
- Equity.

Respect, caring and trust will characterise our relationships.

Goals

The goals of GSAHS are:

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

Strategic Directions

To reach our goal of better health for the people we serve through a high quality and safe health care system, we will focus on four interdependent strategic directions:

1. Operational Excellence: Improving our ability to achieve the goals of the health system through redesign, evaluation and evidence-based decisions.
2. Knowledge and Innovation: Increasing research and education and enabling the transfer of knowledge into practice improvements.
3. System-Wide Improvements: Using our rural role and mandate to achieve system-wide changes and maintain access to rural health services.
4. Prevention, Promotion and Protection: Collaborating with partners to reduce the incidence and impact of disease.

Our four strategic directions will drive us toward our goal of better health for the people we serve in rural Australia through a safe and high quality health care system. Underpinning strategies will be developed to help deliver all four dimensions. These will include workforce, finance, performance management, patient and public involvement, population health, facility management and development, communications and service improvement. Priority strategies have been identified for each of the four strategic directions.

Taken together, the plans of GSAHS health facilities/networks/programs, along with our GSAHS Strategic Plan, will require significant shifts and innovative approaches in the way the GSAHS operates. We are committed to successfully implementing our strategic plans and programs by:

- Building organisational capacity – in our people, in information management and information technology and in securing resources
- Harnessing the potential of partnerships and networks
- Modelling disciplined and focused leadership in implementation.

Stakeholders

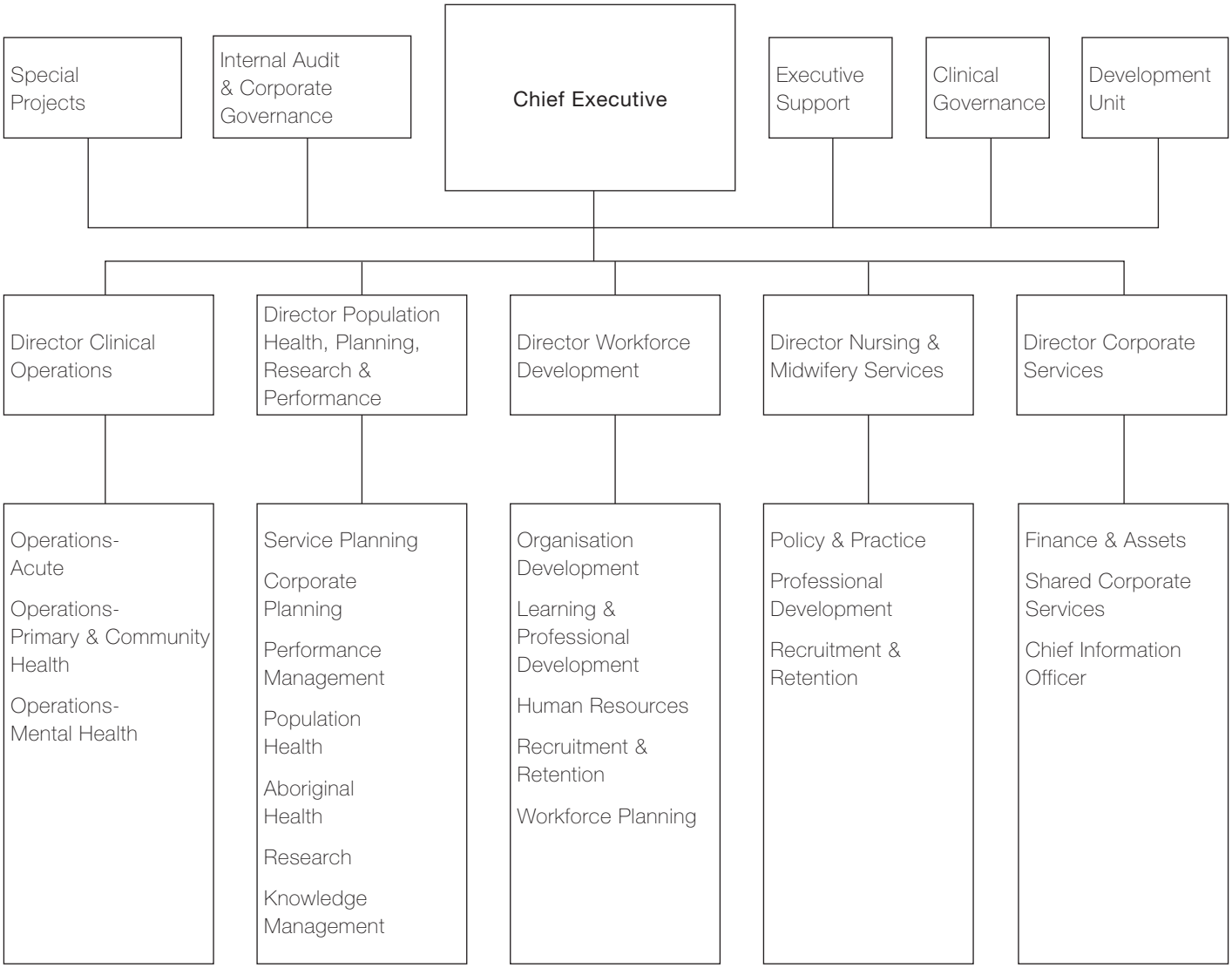
The GSAHS works cooperatively with a range of stakeholders including:

- People who utilise our services
- Employees of GSAHS
- Local communities
- NSW Department of Health
- The Minister for Health
- Carers
- ACT Health and Community Care
- Department of Human Services, Victoria
- Volunteers and auxiliaries
- Government and non-government organisations
- Visiting Medical Officers
- General practitioners
- Community groups
- Aboriginal and Torres Strait Islander communities and medical services
- Divisions of General Practice
- Tertiary education institutions.

GSAHS STRUCTURE

GSAHS Organisation Chart of Senior Management

Executive Structure Greater Southern Area Health Service



Who's Who

Chief Executive

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

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

Chair, Area Health Advisory Council

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

Executive

Director, Clinical Operations

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

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

Director of Population Health, Planning, Research and Performance

Dr Maggie Jamieson BA (Glasgow) MPH (Dundee) PhD (Wollongong) came to GSAHS having previously worked in New England Area Health Service, where she was Director of Service Development, Population Health and Research. Her portfolio also included Aboriginal Health.

Maggie holds an Adjunct Associate Professor position at the University of New England, where she continues to be a doctoral supervisor and examiner. She is an active researcher in sexual and rural health issues. Dr Jamieson has numerous peer reviewed publications and continues to actively publish.

Director Clinical Governance

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

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

Director Corporate Services

Denis Swift B.Bus, MHA, ASA, AHSFMA.CHSE came to GSAHS from his previous position of Executive Director, Finance, with Bayside Health in Melbourne. Mr Swift has nearly 30 years experience in the Victorian health sector. He holds a Master of Health Administration from the University of New South Wales, and is an Adjunct Senior Lecturer in the Faculty of Health Sciences at La Trobe University. Denis took up his new position in April 2005

Director Workforce

Sandra Budd RGON, RM, ADON/M, Post Grad cert in Health Management, Diploma in Strategic Management, ACHSE Assoc. Fellow, came to GSAHS in early April 2005 from the Children Youth and Women's Health Service, South Australia Transitional Executive where she held the position of Executive Director, Clinical Services (Nursing/Midwifery). Sandra has over 32 years experience in health with more than a decade in senior management positions.

Director of Nursing and Midwifery

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

Moyra has over 20 years experience in nursing and midwifery having first graduated as a nurse back in 1982 in Salisbury, England. Moyra is currently involved at a State level with both the Midwifery and the Education and Accreditation Committees for the South Australian Nurses Board and is also the President of the South Australian Branch of the Australian College of Midwives.

PERFORMANCE SUMMARY

Goal: To Keep People Healthy

At GSAHS we understand that focusing on the health of the whole population will help reduce illness and disability, lessening the need for more intensive health services. This translates into better quality of life for the residents of GSAHS and reduced demand for health services. There is also evidence that putting in place strategies to improve population health is less costly to the health system in the long term, which is an important consideration for the creation of a sustainable system.

More people adopt healthy lifestyles

Healthy School Canteens

Health Promotion staff and Nutrition staff have worked together to introduce the NSW Fresh Tastes strategy and the Apple Springer program into schools across GSAHS. This includes the establishment of a partnership with Batlow Fruit Cooperative and the establishment of canteen networks at the cluster level to encourage local sharing of ideas and problem solving. To date:

- a sample survey and audit was conducted with 19 schools that determined that 13 of these meet the requirements adequately
- Apple Springers are being used in 71 primary schools and two high schools.

Health Promoting Schools

An intersectoral partnership was established with the Department of Sport and Recreation, The Cancer Council, Parents and Teachers Association, Department of Education and Training and Catholic Education to implement the Health Promotion with Schools Policy in the former GMAHS. This included the establishment of a grant for schools. To date:

- 54 schools have been funded over two years
- 10 schools were funded for physical activity projects
- 17 schools were funded for nutrition projects
- Nine schools were funded for combined physical activity and nutrition projects.

Community Weight Loss Challenges

The success of the Welling-tonne Challenge has been mirrored in three sites across GSAHS. Wagga Wagga had 600 participants, Deniliquin 250 participants and Goulburn had 106 participants. The Deniliquin group lost 750kg and accumulated the equivalent of walking around Australia. Howlong is set to commence in September 2005 with approximately 100 participants.

Vegetable Gardens

Vegetable garden projects are being trialled in the Narrandera and Leeton area with both schools and the community. A similar project in Cooma is in the formative stage. These projects are based on the Tootie Fruity project from the North Coast Area Health Service. An audit of projects of this type is currently underway.

Physical Activity

Projects aiming to increase participation in physical activity include:

- It's A Girl Thing – using dance to engage inactive adolescent girls in physical activity during school hours
- Sport for All – a mentoring program to engage people with disabilities into organised physical activity
- 10,000 Steps a Day – a pool of pedometers available to raise awareness of physical activity requirements, particularly amongst staff
- Tai Chi for Arthritis – a low impact exercise program to encourage activity, strength and flexibility amongst older people
- Lifeball – a walking ball game designed to encourage physical activity for older people.

In addition, GSAHS works with local government to encourage:

- healthier urban design which promotes incidental physical activity (through walking) and provides and environment for organised physical activity
- social planning processes that prioritise physical activity opportunities.

Healthy Community Workers

The Healthy Community Workers conduct a range of programs and activities in small rural communities which contribute to the prevention and management of chronic disease. The programs include Nordic pole walking, pedometer walking, tai chi and other physical activities.

Chronic Disease Risk Factors

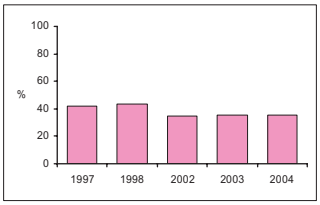
Source: NSW Health Survey. Centre for Epidemiology and Research

Chronic Disease Risk Factors	NSW					GSAHS				
	1997	1998	2002	2003	2004	1997	1998	2002	2003	2004
Alcohol - risk drinking behaviour (%)	42.3	43.2	34.7	35.6	35.3	49	46.4	40.3	42.4	42.7
Smoking - daily or occasionally (%)	24	23.7	21.5	22.3	20.9	25.4	24.2	23.3	24.1	20
Overweight or obese (%)	41.8	42	45.9	48.4	48.4	47.2	49.7	51.2	53.5	52.1
Physical activity - adequate (%)	na	47.9	47.2	44.7	52.4	na	46.6	49.1	42.1	50.1
Fruit - recommended daily intake (%)	46.1	45.3	46.3	47.4	47.1	41.3	41.9	44.3	40.1	44.9
Vegetables - recommended daily intake (%)	8.9	7.9	7.5	9.8	8.2	7.5	7.5	8.9	10.6	10.3

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

Alcohol - risk drinking behaviour (%)

NSW



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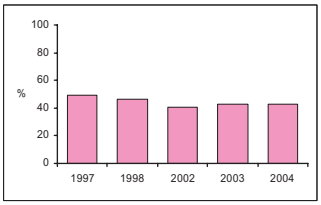

Smoking - daily or occasionally (%)

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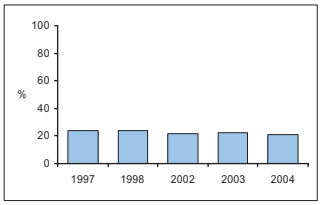

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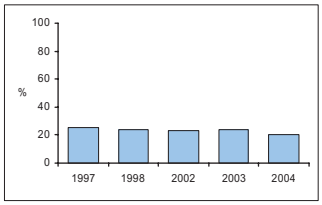

Overweight or obese (%)

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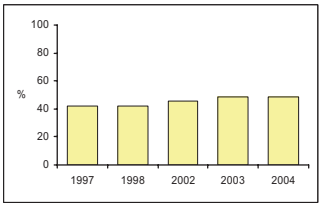

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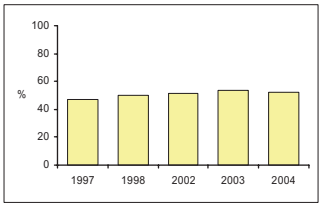

Physical activity - adequate (%)

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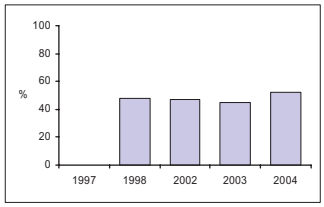

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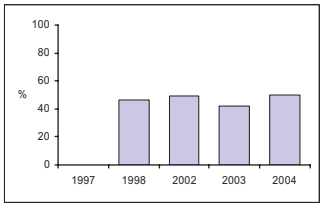

Fruit - recommended daily intake (%)

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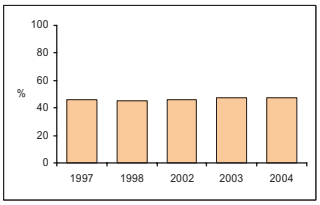

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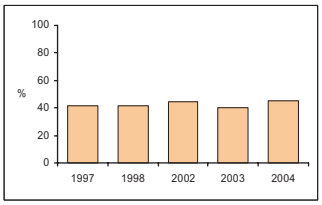

Vegetables - recommended daily intake (%)

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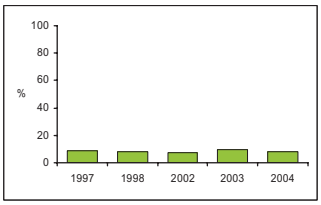

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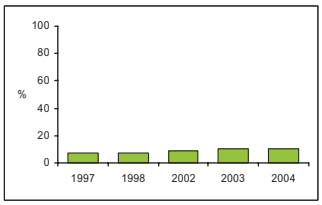


Comment:

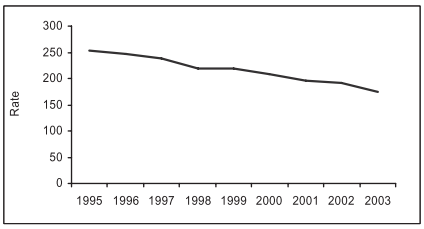
GSAHS would not like to exceed the current level of overweight and obesity of 52.2% and would hope that it will decrease in the longer term. GSAHS has implemented the Healthy School Canteens, Community Weight Challenges and Vegetable Gardens Projects with some positive benefits. Action on the Health Promoting Schools has been delayed this year by the restructure of GSAHS and of the Department of Education and Training.

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

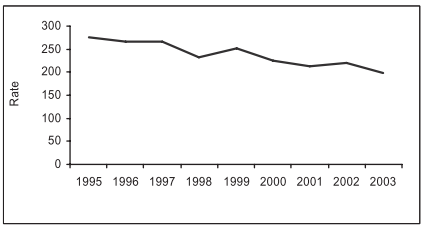
Source: ABS mortality data and population estimates (HOIST)

	1995	1996	1997	1998	1999	2000	2001	2002	2003
NSW	252.9	246.0	237.4	219.5	219.9	208.2	195.4	190.9	175.4
GSAHS	275.9	265.7	267.3	231.3	251.8	225.6	212.5	220.1	198.4

NSW



GSAHS



Comment:

The potentially avoidable mortality rate for GSAHS has been steadily falling, in line with the rate for NSW.

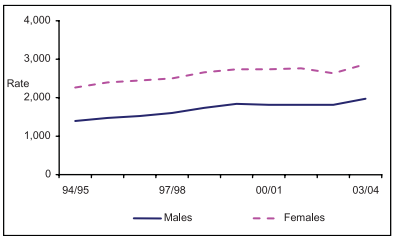
Prevention and Early Detection of Health Problems

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

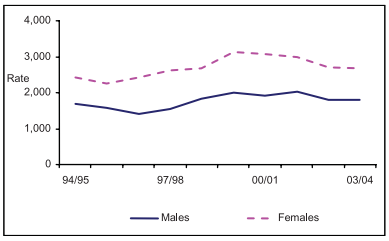
Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST)

		94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04
NSW	Males	1,399	1,469	1,524	1,608	1,743	1,849	1,823	1,817	1,808	1,961
	Females	2,269	2,385	2,448	2,506	2,668	2,725	2,726	2,765	2,634	2,862
GSAHS	Males	1685.2	1590.5	1408.4	1561.9	1836.3	1991.4	1916.8	2016.8	1796.8	1789.8
	Females	2423.3	2260.3	2431.5	2622.4	2673.9	3136.0	3072.5	2977.7	2695.6	2686.6

NSW



GSAHS



Comment:

Fall-related injuries are one of the most common injury-related preventable hospitalisations for people aged 65 years and over in NSW. The rates in GSAHS have been falling over the last five years. Programs to encourage activity, strength and flexibility amongst older people have been implemented across the Area.

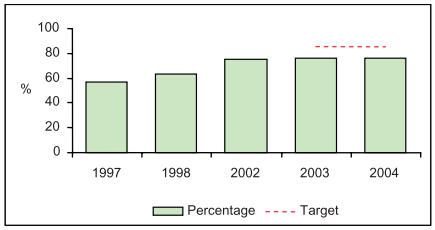
Adult Immunisation

Source: NSW Health Survey, Centre for Epidemiology and Research

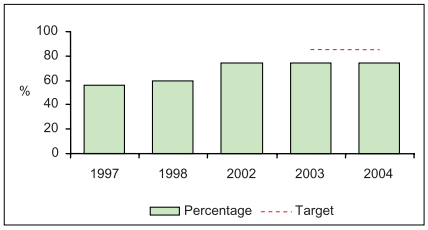
	People aged 65 years and over vaccinated against:	Year				
		1997	1998	2002	2003	2004
NSW	Influenza - in the last 12 months (%)	57.1	63.3	75.2	76.0	75.8
	Pneumococcal disease - in the last 5 years (%)	na	na	38.6	47.1	47.2
GSAHS	Influenza - in the last 12 months (%)	55.6	59.2	74.6	74.5	74.0
	Pneumococcal disease - in the last 5 years (%)	na	na	33.1	42.2	47.4

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

NSW

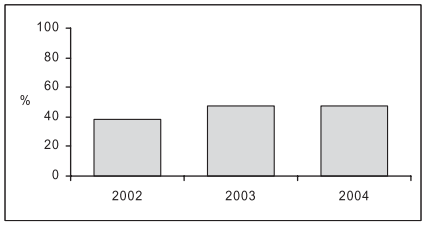


GSAHS



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

NSW



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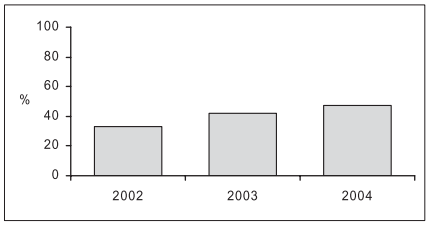


Comment:

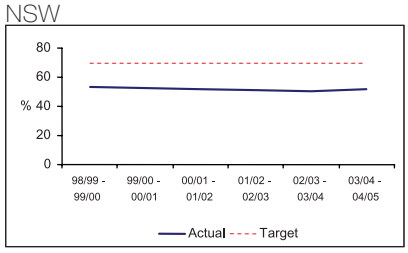
A shortage of bulk billing General Practitioners in rural areas and nurse immunisers in doctors' surgeries reduces opportunities for rural residents to access immunisation programs. GSAHS is working with Divisions of General Practice to encourage General Practitioners to vaccinate high risk groups, to offer nurse immuniser scholarships to increase the number of accredited immunisers in surgeries and to provide scholarships for Community Health nurses to become accredited nurse immunisers.

Breast Cancer Screening - two yearly participation rate women 50-69 years (%)

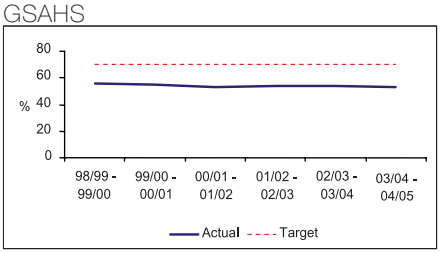
Source: BreastScreen NSW

	NSW		GSAHS	
Period	Actual	Target	Actual	Target
98/99 - 99/00	53.6	70.0	55.5	70.0
99/00 - 00/01	52.5	70.0	55.2	70.0
00/01 - 01/02	52.1	70.0	53.4	70.0
01/02 - 02/03	51.4	70.0	53.5	70.0
02/03 - 03/04	50.6	70.0	54.2	70.0
03/04 - 04/05	51.8	70.0	53.4	70.0

NSW



GSAHS



Comment:

The participation rate in GSAHS is slightly higher than that for NSW as a whole.

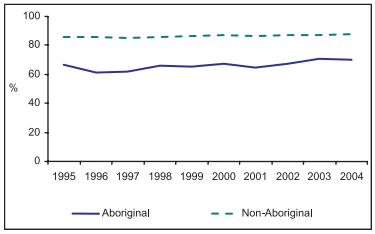
A Healthy Start to Life

First Antenatal Visit - before 20 weeks gestation (%):

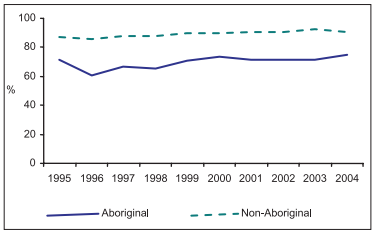
Source: NSW Midwives Data Collection (HOIST)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
NSW	Aboriginal	66.8	61.0	62.2	66.3	65.5	67.6	64.7	67.2	70.6	70.1
	Non-Aboriginal	85.4	85.8	85.2	85.4	86.7	87.0	86.7	86.9	87.0	88.0
GSAHS	Aboriginal	71.3	60.4	66.9	65.2	70.7	73.3	71.6	71.5	71.2	74.6
	Non-Aboriginal	86.8	86.0	87.5	87.9	89.9	89.8	90.4	90.5	92.3	90.3

NSW



GSAHS



Comment:

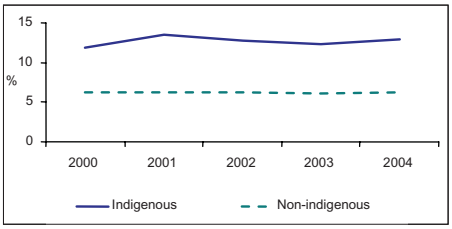
The proportion of mothers starting antenatal care before 20 weeks gestation is slightly higher in GSAHS than in NSW as a whole.

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

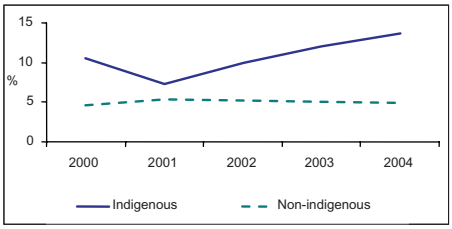
Source: NSW Midwives Data Collection (HOIST)

		2000	2001	2002	2003	2004
NSW	Indigenous	11.9	13.5	12.8	12.4	12.9
	Non-indigenous	6.3	6.2	6.2	6.1	6.2
	Total	6.4	6.4	6.4	6.2	6.4
GSAHS	Indigenous	10.6	7.3	10.0	12.1	13.7
	Non-indigenous	4.6	5.3	5.2	5.0	4.9
	Total	4.9	5.4	5.4	5.3	5.3

NSW



GSAHS



Comment:

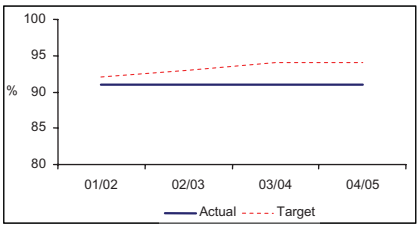
- GSAHS has had Aboriginal mother and Babies Services funded programs in place since 2002.
- GSAHS has limited programs available that address smoking among pregnant Aboriginal women.

Infants Fully Immunised - at 12 to < 15 months (%)

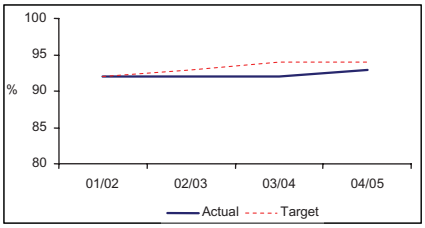
Source: Australian Childhood Immunisation Register (ACIR)

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

NSW



GSAHS



Comment:

The percentage of fully immunised children in GSAHS has remained relatively stable over the last four years and is consistent with the NSW figures.

Goal: To Provide the Health Care People Need

GSAHS will be redesigning health services to ensure they continue to meet the needs of residents of the Area. Many of the people who have health needs access multiple services, so our services need to work together – to be responsive to patient needs, to share information appropriately across providers and to avoid duplication. Achieving this goal will help keep our health services sustainable by optimising and targeting available resources. Information and communication technology will help us redesign the processes we use to deliver care. An initial building block will be the clinical redesign strategy.

Aboriginal Housing for Health Program (target houses improved)

The Wallaga Lake Housing for Health (HfH) first project survey/fix was conducted for all 32 homes in early August 2005. A prioritised works program based on the first survey is in place to improve the housing.

Darlington Point (20 houses), Grong Grong (18 houses), Leeton (13 houses) and West Wyalong (16 houses) have been approved for to receive HfH.

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

Community Health and Allied Health Services

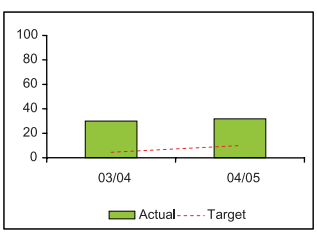
- To ensure we are making a difference, we developed performance indicators for Families First, Youth and Women's Health programs.
- To support our families in raising happy, healthy children, we completed the implementation of the comprehensive Families First Program across the GSAHS.
- To make a difference to the health of our Aboriginal populations, we developed projects with key external partners - 'Making Messages' and 'Gotta Choice' - both Aboriginal Health Projects.

Emergency Care without Delay

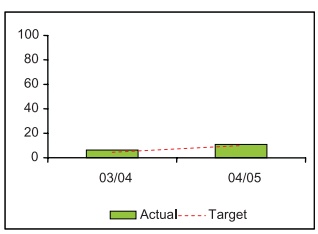
Off stretcher time - transfer of care to the Emergency Department >= 30 minutes from ambulance arrival (%)

Source: Ambulance Service of NSW CAD System

NSW



GSAHS



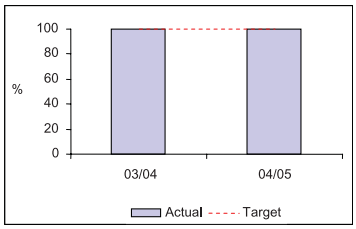
	NSW		GSAHS	
	Actual	Target	Actual	Target
03/04	30	5	6	5
04/05	32	10	11	10

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

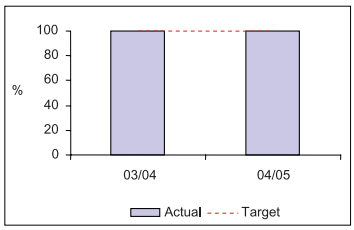
Source: EDIS

Triage 1 (within 2 minutes)

NSW



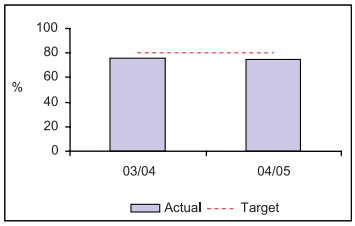
GSAHS



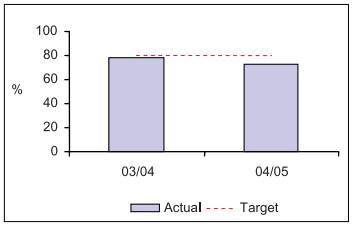
	NSW		GSAHS	
	Actual	Target	Actual	Target
03/04	100	100	100	100
04/05	100	100	100	100

Triage 2 (within 10 minutes)

NSW



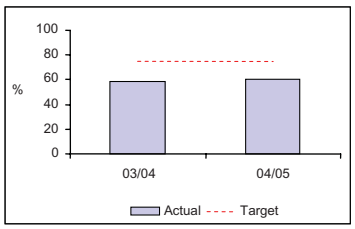
GSAHS



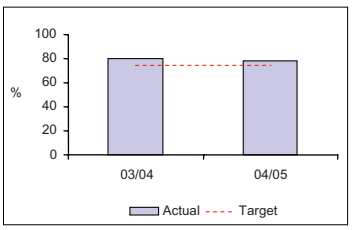
	NSW		GSAHS	
	Actual	Target	Actual	Target
03/04	76	80	78	80
04/05	75	80	73	80

Triage 3 (within 30 minutes)

NSW



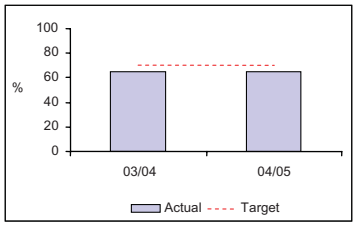
GSAHS



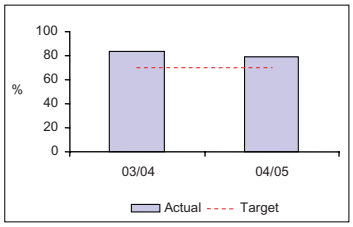
	NSW		GSAHS	
	Actual	Target	Actual	Target
03/04	59	75	80	75
04/05	60	75	78	75

Triage 4 (within 60 minutes)

NSW



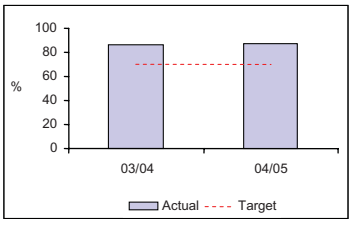
GSAHS



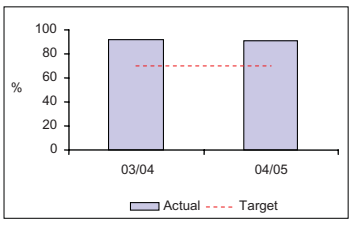
	NSW		GSAHS	
	Actual	Target	Actual	Target
03/04	65	70	84	70
04/05	65	70	79	70

Triage 5 (within 120 minutes)

NSW



GSAHS



	NSW		GSAHS	
	Actual	Target	Actual	Target
03/04	86	70	92	70
04/05	87	70	91	70

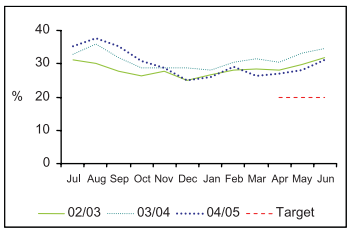
Comment:

- An overall increase of 15% from previous year in Triage 2 presentations has been seen at all EDIS sites (Wagga Wagga 14%, Albury 14%, Griffith 19%).
- A clinical redesign program and patient flow program have been implemented
- Emergency Departments at Wagga Wagga and Griffith will be upgraded to improve functionality
- Data collection processes and quality have been reviewed.

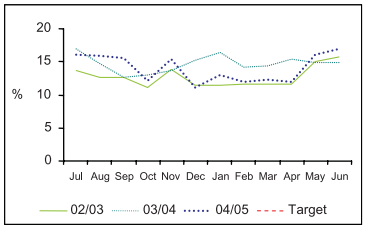
Access Block - Emergency Department patients not admitted to an inpatient bed within eight hours of commencement of active treatment (%)

Source: EDIS

NSW



GSAHS



	NSW				GSAHS			
	02/03	03/04	04/05	Target	02/03	03/04	04/05	Target
Jul	31	33	35		14	17	16	
Aug	30	36	38		13	15	16	
Sep	28	32	35		13	13	16	
Oct	26	29	31		11	13	12	
Nov	28	29	29		14	14	15	
Dec	25	29	25		11	15	11	
Jan	27	28	26		11	16	13	
Feb	28	31	29		12	14	12	
Mar	29	31	26		12	14	12	
Apr	28	30	27	20	12	15	12	
May	30	33	28	20	15	15	16	
Jun	32	34	31	20	16	15	17	

Comment:

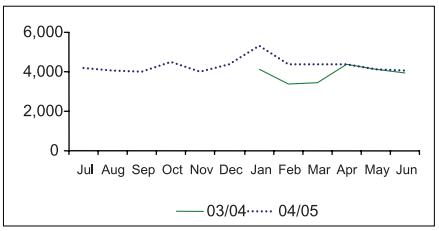
Capacity at key surgical sites throughout the Area has been increased through additional beds provided under the Sustainable Access Program.

Shorter Waiting Times for Booked Non-Emergency Care

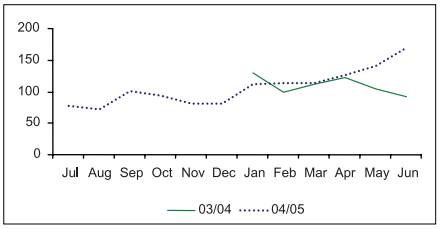
Waiting Times - booked medical and surgical patients: More than 30 days - categories 1 & 2 (number)

Data Source: WLCOS

NSW



GSAHS



	NSW		GSAHS	
	03/04	04/05	03/04	04/05
Jul		4,180		77
Aug		4,059		72
Sep		3,983		100
Oct		4,500		93
Nov		4,018		81
Dec		4,402		81
Jan	4,149	5,308	130	104
Feb	3,367	4,375	99	113
Mar	3,437	4,354	112	113
Apr	4,352	4,404	122	127
May	4,139	4,097	105	141
Jun	3,916	4,093	92	170

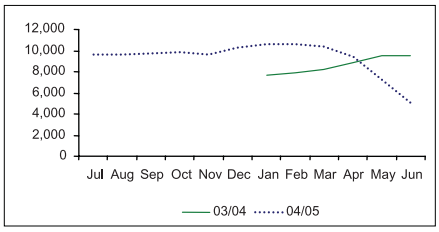
Comment:

- There has been an increase in Urgency 1 & 2 bookings at major sites (Wagga Wagga 17% in U1 bookings and 10% U2, Albury 5.4% increase in both U1&2 bookings).
- Some long wait patients have been reclassified to U2
- The clinical review program is being revised to ensure patients are appropriately classified
- Recommendations of Surgical Review Team Report will be implemented
- Increased capacity at key surgical sites will be provided through additional beds provided under Sustainable Access Program.

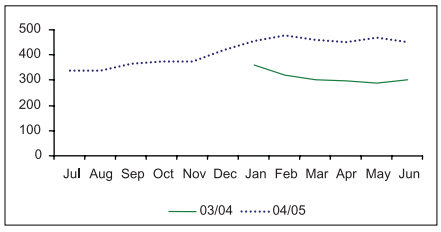
Waiting Times - booked medical and surgical patients: More than 12 months - categories 1, 2, 7 & 8 (number)

Data Source: WLCOS

NSW



GSAHS



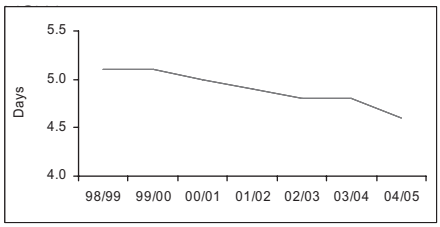
	NSW			GSAHS		
	03/04	04/05	Target	03/04	04/05	Target
Jul		9,636			337	
Aug		9,590			339	
Sep		9,701			365	
Oct		9,802			375	
Nov		9,657			373	
Dec		10,241			420	
Jan	7,661	10,551		360	456	
Feb	7,916	10,586	9,885	321	476	415
Mar	8,197	10,364	9,207	300	458	370
Apr	8,911	9,397	8,955	297	451	342
May	9,465	7,285	7,554	287	467	287
Jun	9,541	5,076	5,275	303	450	236

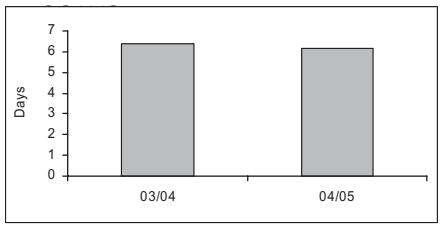
Comment:

- There has been an increase in demand for elective/booked procedures particularly at major sites of Wagga Wagga and Albury. Wagga Wagga had a 7.4% increase in bookings from the previous year and over the last four years bookings have increased by approximately 44%. Albury had a 5% increase in bookings on the previous year and over the last four years bookings have increased by approximately 20%.
- An increase in emergency admissions to wards at major sites (Wagga Wagga 5% increase, Albury 10%, Griffith 6.5% increase on previous year) impacted on availability of beds and theatres for elective patients.
- Increased capacity at key surgical sites was achieved through additional beds provided under the Sustainable Access Program.
- Implementation of clinical redesign and patient flow programs will assist in achieving targets.

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

Data Source: ISC





	NSW	GSAHS
98/99	5.1	
99/00	5.1	
00/01	5.0	
01/02	4.9	
02/03	4.8	
03/04	4.8	6.39
04/05	4.6	6.14

Comment:

Overall length of stay has decreased over the last twelve months in line with statewide trends. As with other rural areas, the length of stay for GSAHS is higher than the State average as a number of the Area's hospitals provide care for long stay nursing home type patients. For acute patients who are admitted for one or more nights, the average length of stay for is approximately 4.1 days.

Patients Waiting for Other Care

An indicator to show the number of public hospital beds occupied by patients waiting for other care or accommodation is currently under development.

Fair Access to Health Services

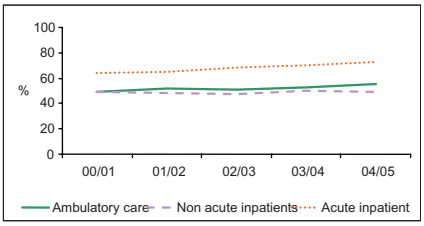
Mental Health – need met for services (%):

Source: DOHRS (Acute inpatient, Non acute inpatient)

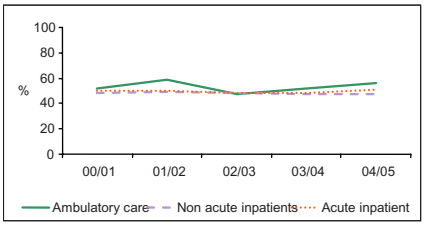
National Survey of Mental Health Services (Ambulatory care)

	NSW					GSAHS				
	00/01	01/02	02/03	03/04	04/05	00/01	01/02	02/03	03/04	04/05
Ambulatory care	49	52	51	53	55	52	59	47	52	56
Non acute inpatients	49	48	47	50	49	48	49	48	47	47
Acute inpatient	64	65	68	70	74	50	50	48	48	51

NSW



GSAHS



Comment:

- The GSAHS performance in relation to ambulatory care reporting is similar to statewide trends over the last two to five years. We expect continuing improvement as our clinicians become more adept with the reporting of activity.
- The non-acute and acute inpatient figures reflect respective bed numbers. The non-acute figures are similar to statewide trends, but the acute figures are well below the State average, and this reflects the comparative deficiency of acute beds in GSAHS relative to the rest of the State.

Radiotherapy Utilisation Rates

An indicator to show radiotherapy utilisation rates can currently only be reported at a statewide level and is currently under development for Area Health services.

Goal: To Deliver High Quality Health Services

There are significant opportunities to develop more appropriate health care that supports individuals in communities and moves away from the current dependence on facility-based care in hospitals and long term care facilities. By offering a wider range of health care services, we can focus on delivering high quality care to patients that meets their needs, while ensuring we make the best possible use of our skilled employees. As the model of care evolves, there will be a constant focus on maintaining and improving safety.

Community Health and Allied Health Services

- To ensure we are delivering services in a well-planned and appropriate way, we developed our Women's Health and Youth Draft Strategic Plan and an implementation plan for Child Protection
- To support better quality clinical care, we continued to roll out CHIME, the electronic medical record for Community Health services
- In order to improve the quality of service provided in our MPSs we used funds from the Australian Government Leading Practice Support Program to develop a model of integrated care for our MPSs.

Key issues and events

- The amalgamation of GMAHS and SAHS has provided early opportunities to combine externally contracted services, for example the BreastScreen and Cervical Screening Pathology services.
- We developed a framework for the equitable distribution of community health services from generalist to specialist levels, based on population characteristics and health needs in individual communities.
- We completed a mapping of allied health services across the Western part of the GSAHS, with the same work now being undertaken in the Eastern side.
- Our staff presented papers at the National Rural Health Conference and have submitted an abstract for the National Youth Conference.
- We worked with our local Ambulance services to consider options for integration with Ambulance in rural communities – four models have been agreed on and will be further developed in this year.
- Henty MPS was completed and commissioned.
- Major capital works were undertaken to improve Hay MPS.

Future directions

- In order to ensure best clinical care for our communities, we will be completing the roll-out of CHIME within the next two years.
- In order to have a primary and community health workforce which is properly skilled to deliver new models of care, we will ensure that all new programs developed contain elements of training, skill development and ongoing support.
- We are developing new ways of delivering care in the community to support older people and people with chronic illnesses and maximise their health outcomes.
- We will further develop MPSs at Batlow, Berrigan, Bombala and Junee.
- Implementation of our model of integrated care to strengthen partnerships between inpatient, aged care, community-based and GP services in small communities

Cultural training and sensitivity programmes are being conducted in sites around GSAHS. A more integrated approach with other agencies and parts of health services is also being developed to reduce the isolation of Aboriginal health. Recruitment to the maternal and child health programme is a priority.

Working in partnership with AMS and other health partners, education programmes are being developed to empower people around their own health.

Alcohol and Drug Services

There have been over 1,300 new referrals to the Alcohol and Drug Service in 2004/05. In addition to this we have provided 2,651 non dosing occasions of service to clients in the Opioid Agonist Treatment Service.

Major goals and outcomes

- The successful recruitment of a VMO opioid agonist treatment prescriber brings the number of VMOs working with our Service, on a part time basis, to six. This significantly enhances access to this key treatment service across the Area.
- The Snowfield Injury Prevention Service's alternative transport scheme has recorded its most successful year to date with over 4,000 patrons being transported home safely.
- To further assist people whose offence is due to alcohol and drug use, the MERIT Service has relocated to premises which have close proximity to the court in Queanbeyan and local Probation and Parole Service. Cannabis Quit groups and Relapse Prevention groups have commenced from this new site and these are open to all drug users.
- As part of our partnership approach, we provide regular training of police at the NSW Police College in safe custody of alcohol and drug affected prisoners.
- To better support families with alcohol and drug problems, the Alcohol and Drug Service has a representative at each Families First/Integrated Perinatal Care Specialist Team across our region. This service ensures pregnant women who have drug and alcohol problems are identified early and are offered appropriate treatment thereby improving outcomes for both the mother and infant.

Key Issues and events

- The Prison Liaison Service continues to ensure the seamless transition of prisoners into Community Health Services once they are discharged from prison. This Service also provides education in harm reduction and overdose prevention to prisoners.
- The Drink Drive Education Program continues to provide alternative transport services over the busy Christmas and snow seasons and well as providing Drink Driver Education Programs to convicted drink drivers.
- In recognition of our ground-breaking work, publication of paper on the Snowfield Injury Prevention Service in a peer review journal is imminent.

Future directions

- We will continue to provide high quality, evidence based services to the community.
- The MERIT program will expand to the Cooma Court in September 2005.
- The Prison Inreach Service will expand to Junee Correctional Facility.
- To better support our local Aboriginal communities, an Aboriginal Alcohol and Drug Worker will commence in Queanbeyan in October.

Consumers Satisfied With all Aspects of Services Provided

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

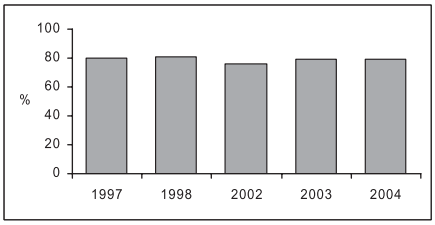
Source: NSW Health Survey 1997, 1998, 2002, 2003 and 2004. Centre for Epidemiology and Research

Surveyed population rating their health care as "excellent, very good or good" (%):		Year				
		1997	1998	2002	2003	2004
Emergency Department	NSW	80.1	80.7	76.3	79.1	79.4
	GSAHS	84.9	86.6	79.2	86.4	85.3
Hospital inpatients	NSW	90	91	90.7	91.3	91
	GSAHS	92.1	91.9	90.9	94.6	92.2
Community health centre	NSW	na	na	92.9	93.6	91.5
	GSAHS	na	na	94.3	89	96.5

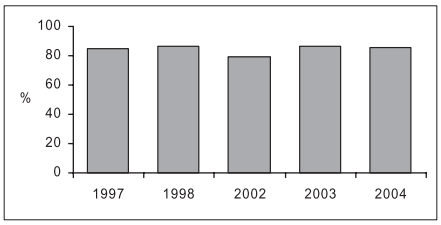
na = not available

Emergency Department

NSW

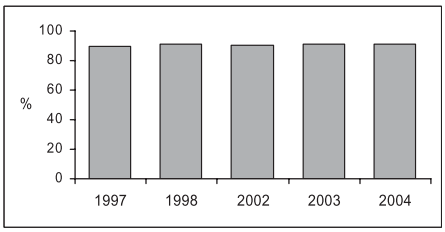


GSAHS



Hospital inpatient

NSW



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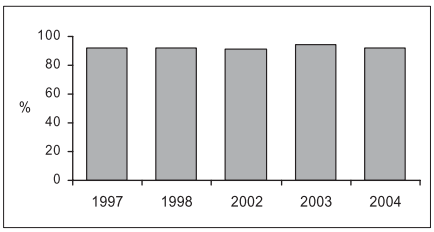
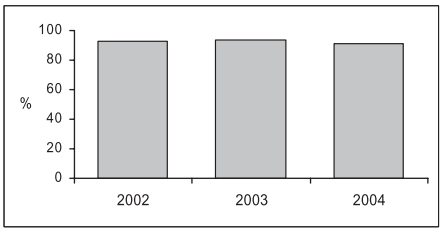


Community health centre

NSW



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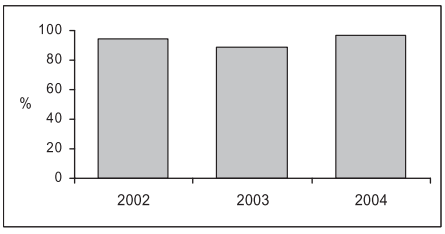


Comment:

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

Complaints resolved within 35 days

	Complaints Resolved within 35 Days	Total Complaints Received	% of Complaints resolved within 35 days
Greater Southern	138	241	57%
All AHSs	4,173	5,576	75%

Comment:

The Incident Information Management System has now been implemented in all sites across the Area and will assist in ensuring that complaints are resolved in a timely manner. Education for staff in the management of complaints is being undertaken. A Complaints Manager and a Complaints Officer will be appointed as part of the Clinical Governance Unit to oversight the management of complaints.

Standardised Patient Experience

An indicator to show the results of the standardised patient experience survey following treatment is currently under development.

High Quality Clinical Treatment

Unplanned and unexpected hospital admissions

The total number of unplanned and unexpected re-admissions within28 days of separation, during the time period under study/The total number of separations (excluding deaths) during the time period under study

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

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

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

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

Unplanned return to the operating room during the same admission

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

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

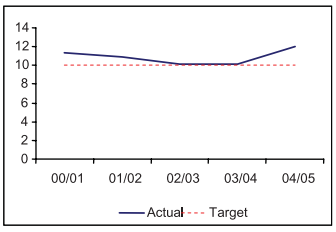
Comment:

- The number of unplanned and unexpected hospital readmissions remains relatively stable.
- The number of patients returning to ICUs within 72 hours of discharge remains stable.
- The number of patients that have required a return to the operating theatre following a procedure remains stable and is not statistically significant.

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

Source: Admitted Patient Collection on HOIST and HIE Datamart

NSW



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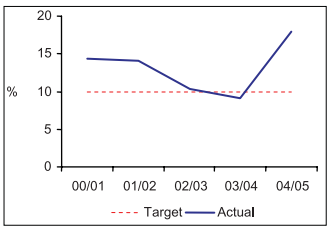


	NSW		GSAHS	
	Actual	Target	Actual	Target
00/01	11.3	10	14.4	10
01/02	10.9	10	14.1	10
02/03	10.2	10	10.3	10
03/04	10.1	10	9.1	10
04/05	12.0	10	18.0	10

Comment:

The availability of acute inpatient beds for the population served is inadequate, leading to premature discharge for some patients, which in turn leads to increased readmission rates. Difficulties in recruitment and retention of mental health clinicians in community based services reduces capacity to always follow up recently discharged patients in all parts of the Area. A lack of fully integrated hospital and community mental health services in some parts of the Area leads to inadequate follow up for some patients.

The GSAHS restructure will improve integration of hospital and community mental health services and a longer term strategy to increase acute mental health bed numbers in the Area has been implemented. Increased supported accommodation will improve the effectiveness of discharge planning.

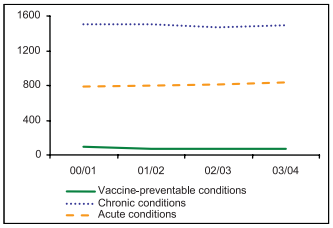
Care in the Right Setting

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

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

		00/01	01/02	02/03	03/04
NSW	Vaccine-preventable conditions	90.4	77.4	72.7	73.8
	Chronic conditions	1502.6	1504.3	1468.3	1498.3
	Acute conditions	793.1	800.5	814.8	831.5
GSAHS	Vaccine-preventable conditions	156.5	130.2	132.8	111.8
	Chronic conditions	2056.3	1948.5	1925.2	2030.1
	Acute conditions	929.4	872.9	916.7	961.8

NSW



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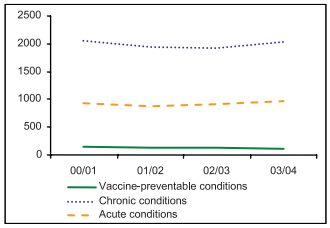
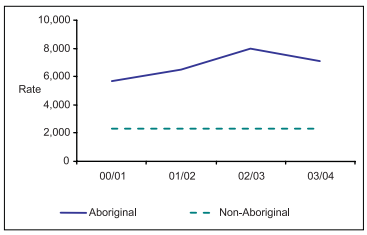


Potentially Avoidable Hospital Admissions - (age-adjusted rates of per 100,000 population)

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

		00/01	01/02	02/03	03/04
NSW	Aboriginal	5661.6	6458.9	7993.9	7105.3
	Non-Aboriginal	2322	2308.9	2269	2316
GSAHS	Aboriginal	8107	8775.5	11883.5	10550.3
	Non-Aboriginal	3038.5	2829.4	2803.2	2938.9

NSW



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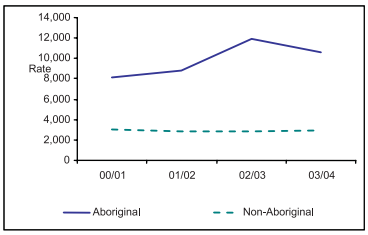


Comment:

The former GMAHS experienced some difficulty in retaining staff in the maternal and child health programs. Disparate programs engaged in with a lack of overall continuity. The lack of bulk billing GPs results in people delaying seeking care then accessing care via emergency departments when crisis occurs.

Incident Management Reporting

An indicator for Incident management reporting is currently under development.

Goal: To Manage Health Services Well

Residents in all parts of GSAHS need timely access to a full range of health care services: from health protection and disease prevention, to chronic disease management, to acute and specialised treatment and convalescent and/or rehabilitation care. Some of these services are available in most communities, while more specialised services are available in select locations that serve as referral centres, using the "hub and spoke" model of care delivery for GSAHS. An integrated health system aims to ensure timely and equitable access to a full range of services based on need, not where the person lives.

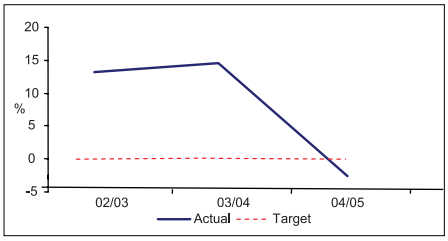
Sound Resource and Financial Management

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

Source: Asset Management Services

	NSW		GSAHS	
	Actual	Target	Actual	Target
02/03	12.5	0	6.5	0
03/04	15.7	0	20.0	0
04/05	-3.4	0	22.2	0

NSW



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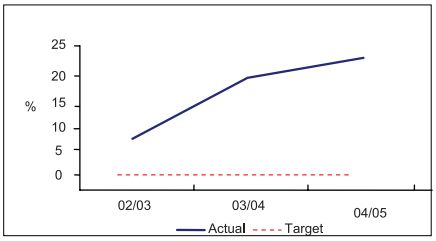

Comment:

Expenditure variation has been due to scheduling delays in planning and developing projects.

Maintenance Expenditure

An indicator to show maintenance expenditure as a percentage of total replacement value of assets is currently under development.

Skilled, motivated staff working in innovative environments

Indicators to show:

- Proportion of staff that are direct care staff
- Permanent staff separation rate
- Staff climate (engagement) survey

are currently under development and will be reported in future Annual Reports.

Sound Corporate and Clinical Governance

Clinical Governance Directions Statement

The NSW Patient Safety and Clinical Quality Program was implemented in 2004 to improve clinical governance by providing staff with the support they need to deliver safer, better quality care.

Under the Program, GSAHS was required to implement the clinical governance functions from the Implementation Plan that commenced in June 2005.

This is to be achieved through the establishment of the Clinical Governance Unit. The Unit provides the roles of support, performance and conformance to develop and monitor policies and procedures for improving systems of care. This includes the designation of a Senior Complaints Officer to receive and manage serious complaints.

Program Reporting

GSAHS Clinical Governance program performance reports were lodged with NSW Health in October 2004 and June 2005.

The Clinical Governance performance measures due by June 2005 were partially implemented with the variation attributed to the delay in third tier appointments.

The GSAHS is satisfied that the required clinical governance functions will be fully implemented by December 2005 following recruitment to these positions.

Significant achievements:

The implementation of the Incident Information Management System (IIMS) occurred in all sites across the Area between December 2004 and May 2005. IIMS allows the on-line notification and management of incidents occurring in the Health Service. There has been a gradual increase in incidents since IIMS has been implemented, showing acceptance of the system. Currently there are approximately 170 clinical incidents, 70 complaints, 125 property and security incidents and 120 staff/visitor incidents per month. Of the clinical incidents approximately 5% are serious incidents.

Serious incidents (Severity Assessment Code (SAC) 1 and some SAC 2 incidents) are analysed in detail through a process called Root Cause Analysis (RCA). During the year 52 RCAs were conducted. RCAs involve a small team analysing the incidents in great detail to find out what happened and to make recommendations about how to prevent the incident occurring in the future. The recommendations are implemented by hospital or site management and monitored by the Clinical Governance Unit.

The document entitled "The Clinical and Corporate Quality Management Framework and Plan" was completed. This document details GSAHS's approach and plan to patient safety and quality matters within all facilities in the Health Service for the next five years. The Framework and Plan is consistent with the NSW Patient Safety and Clinical Quality Program.

During 2004/05 GSAHS commenced working towards Australian Council on Healthcare Standards (ACHS) accreditation for all facilities. This program will provide an external assessment of GSAHS's meeting nationally recognised standards of patient care and all the activities that surround such care. Success requires a thorough evaluation of all aspects of the Health Service with regard to the ACHS standards. The initial process is to complete a self-assessment against the standards. This has been completed for the corporate entity with feedback received. The 10 cluster self-assessments and one for mental health have been completed and submitted to ACHS. Working parties at all levels are meeting to address any perceived deficiencies against the standards.

NSW Health has required that Clinical Governance Units complete a workplan for 2005/06 with regard to their establishment and initial activities. The workplan has been completed and includes the establishment of the Unit, incident and complaint management, IIMS implementation, death reviews, Clinical Quality Improvement support, communication and training, policy development, clinician performance management and reporting.

The Health Service has received a policy from NSW Health entitled "Correct procedure, correct site, correct patient" to ensure that patients have the procedure for which they are scheduled. The policy will affect all operating theatres, radiology sites and all situations where procedures are conducted. A working party has been formulated to oversee the implementation of the policy.

The amalgamation of the two former Area Health Services has meant that some functions have had to be amalgamated. One such function is the appointment of senior medical practitioners and dentists. A complex series of committees and procedures governs such appointments. The two former Area Health Services approached the matter in different ways and considerable work has been undertaken to amalgamate these functions. The process is now working efficiently with the appointment of an Administrative Assistant, Medical Appointments to oversee the process and to maintain the database managing the appointments and contracts.

Corporate Governance Statement

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

The Chief Executive

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

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

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

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

Strategic Direction

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

Code of Conduct

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

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

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

Risk Management

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

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

A Risk management Assessment is being progressed and this will be incorporated into the Risk Management Plan for the Area Health Service.

Committee Structure

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

Quality Committee

The Chief Executive has established an Area Quality Committee which meets monthly. This Committee is chaired by Assoc. Prof. Stuart Schneider and consists of the following members:

- Chief Executive (Chairperson)
- Division of General Practice Representative
- Medical Staff Council Representative
- Director Clinical Operations
- Director Primary and Community Health
- Director of Clinical Operations - Mental Health
- Director of Clinical Operations - Acute
- Director Corporate Services
- Director Population, Health, Planning Research and Development
- Director Workforce
- Director Nursing and Midwifery Services
- Director Clinical Governance
- Senior Allied Health Advisor
- Chairperson of each Health Service Cluster
- Health Quality Committees
- Two Community Representatives (2)
- Clinical Governance Representative
- Corporate Governance Unit Representative
- Area Health Advisory Council Representative.

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

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

Audit Committee

The Chief Executive has established an Audit Committee. This committee is chaired by Mr Chris Conybeare and consists of the following members, Mr Andrew Bowcher and Assoc. Prof. Stuart Schneider (Chief Executive).

The Audit Committee meets four times each year with additional meetings if required. The objectives of the Audit Committee 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; and
- Monitor the management of risks to the Health Service.

Finance and Performance Committee

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

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

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

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

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

Performance Appraisal

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

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

Area Healthcare Service Planning

Health Services Plan

Prior to amalgamation both the former GMAHS and the former SAHS had undertaken strategic planning exercises in consultation with staff and other stakeholders. This process continued after the amalgamation with Working Groups formed to develop Clinical Plans related to the following Clinical Networks:

- Medical and Chronic Care
- Surgical Services
- Critical Care
- Cancer Care
- Oral Health
- Rehabilitation Services
- Mental Health
- Drug and Alcohol
- Aged and Extended Care
- Telehealth and Transport
- Maternity Services
- Child, Family, Youth and Paediatric
- Violence Prevention
- The Health of Aboriginal People.

A Population Health Plan is also under development and will be included as an over arching plan as it will be crucial to improving the health of our population.

A first iteration of the GSAHS Health Services Plan will be forwarded to NSW Health in October 2005.

Asset Planning

The target in GSAHS is to develop service plans for all sites by September 2006 and to complete asset plans in partnership with NSW Health by the same date.

Overview of Major Hospitals

Albury Base Hospital

Services delivered

- General surgery, orthopaedics, ENT, ophthalmology, urology, faciomaxillary, plastic, paediatric, vascular, dental ICU, CCU, fracture clinic, internal medicine, oncology, respiratory medicine, haematology, cardiac rehabilitation, respiratory rehabilitation, rehabilitation medicine assessment, psychiatric inpatient services, nuclear medicine, allied health services.

Major Goals and Outcomes

Major achievements for the year include:

- Established a Patient Advocacy Service that significantly enhances the organisation's ability to connect with consumer needs
- Pathways Home program established
- Introduction of computer technology to allow digital imaging of x-rays to be accessed at various points
- Appointed a cross border Psychiatrist and Psychiatric Registrar
- Established policy and pathway for the Child and Adolescent Mental Health patient's admission into Paediatric Ward in accordance with Health Albury Wodonga integration
- Recruited and appointed Rehabilitation specialist
- Planning commenced for Nolan House HDU redevelopment
- Clinical Service Planning for the integration of Paediatric Services cross border
- Integrated paediatric service commenced January 2005.

Future Direction

We will continue to work towards integration of health services cross border to the establishment of Health Albury Wodonga.

Bega District Hospital

Services delivered

- Orthopaedic surgery, general surgery, obstetrics, paediatrics, emergency, high dependency unit, acute medical ward.

Major Goals and Outcomes

Major achievements for the year include:

- Increase in number of major joint replacements from previous year
- Increase in acuity
- Theatre utilisation 99% of available days used
- Engagement of third orthopaedic surgeon in April
- Reduction in ambulance costs due to increased orthopaedic capacity
- Performance to benchmark EBF peer group cost reduced to $2,964 – an improvement on previous years and now within $14 of peer group benchmark
- Realignment of service delivery to support chronic and complex care programs
- Opening of new Oncology Clinic to support improved specialist and treatment services for cancer patients
- Implementation of two new positions within the Cancer Care Framework to support comprehensive health planning with cancer patients
- Implementation of continuum of care coordinator to support patients from admission to discharge within the health system.

Key issues and Events

Key issues included:

- Continued improvement of benchmark price performance
- The complexity and acuity of surgical activity continues to increase. This is placing significant increased workloads on the medical and health service staff.

Future Direction

We will:

- Further develop the Orthopaedic Service at Bega Hospital
- Implement the recommendations of the Bega Valley Cluster Health Service Plan
- Commence the planning to develop one new facility to provide appropriate infrastructure and health service redesign that supports the increased health service demand and population growth
- Commence realigning hospital and community services to provide integrated, patient centred care from the community to hospital and hospital back into the community
- Focus primary health services to provide an integrated approach to care in the following streams: child and family services within the Families First framework, chronic and complex care and population health
- Develop and implement cost effective options to upgrade the imaging, pharmacy, pathology departments and employ key medical and surgical specialists to increase the self sufficiency of the health services in the Bega Valley Shire.

Bourke Street Health Service

Services delivered

- Orthopaedic surgery rehabilitation, aged care rehabilitation, hospice palliative care, oncology clinic, CADE Unit, acquired brain injury rehabilitation – SABIS.

Major Goals and Outcomes

Major achievements for the year include:

- Successful amalgamation with GSAHS
- Development of a new committee structure
- Resiting the Marian Unit, the largest in patient unit at the facility
- Redevelopment/relocation of the Transitional Living Unit
- Successful implementation of IIMS
- Successful development and implementation of a Manual Handling Programme which has seen a significant reduction in manual handling injury within the organisation.

Key Issues and events

Key issues included:

- Reducing the level of manual handling injury
- Participation in a review of the CADE (Dementia Care) services offered
- Difficulty recruiting allied health and nursing staff.

Future Direction

We will:

- Prepare for accreditation in May 06.
- Continue development of services at the site

Deniliquin Hospital

Services delivered

- Medical and surgical service, obstetrics, day surgery, emergency, radiology , pathology

Major Goals and Outcomes

Major achievements for the year include:

- The upgrading of the short stay to improve issues of privacy, ensuite facilities and the provision of more trolley and recliner care areas
- Community fundraising completed for the purchase of cardiac monitors with new monitoring equipment in theatre, emergency and main ward areas
- Upgrade of the training room facilities and the new consulting suite providing accommodation for visiting specialist services
- Upgrade of the ultrasound equipment providing a rural area with the latest technology available.

Key Issues and events

Key issues included:

- Rural medical officer shortages
- Continued local support by the community to encourage recruitment and retention of registered nurses and other allied health professional.

Future Direction

We will:

- Support the recruitment of medical staff in the community and research the viability of further specialist service provision locally
- Maintain Involvement on planning to achieve the goals and outcomes of ACHS equip accreditation.

Eurobodalla

Services delivered

- Specialties at Batemans Bay District Hospital include day only orthopaedics, ophthalmology, gynaecology, urology and general surgery. There is access to other specialists including a general physician, cardiologist and paediatrician.
- Services at Moruya District Hospital include acute medical, acute surgical, emergency medicine, obstetric services, inpatient mental health, drug and alcohol, hospital in the home, post acute care, renal dialysis, rehabilitation, geriatric maintenance and palliative care. Outpatient care includes antenatal care, post natal care, surgical services, radiology, pathology.

Major Goals and Outcomes

Major achievements for the year include:

- Opening of the Renal Dialysis Unit
- Completion of the DRAFT Eurobodalla Cluster Health Services Plan 2006-2011
- Recruitment of the first midwifery nursing student for the Eurobodalla Maternity Service
- Recruitment of the first GP obstetric registrar for the Eurobodalla Maternity Service
- Establishment of the Endorsed Enrolled Nurse framework for Eurobodalla.

Future Direction

We will:

- complete the Eurobodalla Cluster Health Service Plan to provide direction for the Eurobodalla Health Service for the next five years
- participate in the EQuIP accreditation process in May 2006
- Continue the implementation of chronic and complex care initiatives.

Griffith Base Hospital

Services delivered

- Internal medicine, paediatrics, general surgery, obstetrics and gynaecology, ICU/CCU care, renal dialysis, medical imaging, pathology, physiotherapy ,assessment and rehabilitation, respiratory medicine, urology, ENT, oncology, haematology, rheumatology, ophthalmology

Major Goals and Outcomes

Major achievements for the year include:

- Balanced scorecards implemented for reporting by Nurse Unit Managers
- Implementation of a structured quality, safety and risk management program
- Manager Quality Safety and Risk Management appointed and a risk management strategic plan has been documented
- Improved recruitment and retention of nursing and allied health staff
- Chief physiotherapist vacancy filled.

Key Issues and events

Key issues included:

- Planning commenced for upgrade of Emergency Department
- Construction of new Physiotherapy Department completed
- Renal Dialysis Service opened
- Clinical Services planning for Hospital commenced
- Review of role delineation completed and recommendations forwarded to NSW Health
- Some success in recruitment of nurses from within Australia and from overseas
- Pharmacy services reviewed by external consultant
- Transitional care program (Pathways Home Program) commenced.

Future Direction

We will:

- Increase focus on mental health emergency care
- Improve partnerships with Wagga Wagga Base Hospital to improve efficiency and effectiveness of referrals, enhance continuing education and development of staff
- Implement a facility-wide performance development and performance management system
- Improve management capacity building and through this budget accountability and performance of managers.

Monaro Cluster

Services delivered

- Medical and surgical services, obstetrics, day surgery, emergency, radiology , pathology

Major Goals and Outcomes

Major achievements for the year include:

- Introduction of flow reversal strategy for Queanbeyan and Cooma
- Establishment of Queanbeyan as a Dental Centre of Excellence with specialist services provided from Sydney
- Confirmation of $44 million budget for the new Queanbeyan Health Service and $8.7 million for the new Bombala Health Service
- Excellent results achieved by all sites in the cluster in the HACC validation process
- Significant upgrade of medical equipment across the cluster
- The successful implementation of strategies to deal with snow trauma in Cooma.

Key Issues and events

Key issues included:

- Participation in the successful introduction of the men's health Pit Stop project
- Visit to Queanbeyan by the Chair (Professor Bruce Barraclough) and CEO (Professor Cliff Hughes) of the Clinical Excellence Commission.

Future Direction

We will:

- Redevelop the Queanbeyan Health Service with work to commence in 2006
- Complete Service Plans for Cooma and Jindabyne
- Continue participation in the Area's flow reversal strategy

Goulburn Base Hospital

Services delivered

- Goulburn Base Hospital provides predominantly level 4 acute care services for medicine, surgery, obstetrics and gynaecology, paediatrics and emergency services.

Major Goals and Outcomes

Major achievements for the year include:

- Commencement in May 2005 of a satellite renal dialysis and consultancy service in collaboration with Royal Prince Alfred Hospital
- Increased major joint replacements
- Increased ophthalmic lens replacements
- Increased Emergency Department attendances
- Commenced community consultation on the Goulburn Health Services Plan.

Key Issues and events

Key issues included:

- major upgrade to theatre air conditioning plant
- acute shortage of registered nursing staff
- inability to recruit some specialist Visiting Medical Officers
- the hospital achieved significant flow reversal of inpatient activity.

Future Direction

We will:

- Increase integration and improve coordination of local health and support services
- Develop and implement key strategies to recruit and retain nursing, allied health and specialist medical staff.

Wagga Wagga Base Hospital

Services delivered

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

Major Goals and Outcomes

Major achievements for the year include:

- Contracted with other providers to improve access for cancer treatments (including chemotherapy and radiotherapy) as well as increasing diagnostic and interventional cardiology
- Significant refurbishment of the inpatient psychiatric unit (Gissing House) which entailed closure of the unit for approximately 12 weeks but re-opened with an increase of capacity by four beds
- Recruitment to some Emergency Department specialist positions as well as to Specialist Physician positions
- A number of overseas trained Nurses were successfully recruited to nursing vacancies.

Key Issues and events

Key issues included:

- An incident in November of 2004 highlighted a number of security issues. A review of staffing and procedures saw a significantly increased focus on security and patient and staff safety
- Increasing demand in emergency admissions and high inpatient occupancy levels continue to impact on elective activity
- Numerous staff, clinician and community forums were held in conjunction with Sirius Economics to draft a Clinical Services Plan as the first step in the planning for a new health campus.
- Staffing shortages remained a challenging issue with significant shortages in Mental Health, Intensive Care and Midwifery Nursing.

Future Direction

We will:

- Continue to work on the features of a sustainable access plan to improve efficiency of patient throughput
- Continue to work to integrate service provision and achieve goals of implementation of EQuIP accreditation plans
- Improve response times for Emergency Department patient treatment, decrease the number of long wait patients and implement new mechanisms for Cost Centre Managers to provide improved information on performance.

Young District Hospital

Services delivered

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

Major Goals and Outcomes

Major achievements for the year include:

- Completion of the major Hospital redevelopment
- Employment of a Career Medical Officer
- Commissioning of Stage 2 in April 2005, incorporating Hospital and Community Health Services.

Key Issues and events

Key issues included:

- Commencement of arthroscopic services in May 2005
- Official opening of the Young Health Service
- Community consultation through local clinical workforce committee
- Funding by community of over $400,000 for the oncology unit as part of the redevelopment program.

Future Direction

We will:

- increase surgical services – orthopaedic and endoscopic services
- review and implement Maternity Models of Care.

Other Health Services

Community Health and Allied Health Services

Most people access the majority of their health services in the community from primary health care providers. Primary and Community Health services play a key role in preventing unnecessary admissions to hospital and in keeping people well and in their own homes. Primary and community health services provide a range of activities from early intervention and prevention, health promotion, community development, client education through to screening, clinical assessment, treatment and rehabilitation.

Services include:

- Nursing – general, child and family, palliative care etc
- Allied health – speech pathology, physiotherapy, occupational therapy, psychology and general counselling, social work and Dietetics
- Dental
- Child Protection/PANOC
- Women's Health/Victims of Crime/Domestic Violence
- Youth
- Sexual Assault
- Families First
- SWISH
- Child tertiary services
- HIV/Aids

Multi Purpose Services

Multi Purpose Services (MPSs) are jointly funded by the NSW and Australian Governments to provide residential aged care, emergency, inpatient and community-based care to their local community within a primary health care model. MPSs are an ideal solution for the delivery of well-integrated aged and health care services to small rural communities. Having worked with our communities over the past ten years, we now have MPSs in Braidwood, Coolamon, Culcairn, Delegate, Henty, Holbrook, Jerilderie, Tumbarumba and Urana.

Alcohol and Drug Services

The Alcohol and Drug Service provides a diverse range of integrated and evidence based programs (health promotion, education, prevention and treatment) to people of all ages in our community. The range of services includes:

- Central Intake Service
- Opioid Agonist Treatment Services
- Detoxification Services
- Magistrates Early Referral into Treatment Service (MERIT)
- Snowfield Injury Prevention Service
- Drink Drive Education and Prevention Service
- Prison Liaison Service
- Specialist assessments, case management, health education and relapse prevention for people with alcohol and drug problems.

Nursing and Midwifery Services

Overseas recruitment

- eNurse Recruitment is the Nursing and Midwifery Office database that stores pertinent information on overseas nurse recruitment. During 2004/05, 78 vacancies were listed on the database from across the GSAHS. A total of 13 positions have been filled from Bateman's Bay, Griffith, Moruya and Wagga Wagga in the speciality areas of Operating Theatres, Maternity, Surgical, Emergency Department, Intensive Care Unit, Paediatrics, Medical, and Coronary Care Unit.

Strategy Funding

- Strategy Funding for professional development initiatives is specifically allocated for the clinical skill development of nursing and midwifery staff in order to enhance recruitment and retention within the GSAHS. Funding was provided to 2,461 participants in the following areas:
    - Competency based skill development - $49,175.33
    - Career pathway articulation - $17,142.28
    - Professional development - $75,612.93
    - Clinical leadership - $31,744.00
    - Evidence based practice achievement - $19,640.00
    - Transitional support for new RNs, Midwives and Enrolled Nurse's - $70,454.64
    - Other activities including education - $3,882.82

EN Medication

- The Enrolled Nurse (EN) Medication Administration Statement of Attainment course enables ENs to administer a range of medications under the direction and supervision of a Registered Nurse. A number of the ENs were successful in attracting Scholarship funding made available by the NSW Department of Health. The number of ENs to successfully complete the course in the 2004/2005 period is in excess of 60. This contributes to a continually increasing number of ENs practicing medication administration and broadening the skill base of the nursing workforce, resulting in enhanced patient care.

EN/RN Conversion

- A cohort of 15 nurses is two years into their four year course through distance education with Charles Sturt University, Bathurst. Most participants are from small rural areas, working as ENs in the Health Service. Plans are underway regarding the commencement of a second cohort in mid 2006 and the development of a support system throughout the Health Service for nurses outside the cohort who wish to embark on the conversion course.

Trainee enrolled nurses

- Over 50 enrolled nurses have been trained through their traineeship program. Over 75% of these have continued to work for the Health Service in a casual capacity and many have gone on to gain permanent positions. Additionally, several of the trainees are now attempting tertiary studies towards becoming registered nurses.

Key Issues and Events

General Workload Calculation Tool

- Education and training sessions for the General Workload Calculation Tool were held in March 2005. The sessions covered topics relating to the background to the Nursing Workload Project, the NSW Nurses Public Hospitals (State) Award Clause 48 – Reasonable Workloads for Nurses, definitions and calculations supporting the methodology of the project, demonstration and practical training in using the General Workload Calculation Tool.

StaffingPlus Monitoring Tool

- Preparation for the implementation of the StaffingPlus Monitoring Tool was commenced across the Area with the review of personnel responsible for managing daily staffing and filling staff shortages, as well as the computer hardware available in all facilities.

Reasonable Workloads Committees

- A series of education sessions for the Reasonable Workloads Committees were held in March 2005. The sessions covered topics relating to the background to the Nursing Workload Project, demonstrations of the General Workload Calculation Tool and StaffingPlus Monitoring Tool, the NSW Nurses Public Hospitals (State) Award Clause 48 – Reasonable Workloads for Nurses, the role of Reasonable Workload Committees, and networking opportunities.

Models of Care Seminars

- Two seminars held in February 2005 were coordinated by the Nursing and Midwifery Office. Presentations included the current workforce shortfall predictions, discussion about the impact that the proposed strategies would have on skill mix and models of care, and case studies from nurses who are already successfully implementing innovative models of care.

Magnet Approach to Health Care Forum – October 2004

- This inaugural forum focussed on the application of magnet principles and accreditation in the Australian context and included the international keynote speaker: Kim Sharkey, a Nursing Executive from a U.S Magnet accredited healthcare organisation and an address by Adjunct Professor Kathy Baker, NSW Chief Nursing Officer. A panel discussion regarding local implementation of Magnet Hospitals principles was also a key component of the seminar.

Clinical Nurse/Midwifery Specialists – regrading, review and education

- A total of 17 nurses and midwives have been regraded to become Clinical Nurse/Midwifery Specialists (CN/MSs). The areas include: Child and Adolescent Mental Health; Critical Care, Emergency, Community, Chronic and Complex Care, Anaesthetics and Recovery Room, Cardiovascular Care, and Paediatrics. A total of 142 CN/MSs have also completed their annual review during this period. Education sessions that are specifically relevant to the CN/MS's role have been conducted with a total of 78 nurses and midwives having attended sessions that included preceptoring and career development, facilitation of clinical learning, teams and leadership and written communication skills.

Clinical Practice Guidelines

- The implementation of Clinical Practice Guidelines has continued with the inclusion of specific nursing, midwifery and community health Clinical Practice Guidelines being developed from across the Area.

Nursing and Midwifery intranet pages of Staffnet, known as NurseNet

- The ability to communicate to all levels of nurses and midwives through the use of this medium has continued to be invaluable. Documents, forms, handouts, presentations, resources, agenda and minutes of meetings are all available in the following sections: area structure, Clinical Nurse/Midwifery Consultant pages, CN/MS pages, committees, education pages, facility pages, midwifery forum, strategy funding, projects, and related links.

Nursing & Midwifery student placements

- The number of nursing and midwifery students attending placements in rural facilities has increased due to development and implementation of relevant strategies. This has included promoting the advantages of rural nursing and midwifery, and engaging tertiary providers to promote rural nursing and midwifery as a specialty.

Future directions

Framework for a Transitional Nurse and Midwifery Program

- The provision of a transitional program for newly registered graduates of nursing and midwifery is recognised by GSAHS as an important factor in nurse and midwifery retention and recruitment. Underpinning the structure and content of a transitional nurse and midwifery program is the premise that higher education prepares graduates to work at the level of a beginning registered nurse. To make the transition to employment and to further develop professionally, new graduates require appropriate induction and orientation, access to more experienced nurses and midwives for supervision and instruction, peer support and mentoring, as appropriate, and introduction to specific clinical and workplace requirements. This framework has been developed for application across the range of settings where new graduates are employed.

Recruitment and Retention

- A number of recruitment strategies have been implemented and have provided the following results:
    - Trainee Enrolled Nurses 48
    - New Graduate Nurses 30
    - Reconnect Nurses 4
- Additional future directions include:
    - Active recruitment of overseas and local nurses and midwives
    - Development of a framework for nurses and midwives
    - Developing models of a care for the whole of GSAHS
    - Increasing numbers of Nurse Practitioners
    - Development and implementation of clinical pathways guidelines and protocols to assist practice and maintain a consistent approach
    - Development of a research framework across the area
    - Working towards establishing a Chair of Nursing and Chair of Midwifery
    - Actively recruiting Aboriginal Trainee Enrolled Nurses through cadetships.

Health Support Services

Shared Services is a recently established portfolio which includes Hotel Services, Asset Management and Maintenance, Capital Works, Materials Management, Fleet and Patient Transport.

It is intended that the management and delivery of these services (Shared Corporate Services or SCS) will progressively transfer to a new NSW Health entity called Health Support which will deliver these services to Area Health Services via units entitled Transaction and Expertise Clusters. Finance, Human Resources and IT will also be migrated to and provided by Health Support in due course.

The Area is moving towards a centrally managed model more closely aligned with SCS that will facilitate the migration of these services to Health Support.

Examples of this have already occurred with the amalgamation of Kenmore and Wagga Stores in a Central Area Store at Wagga and the establishment of an Area-wide Travel, Accommodation and Reimbursements Unit at Goulburn. Similar arrangements are being implemented in other arms of Shared Services.

The majority of the Kenmore Campus was sold, following a long process, to Longreach Capital on 15 July 2005. The redevelopment of the Kenmore Hospital itself on the remaining portion of the site is in the advanced planning stage and the work is due for completion in early 2007.

The $2.56M redevelopment of the Batemans Bay Hospital Emergency Department is well underway with the ED temporarily relocated. The new ED is due to open in time for the 2005 Christmas holiday coastal influx.

EXECUTIVE FUNCTIONS

Clinical Operations

Clinical Operations - Acute

Clinical Operations - Acute is responsible for the effective and efficient management acute clinical services across a spectrum of health service delivery settings and ensures that acute clinical operational management structures are implemented in a unified basis throughout the Health Service through the development and support of clinical networks.

Clinical Operations - Primary and Community Health

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

Clinical Operations - Mental Health

Clinical Operations – Mental Health leads, directs and manages the delivery of child and adolescent, adult and older person's mental health services, including strategic, operational, planning and governance requirements, to enable safe, effective and appropriate mental health services to be delivered by the GSAHS.

Population Health, Planning, Research and Performance

Service and Corporate Planning

The Manager Service and Corporate Planning is responsible for the effective management of a range of areas concerned with the strategic management of health service delivery including the planning, development and evaluation of new and revised approaches to health care management and delivery to ensure the cost effective and equitable distribution of health services within GSAHS

Performance and Activity

The Manager Performance and Activity is responsible for ensuring the provision of high level decision support information for GSAHS and monitoring and reporting on the overall performance of the organisation through management of human and financial resources of the GSAHS.

Population Health

Population Health is responsible for the management of the population and public health function of GSAHS and includes the following Area wide services and programs:

- Disease Control and Prevention
- Environmental Health
- Epidemiology
- Health Information
- Health Development
- Health Status Monitoring
- Research Institute.

Aboriginal Health

The Manager Aboriginal Health is responsible for implementing the key policy and strategic directions for Aboriginal health services across GSAHS including the planning, development and evaluation of new and revised approaches to the provision of health services to Aboriginal people to ensure better access to an equitable distribution of culturally appropriate health services.

Research

This position will be responsible for the planning, development, implementation and evaluation of health research and epidemiology programs with the Population Health Unit.

Workforce Development

Organisation development

The Manager Organisation Development is responsible for the strategic direction and delivery of learning and development initiatives for the staff of GSAHS. The Organisation Development team provides leadership to the organisation on workforce matters including education and training, workforce assessment and planning and leadership and learning.

Workforce Development and Learning

The Manager Development and Learning is responsible for the preparation of policies and plans to ensure an adequate and suitably trained level of workforce is continually maintained to enable the organisation to attain its aims and objectives and become a Learning Organisation.

Human Resources

The Manager Human Resource Management is responsible for the provision of strategic leadership and direction in the overall planning, implementation and evaluation of the GSAHS's human resource functions.

Recruitment and Retention

The Manager Workforce Planning, Recruitment and Strategy is responsible for the strategic direction and delivery of workforce development and recruitment and retention initiatives to support the human resource requirements of GSAHS.

Workforce Strategy and Planning

The Manager Workforce Strategy and Planning is responsible for the preparation of policies and plans to ensure an adequate and suitably trained level of staff is continually maintained to enable the organisation to attain its current and future aims and objectives. This will ensure the right people are in the right place, right time to accomplish GSAHS goals.

Nursing and Midwifery Services

The Nursing and Midwifery Services area is responsible for the planning and development needs of nursing and midwifery services across GSAHS. The area is responsible for a broad range of nursing and midwifery matters which include professional standards, policy and practice, professional development contemporary nursing matters, reasonable workloads for the nursing and midwifery workforce and recruitment and retention.

Corporate Services

Finance and Assets

The Manager Finance and Assets is responsible for the provision of strategic leadership and management in the overall planning, development, deployment and control of finances and assets to enable the GSAHS to achieve its objectives.

Shared Corporate Services

The Manager Shared Services is responsible for providing strategic advice, assistance and day to day operational management support for all shared corporate and business services within GSAHS.

Chief Information Officer

The Chief Information Officer is responsible for the provision of strategic leadership and management in the overall planning and development of the GSAHS information management and technology strategy within the broader context of the NSW Health IM&T strategy.

Corporate Governance Unit

The Director Corporate Governance is responsible for providing independent and confidential analysis, appraisals and recommendations concerning activities reviewed within the Area. The Director also manages the audit function and a wide range of legal work that is required by GSAHS and is responsible for providing up to date information on pertinent laws, legislative history, regulations, contracts and management controls to support the function of the organisation and to the way in which the function of the organisation is managed and financed.

Clinical Governance Unit

The key responsibilities for the Clinical Governance Unit are:

- Maintenance of patient safety and clinical quality programs
- Management of incident management processes
- Implementation of IIMS
- Management of Root Cause Analysis processes
- Support of ACHS accreditation
- Support for and ensuring the compliance of medical appointment processes
- Support for clinical risk management
- Oversee policy development processes
- Oversee clinician performance management processes including support of professional practice issues

Development Unit

The Manager Development Unit will be responsible for engaging the community in decision making about health services and facilities. The Development Manager reports directly to the Chief Executive and is involved in the development of strategies designed to improve two way communication with the communities GSAHS serves and promote confidence in public health services.

Special Projects Unit

The Manager Special Projects is responsible for the provision of strategic leadership and management in the overall planning, development management of special projects as allocated by the Chief Executive. The position also provides support to the Executive on strategic issues.

PUBLIC HOSPITAL ACTIVITY LEVELS

Selected Data for the Year ended June 2005 Part 1

	Separations	Planned as % of total separation (%)	% of Same Day Separation (%)	Total Bed Days	Average Length of Stay (Acute) [2]	Daily Average of Inpatients [3]
Inpatient Facilities						
Albury Base Hospital	9,340	36.8%	31.1%	44,950	4.2	123
Barham Koondrook Soldiers' Memorial Hospital	383	5.2%	36.0%	4,968		14
Bateman's Bay District Hospital	3,782	36.6%	45.6%	10,466	2.5	29
Batlow District Hospital	246	4.1%	26.4%	3,851		11
Bega District Hospital	4,812	36.2%	33.9%	18,291	3.1	50
Berrigan War Memorial Hospital	461	4.6%	22.6%	3,791		10
Bombala District Hospital	338	1.8%	17.2%	5,515		15
Boorowa District Hospital	267	9.7%	21.3%	5,795		16
Bourke Street Health Service 1	408	41.9%	0.7%	12,179		33
Braidwood Multi-Purpose Service	181	16.6%	9.4%	1,095		3
Braidwood Residential Aged Care	24	91.7%		8,374		23
Coolamon Health Service	287	20.2%	59.6%	791		2
Cooma Hospital and Health Service	2,795	31.6%	35.3%	10,592	3.1	29
Cootamundra Hospital	1,849	23.4%	36.7%	5,347	2.1	15
Corowa Hospital	1,538	24.4%	38.2%	9,030		25
Corowa Residential Aged Care	37			7,348		20
Crookwell District Hospital	722	10.8%	14.4%	4,652		13
Culcairn Health Service	286	3.1%	22.7%	1,139		3
Culcairn Residential Aged Care	29	93.1%		7,924		22
Delegate Multi-Purpose Service	132	9.1%	6.8%	1,081		3
Delegate Residential Aged Care	10	90.0%	10.0%	2,743		8
Deniliquin Hospital	2,820	27.3%	35.4%	9,945	2.8	27
Finley Hospital	1,031	6.6%	21.1%	3,340	2.8	9
Goulburn Base Hospital	6,859	35.3%	31.6%	28,672	4.0	79
Griffith Base Hospital	9,509	27.9%	49.9%	23,275	2.3	64
Gundagai District Hospital	812	2.5%	27.5%	7,258		20
Hay Hospital and Health Service	548		35.9%	8,824		24
Henty Hospital and Health Service	228	2.6%	20.2%	1,955		5
Hillston District Hospital	379	4.2%	61.2%	3,545		10
Holbrook Health Service	280	1.4%	11.1%	2,076	5.7	6
Holbrook Residential Aged Care	6	100.0%		5,811		16
Jerilderie Health Service	207	2.9%	37.2%	564		2
Jerilderie Residential Aged Care	6	100.0%		4,061		11
Junee District Hospital	700	1.3%	31.7%	9,187		25
Junee Residential Aged Care	18	100.0%		3,331		9
Kenmore Hospital	110	35.5%	1.8%	16,075		44
Leeton District Hospital	1,365	11.4%	23.2%	11,536		32
Leeton Residential Aged Care	55	3.6%		9,642		26
Lockhart and District Hospital	256	2.7%	20.7%	4,640		13
Mercy Health Service, Albury	470	46.0%	1.9%	12,415		34
Mercy Care Centre, Young	348	42.2%	1.1%	7,127		20
Moruya District Hospital	4,658	26.4%	27.4%	16,685	3.2	46
Murrumburrah-Harden District Hospital - Nursing Home Unit	4	100.0%		6,712		18
Murrumburrah-Harden District Hospital	502	16.3%	20.7%	2,136	3.8	6
Narrandera District Hospital	1,721	19.5%	29.3%	6,452	3.2	18
Pambula District Hospital	1,991	20.6%	32.6%	9,024	3.3	25
Queanbeyan District Hospital and Health Service	3,419	24.0%	39.8%	10,988	2.7	30
Temora and District Hospital	1,840	16.7%	26.1%	6,762	2.6	19
Tocumwal Hospital	421	3.8%	25.2%	4,463		12
Tumbarumba Health Service	504	3.4%	21.2%	2,162		6
Tumbarumba Residential Aged Care	54	100.0%		9,790		27
Tumut District Hospital	2,154	14.6%	34.5%	7,155	2.8	20
Urana Health Service	139	1.4%	36.7%	480		1
Urana Residential Aged Care	9	100.0%		7,012		19
Wagga Wagga Base Hospital	18,287	38.1%	42.8%	64,407	3.1	176
Wagga Wagga - Yathong Lodge	48	22.9%	2.1%	5,988		16
West Wyalong Hospital	1,501	8.9%	36.2%	4,048	2.2	11
Yass District Hospital	728	10.6%	18.5%	3,066	3.5	8
Young District Hospital	1,998	16.1%	30.5%	5,975	2.9	16
Greater Southern Total	**93,912**	**28.1%**	**35.5%**	**516,506**	**3.1**	**1,415**

Selected Data for the Year ended June 2005 Part 2

	Occupancy Rate [4]	Acute Bed days	Acute Overnight Bed days	Non-Admitted Patient Services	ED attendances[5]	Expenses- All Program ($ 000)
Inpatient Facilities						
Albury Base Hospital	90.9%	37,441	34,540	91,337	27,097	
Barham Koondrook Soldiers' Memorial Hospital		-	-	1,808	1,296	
Bateman's Bay District Hospital	90.4%	9,214	7,492	4,073	11,421	
Batlow District Hospital		-	-	1,650	411	
Bega District Hospital	85.4%	14,456	12,830	19,917	10,584	
Berrigan War Memorial Hospital		-	-	1,409	344	
Bombala District Hospital		-	-	5,638	2,692	
Boorowa District Hospital		-	-	8,874	1,084	
Bourke Street Health Service 1		-	-	29,389	-	
Braidwood Multi-Purpose Service		-	-	8,514	1,365	
Braidwood Residential Aged Care		-	-	-	-	
Coolamon Health Service		-	-	2,509	1,094	
Cooma Hospital and Health Service	46.4%	8,278	7,292	14,728	8,512	
Cootamundra Hospital		3,635	2,958	13,154	2,745	
Corowa Hospital		-	-	8,847	4,015	
Corowa Residential Aged Care		-	-	-	-	
Crookwell District Hospital		-	-	13,854	1,645	
Culcairn Health Service		-	-	1,663	655	
Culcairn Residential Aged Care		-	-	-	-	
Delegate Multi-Purpose Service		-	-	1,561	723	
Delegate Residential Aged Care		-	-	-	-	
Deniliquin Hospital	47.0%	7,289	6,293	13,242	5,577	
Finley Hospital		2,529	2,311	2,108	1,095	
Goulburn Base Hospital	71.9%	26,869	24,710	35,239	15,835	
Griffith Base Hospital	64.5%	20,695	15,969	39,934	20,288	
Gundagai District Hospital		-	-	2,174	1,396	
Hay Hospital and Health Service		-	-	2,968	1,794	
Henty Hospital and Health Service		-	-	1,251	419	
Hillston District Hospital		-	-	1,016	592	
Holbrook Health Service		1,397	1,366	3,077	1,285	
Holbrook Residential Aged Care		-	-	-	-	
Jerilderie Health Service		-	-	2,101	254	
Jerilderie Residential Aged Care		-	-	-	-	
Junee District Hospital		-	-	6,318	1,678	
Junee Residential Aged Care		-	-	-	-	
Kenmore Hospital		-	-	-	-	
Leeton District Hospital		-	-	6,533	4,514	
Leeton Residential Aged Care		-	-	-	-	
Lockhart and District Hospital		-	-	1,321	436	
Mercy Health Service, Albury		-	-	39,350	-	
Mercy Health Service, Young		-	-	37,663	-	
Moruya District Hospital	84.1%	14,271	13,000	15,691	9,786	
Murrumburrah-Harden District Hospital - Nursing Home Unit		-	-	3,955	-	
Murrumburrah-Harden District Hospital		1,856	1,752	15,497	1,484	
Narrandera District Hospital		5,305	4,801	5,826	2,727	
Pambula District Hospital		6,122	5,472	12,557	7,776	
Queanbeyan District Hospital and Health Service	73.9%	8,880	7,520	24,495	14,864	
Temora and District Hospital		4,445	3,968	6,855	1,979	
Tocumwal Hospital		-	-	1,329	745	
Tumbarumba Health Service		-	-	2,663	986	
Tumbarumba Residential Aged Care		-	-	-	-	
Tumut District Hospital		5,824	5,083	5,466	4,065	
Urana Health Service		-	-	1,738	429	
Urana Residential Aged Care		-	-	-	-	
Wagga Wagga Base Hospital	81.4%	56,203	48,389	134,959	32,157	
Wagga Wagga - Yathong Lodge		-	-	-	-	
West Wyalong Hospital		3,116	2,575	2,704	1,183	
Yass District Hospital		2,419	2,285	7,487	3,915	
Young District Hospital		5,765	5,156	10,732	8,414	

Community Health Services						
Bega Valley Community Health Service		-	-	43,216	-	
Cooma Community Health Service		-	-	35,319	-	
Eurobodalla Community Health Service		-	-	46,811	-	
Golden Community Health		-	-	38,519	-	
Goulburn Community Health Service		-	-	47,505	-	
Greater Albury Community Health		-	-	65,117	-	
Mid-Murray Community Health		-	-	20,236	-	
Murrumbidgee Community Health		-	-	22,225	-	
Queanbeyan Community Health Service		-	-	72,440	-	
South West Slopes Community Health		-	-	19,610	-	
Southern Riverina Community Health		-	-	16,119	-	
Twin Rivers Community Health		-	-	40,785	-	
Wagga Wagga Community Health		-	-	85,193	-	
Western Riverina Community Health		-	-	41,083	-	
Yass Community Health Service		-	-	16,549	-	
Young Community Health Service		-	-	15,458	-	
BreastScreen NSW South West		-	-	16,287	-	
Greater Murray Amputee Services		-	-	2,867	-	
Greater Murray Brain Injury Services		-	-	8,112	-	
Area Rural & Community Health Services 6		-	-	61,523	-	
Greater Southern Total	**76.4%**	**246,009**	**215,762**	**1,400,142**	**221,356**	**675,530**

Notes:

1. Bourke Street health Service formerly known as St John of God
2. Acute average length of stay = (Acute bed days)(Acute separations) for main acute facilities
3. Daily average of inpatients = Total bed days/365
4. The bed occupancy rate includes only June data and covers only major facilities (peer groups A1a to C2). This is not comparable with earlier reports as bed occupancy previously contained information for a full year and included community and non-acute facilities. The following bed types are excluded from all occupancy rate calculations: Emergency Departments, Delivery Suites, Operating Theatres and Recovery Wards. From 2004/05 Residential Aged Care, Confused and Disturbed Elderly, Community Residential and Respite activity was also excluded. Unqualified baby bed days were included in occupied bed days from 1 July 2002.
5. Emergency Department attendances are based on the Emergency Department Information System (EDIS) for the Base Hospitals and on DOHRS NAPOOS for all other sites. Data is not comparable to previous years' data as pathology and radiology services performed in Emergency Departments are excluded from 2004/05 data.
6. Area Rural & Community Health comprises Greater Murray Rural & Community Health and Southern Area Health Service – Expenditure reporting entities.
7. Excluded data for sites not reported through State HIE in 2004/05 (eg. recently established Henty and Coolamon Aged Care, Bourke Street Health Service Brain Injury Unit and CADE, Goulburn Community Residential Aged Care and some mental health services).

Average available beds, June 2005

Facility	General Hospital Units	Nursing Home Units	Community Residential	Other Units	Total
Albury Base Hospital	149				
Barham Koondrook Soldiers' Memorial Hospital	18				
Bateman's Bay District Hospital	35				
Batlow District Hospital	12				
Bega District Hospital	67				
Berrigan War Memorial Hospital	14				
Bombala District Hospital	24				
Boorowa District Hospital	18				
Bourke Street Health Service	46		3		
Braidwood Multi-Purpose Service	8	27			
Coolamon Health Service	2	12			
Cooma Hospital and Health Service	46				
Cootamundra Hospital	30				
Corowa Hospital	40	14			
Crookwell District Hospital	18				
Culcairn Health Service	5	22			
Delegate Multi-Purpose Service	4	9			
Deniliquin Hospital	58				
Finley Hospital	14				
Goulburn Base Hospital	116				
Goulburn Community Health			22		
Griffith Base Hospital	106				
Gundagai District Hospital	26				
Hay Hospital and Health Service	28				
Henty Hospital and Health Service	3	12			
Hillston District Hospital	16				
Holbrook Health Service	10	16			
Jerilderie Health Service	3	12			
Junee Multi-Purpose Service	38				
Kenmore Psychiatric Hospital			22	32	
Leeton Hospital	50	18			
Lockhart and District Hospital	16				
Mercy Health Service - Albury	36				
Mercy Care Centre, Young	26				
Moruya District Hospital	69				
Mount St. Joseph's Nursing Home, Young		65			
Murrumburrah-Harden Nursing		20			
Murrumburrah-Harden District Hospital	13				
Narrandera District Hospital	29				
Network 4 Community Health			8		
Pambula District Hospital	30				
Queanbeyan District Hospital and Health Service	45				
South West Brain Injury			4		
Temora and District Hospital	34				
Tocumwal Hospital	16				
Tumbarumba Health Service	10	27			
Tumut District Health Service	31				
Urana Health Service	3	19			
Wagga Wagga Base Hospital	233				16
West Wyalong Hospital	22				
Yass District Hospital	24				
Young District Hospital	26				
Greater Southern	**1,667**	**273**	**59**	**32**	**16**

Notes:

1. The numbers of available beds presented reflect the average for June 2005 and are not comparable with information from previous years as these were based on average available beds for a full financial year. Since March 2005, the bed information previously obtained from Department of Health Reporting System (DOHRS) was replaced by a new beds collection, which provided more detailed information on bed type and availability. Owing to the limited period that the new bed collection has been in place, it is not possible to provide an average number of beds for the year.
2. Beds in Emergency Departments, Delivery Suites, Operating Theatres and Recovery Wards are excluded.

OUR PEOPLE

Strategic Profile of the GSAHS Workforce

During 2004 and 2005 the organisation development and human resources portfolios of Greater Murray Area Health Service and Southern Area Health Service underwent extensive reform. In developing the Workforce Development Directorate four guiding principles were respected:

- re-positioning the focus back to the patient
- creating an efficient health system by reducing administrative overheads and duplication and by delivering saved resources to frontline services
- strategic Workforce Planning to get the right skills in the right place at the right time
- ensuring a strong voice for communities.

A need to respond to other issues has shaped the strategic direction of the Workforce Development Directorate. These issues include:

- the ageing workforce
- staff shortages and turnover
- supply and job redesign in some areas
- changing work practices and demands
- the development of the GSAHS Workforce Development Action Plan, Clinical Services Plan and facility service plans
- employee well-being and safety
- changing the focus from workplace training to a learning organisation
- capability and leadership development.

Seven key principles form the basis of the Workforce Development Directorate's future direction:

- achieve self sufficiency in workforce supply
- ensure workforce distribution matches community need
- become the industry and employer of choice through effective leadership and governance
- develop innovative approaches to health education and training
- develop flexible approaches to the way in which care is delivered
- employ better practice in workforce assessment and planning
- work collaboratively at the state, national and international level.

The Workforce Development Directorate's efforts during 2004/05 have been directed towards:

- Restructuring and integrating the former Greater Murray and Southern Area Health Services into the new organisation of GSAHS.
- Commencement of a GSAHS workforce mapping project. The project has commenced. The Allied Health component of GSAHS's workforce that has progressed substantially, being 75% complete.
- Facilitation of Koori Careers Workshop. This workshop aims to encourage Aboriginal high school students to take up a health career.
- Participation in "roadshow" visits by Prof. Mary Chiarella to explain the opportunities of service delivery re-design and continuum of care models and Kim Sharkey, St Joseph's Hospital Atlanta, Georgia and Adjunct Professor Kathy Baker to discuss the Magnet Hospitals and Leadership in Health Care programs.
- Major involvement in the development of NSW Health's Code of Conduct and Ethics Policy as well as the Grievance Management Policy.

Staff Profile as at June 30 2005

Number of Full Time Equivalent Staff Employed as at 30 June

	June 2002	June 2003	June 2004	June 2005
Medical	120	122	127	119
Nursing	2,238	2,276	2,384	2,506
Corporate Administration	289	288	304	277
Allied Health Professional	552	568	592	598
Hospital employees (eg Wardsmen, technical Assts., & Ancillary Staff)	716	775	797	864
Hotel Services	623	620	620	634
Maintenance & Trades	66	64	64	67
Other	51	45	14	40
Total	4,655	4,758	4,902	5,105
Medical, Nursing & Allied Health staff as a proportion of all staff	62.5%	62.3%	63.3%	63.1%
Third Schedule	328	302	299	275

Notes:

1. In 2004, an independent review of corporate administration FTEs resulted in a more consistent application of the definition being applied by Health Services. As a result corporate administration figures for June 02, 03 and 04 have been adjusted accordingly.

EQUAL EMPLOYMENT OPPORTUNITY

The GSAHS is committed to Equal Employment Opportunities (EEO). The following key EEO programs continue to be progressed:

- "The Selection Process – The Best Person for the Job" with over 950 employees participating in workshops held across GSAHS
- Performance Development Program. The continued development of the performance development program that integrates the best of the former GMAHS and the SAHS models. It focuses on the effective management and development of accountability in and assists managers to understand the reasons for, the approaches and the skills necessary as a coaching development tool
- Dignity @ Work Initiative. A program developed in response to perceived difficulties in current human resource management and behaviour of some staff in their interpersonal relationships at work.

A key initiative progressed through this year was the development of the GSAHS Carer Action Plan. This plan will drive supporting actions for staff who take on carer roles within their personal lives and will be progressively implemented through education. Information on carer issues. Employment and leave entitlements and policies will be available on the GSAHS Staffnet.

GSAHS has a commitment to working to reduce the barriers that may prevent access to its services as well as its workplace. This includes a commitment to implementing the Disability Policy Framework under the Disability Services Act 1993. Integration of the former Greater Murray Area Health Service Disability Action Plan 2000-2006 key priority area: Employment in the Public Sector will be regarded as a valuable starting point when developing GSAHS's Workforce Action Plan.

Representation	GSAHS	Benchmark or Government Target
Women	83%	50%
Aboriginal People & Torres Strait Islanders	1.3%	2%
People Whose Language First Spoken as a Child was not English	5%	20%
People with a Disability	6%	12%
People with a Disability Requiring Work-related Adjustment	1.3%	7%
Distribution Index	**GSAHS**	**Benchmark**
Women	91	100
Aboriginal People & Torres Strait Islanders	89	100
People Whose Language First Spoken as a Child was not English	119	100
People with a Disability	107	100
People with a Disability Requiring Work-related Adjustment	110	100

QUALITY, RESEARCH AND TRAINING

Teaching and Training Initiatives

Early development of the GSAHS Workforce Development Action Plan is currently being progressed although vast teaching and training effort has occurred during 2005. Key initiatives include:

- Memorandum of Understanding signed between GSAHS and Charles Sturt University. The Memorandum of Understanding is a key starting point in progressing interdisciplinary learning opportunities and working closely to better understand each other's business and goals to enhance undergraduates learning experience;
- The ANU Medical School received a mandate to develop as part of its profile a rural teaching capacity in South East NSW directed particularly at expanding the rural medical workforce. Essential to developing that rural training program, which began in 2005 with 84 first year students spending a week in either the Bega or Goulburn communities and facilities, is the Deed of Agreement between GSAHS and ANU Medical School and the strong support and enthusiasm of the local hospitals, communities , SE NSW Division of General Practice and individual practitioners.
- The implementation of a Traineeship Framework to create a vocationally skilled workforce to meet current and future workforce needs, enhance and improve the skills of health professionals and corporate staff to maximize their capacity in the workplace and develop opportunities for flexible entry into the health workforce.
- Upgrade of the organisation's learning and development data base to a web enabled Learning Management System.
- Addressing issues identified via project 2000, including the development of a proposal to meet staff learning needs in relation to computer skills/literacy.

Overseas Visits

Name	Unit	Purpose of Visit	Places visited	Funding
Dr Sanjay Singh	Eurobodalla Surgical Services	International Breast Conference	Nottingham	General
Dr Sanjay Singh	Eurobodalla Surgical Services	Rectal Cancer Conference	Basingstoke	General
Dr Sanjay Singh	Eurobodalla Surgical Services	Orthopaedics Practice	Norwich	General
Dr Sanjay Singh	Eurobodalla Surgical Services	Breast Reconstruction Conference	Norfolk Norwich	General
Dr Alison Duchow	Eurobodalla Surgical Services	Hand Clinic	Portland, Oregon	General
Dr Alison Duchow	Eurobodalla Surgical Services	Laparoscopic Mini-Fellowship	Portland, Oregon	General
Dr Alison Duchow	Eurobodalla Surgical Services	Reskilling in Advanced Surgical Cases	Serukam, Kuching, Malaysia	General
Dr Stephen Wood	Wagga Wagga Base Hospital	Conference on Emergency Medicine	Breckenridge, Colorado	General
Dr Jaime McEnroe	Griffith Base Hospital	American College of Physician Executives Spring Institute	New York, Boston	General
Dr Jaime McEnroe	Griffith Base Hospital	American Hospitals Association - Leadership Summit	San Diego, USA	General
Dr. Narayan Jayachandran	Griffith Base Hospital	Annual Conference of Association of Surgeons	Hyderabad, India	General
Yogendra Prakash Narayan	Griffith Base Hospital	5th International Conference on Priorities in Health Care	Wellington, NZ	General

HEALTH SERVICE COMMUNITY

Community Participation within GSAHS

The Area Health Advisory Council

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

The AHAC in the GSAHS will have the following broad functions:

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

Dr Bob Byrne, a general practitioner from Leeton, was appointed as the Chair of the GSAHAC in April 2005. The remaining members are expected to be announced early in the 2005/06 financial year.

Health Councils and MPS Committees

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

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

The importance of community involvement and participation in GSAHS has been recognised this year with the formation of a Development Unit that reports directly to the Chief Executive. The role of the Development Unit is to build a proactive, supportive relationship between GSAHS and all those who work with it, including local government, community participation groups, auxiliaries and service clubs.

The commitment of the members of the Health Councils and MPS Committees to the improvement of our health services and facilities is considerable, as is their commitment to the communities they represent. I would like to thank all the members who continue to contribute positively to the development and provision of health services in our region.

Volunteers

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

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

The work of the members of the United Hospital Auxiliaries deserves special mention. Although they serve primarily as fundraisers to provide equipment for our Hospitals they also assist with Meals on Wheels, assist in our Hospitals and add significantly to the sense of community in our facilities. The work of the Auxiliaries and the Health Councils has been recognised with the preparation of separate annual reports providing more detail of their activities.

Hospital Auxiliaries

Adelong Auxiliary

President: Ester Whitley
Treasurer: Audrey Weaver
Secretary: Louise Hearn

Barellan Hospital Auxiliary

President: Jean Inglis
Secretary/Treasurer: Valma Hawker

Barham-Koondrook Soldiers Memorial Hospital Auxiliary

President: Wilma Brown
Secretary: Joy Eagle
Treasurer: Ethelwyn Hahn

Batemans Bay Hospital Auxiliary

President: Val Langhorn
Secretary: Bev Greenaway
Treasurer: Barbara Brookes

Batlow Hospital Auxiliary

President: Janice Vanzella
Secretary: Christine Menon
Treasurer: Margaret Sedgwick

Bega Hospital Auxiliary

President: Dorothy Mullaney
Secretary: Helen Robbie
Treasurer: Joan Finucane

Berrigan Hospital Auxiliary

President: Jill Edwards
Secretary: Aileen Bradley
Treasurer: Dawn Lane

Bombala Hospital Auxiliary

President: Betty Cowell
Secretary: Jenny Brownlie
Treasurer: Brenda Kelly

Bookham Auxiliary

President: Noeleen Hazell
Secretary: Mavis Armour
Treasurer: Wilma Bingley

Boorowa Hospital Auxiliary

President: Mary Corcoran
Secretary: Elizabeth Masters
Treasurer: Phoebe Stewart

Braidwood Hospital Auxiliary

President: Ken Thomas
Secretary: Clare Sutherland
Treasurer: Jill Judge

Coolamon- Ganmain Health Service Coolamon Auxiliary

President: Betty Menzies
Secretary: Nolene Black
Treasurer: Jenny Kerr

Ganmain Auxiliary

President: Faye Jones
Secretary: Heather Kember
Treasurer: Nita Hare

Cooma Hospital Auxiliary

President: Janette Langwill
Secretary: Jan Carpenter
Treasurer: Mary McKee

Cootamundra District Hospital Auxiliary

President: Chris Kirkland
Secretary: Yvonne Smith
Treasurer: Don Elliot

Corowa District Hospital Auxiliary

President: Dot Lane
Secretary: Margaret Lingham
Treasurer: Barry Furnham

Crookwell Auxiliary

President: June Dennis
Secretary: Jo Star
Treasurer: Aimee Hallam

Delegate Auxiliary

President: Pat Ventry
Secretary: Julie Craig
Treasurer: Gail Smallman

Deniliquin Hospital Auxiliaries

Mayrung Auxiliary

President: Jess Beer
Secretary: Barbara Ryan
Treasurer: Hilda Jones

Naponda Auxiliary

President: Cleone McAllister
Secretary: Belinda Perrett

Mathoura Auxiliary

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

Moulamein Auxiliary

President: Sue Mertz
Secretary: Margaret Morton

Finley Hospital Auxiliary

President: Marjorie Kable
Secretary: Maree Matheson
Treasurer: Margaret Ryan

Griffith Base Hospital Auxiliary

President: Irene Pettiford
Secretary: Heather Eagleton
Treasurer: Lavelle Wallace

Gundagai Hospital Auxiliary

President: Helen Turner
Secretary: Jo Bryan
Treasurer: Pauline Kingwill

Hay Hospital United Hospital Auxiliary

President: Norma Milliken
Secretary: Robyn Cattanach
Treasurer: Zelda Rutledge

Henty Hospital Auxiliary

President: Pam Green
Secretary: Carol Singe
Treasurer: Betty Willis

Henty Community Centre Auxiliary

President: Allyn Maher
Secretary: Lorrie Roden
Treasurer: Joan Ubergang

Hillston Hospital Auxiliary

President: Margaret Warren
Secretary: Pat Johnson
Treasurer: Eileen Whelan

Holbrook Hospital Auxiliary

President: Trish Bull
Secretary: Kym Hulme
Treasurer: Nanno MacKinlay

Jerilderie Health Service Auxiliary

President: Nancy Locke
Secretary: Judy Ryan
Treasurer: Pam Collier

Junee District Hospital Auxiliary

President: Bob Mathers
Secretary: Peter Logan
Treasurer: Judy Mathers

Leeton Hospital Auxiliary

President: Des Driscoll
Secretary: Leanne Kidd
Treasurer: Kath Lamont

Lockhart Hospital Auxiliary

President: Larraine Hoffmann
Secretary: Janette Baker
Treasurer: Sylvia Creighton

Mathoura Community Health Auxiliary

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

Mercy Care Young Auxiliary

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

Moruya Hospital Auxiliary

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

Murrumburrah-Harden Hospital Auxiliary

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

Narooma Community Health Auxiliary

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

Narrandera District Hospital Auxiliary

President: Helen Langley
Secretary/ Treasurer: Julie Payne

Pambula Merimbula District Hospital Auxiliary

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

Tarcutta Auxiliary

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

Tathra Auxiliary

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

Temora District Hospital Auxiliary

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

Tocumwal Hospital Auxiliary

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

Tumbarumba Hospital Auxiliary

President: Gloria Miller
Secretary: Judy Cameron

Tumut District Hospital Auxiliary

President: Trish Clee
Secretary: Rhonda Blunt
Treasurer: Carol Allwright

Urana Health Service Auxiliary

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

West Queanbeyan Hospital Auxiliary

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

West Wyalong Hospital Auxiliary

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

Yass Hospital Auxiliary

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

Young Hospital Auxiliary

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

Volunteers

In addition to the Hospital Auxiliaries there are a great number of volunteers that provide services to GSAHS facilities.

These include:

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

Special mention should be made of:

- Robert Harvey who has provided 11 years of volunteer service to the Hillston Hospital on a daily basis in the maintenance department
- Mrs Margaret McNeill who attends the Harry Jarvis Wing of Holbrook Hospital six days a week to assist residents at meal time. With the assistance of Mrs McNeill and other volunteers mealtime has become a more enjoyable event for the residents
- The Cootamundra Day Centre has 16 very valuable volunteers. The longest standing volunteer, Aliceson Scifleet, has given at least one day a week for 26 years doing clients hair and providing normality and social support. Rhonda Miller (15yrs), Lorna McGlynn (13yrs), Judy Hill (11yrs) and Robyn Absolon (8yrs) have clocked up 47 years between them.
- The Dog on the Tuckerbox Wishing Well provides several thousand dollars each year.

Many thanks go to these volunteers for their assistance, hard work and dedication. We express our appreciation and gratitude for all the work you do.

FINANCIAL OVERVIEW

Executive Summary

The audited financial statements presented for the GSAHS recognise the amalgamation of the Southern and Greater Murray Area Health Services, which had effect from 1 January 2005. For the period 1 January 2005 to 30 June 2005 the audited actuals totalled $292.7 million. The distribution of the total budget for the 2004/05 year was not able to be apportioned to the reporting period and was therefore not included in the audited financial statements.

For the 2004/05 financial year, GSAHS operated above the level of government cash payments and operating costs budget available. It was not able to ensure that no general creditors existed at the end of the month in excess of levels agreed with the NSW Department of Health. Loans were provided by the NSW Department of Health to assist with liquidity management and the area effected all loan repayments within the time frames agreed.

Although the audited financial statements are presented for a six month period only, consistent with the establishment date of the Area Health Service, information is available for the twelve months ended 30 June 2005, compared with 2003/04 (combined information for the previous Area Health Services, that now comprise the GSAHS). This information is detailed below:

	2004/05 Actuals $000	2004/05 Budget $000	2003/04 Actuals $000
Employee Related Expenses	343,203	339,265	322,298
Visiting Medical Officers	49,061	47,606	47,409
Goods & Services	232,699	222,941	210,257
Maintenance	9,229	10,813	10,291
Depreciation & Amortisation	18,351	18,351	22,592
Grants & Subsidies	2,867	2,564	2,961
Borrowing Costs	118	21	56
Payments to Affiliated Health Organisations	15,815	15,027	15,613
Other Expenses	4,187	4,103	3,054
Total Expenses	**675,530**	**660,691**	**634,531**
Sale of Goods & Services	84,427	78,963	82,511
Investment Income	680	1,032	1,080
Grants & Contributions	9,577	6,362	8,700
Other Revenue	4,146	811	611
Total Revenues	**98,830**	**87,168**	**92,902**
(Gain)/Loss on Disposal of Non Current Assets	14		975
NET COST OF SERVICES	**576,714**	**573,523**	**542,604**

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

Budget Increases 2004/05	**$m**
Salaries Award increases	10.2
VMO fee increases	0.9
Other Variations	
Flow reversal strategy (additional activity)	7.1
Patient flows (2003/04 activity)	6.3
Finalisation of work in progress	2.6
Other revenue increased due to Workers Compensation Hindsight adjustment	(3.0)
	24.1

Program Reporting

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

No comparisons are available in the audited statements, although the table under has been prepared comparing the combined results of the GSAHS and its former Area components for the full two year period 1 July 2003 to 30 June 2005.

The large increase in overnight acute program reflects the additional investment by the area health service in reducing waiting lists and the additional costs of interstate patient flows.

Program	2003/04			2004/05		
	Exp	Rev	NCOS	Exp	Rev	NCOS
	$000	$000	$000	$000	$000	$000
Primary & Community	41,752	3,502	38,250	45,909	4,065	41,844
Aboriginal Health	2,093	6	2,087	3,720	45	3,675
Outpatient Services	19,445	1,664	17,781	24,163	1,819	22,344
Emergency Care Services	86,301	8,437	77,864	81,705	5,295	76,410
Overnight Acute	285,029	34,153	250,876	326,354	51,537	274,817
Same Day Acute	53,771	6,866	46,905	52,386	8,604	43,782
Mental Health Services	43,798	1,831	41,967	41,574	1,720	39,854
Rehab & Extended Care	96,292	34,986	61,306	92,793	23,973	68,820
Population Health	4,567	1,458	3,109	4,240	1,767	2,473
Teaching & Research	2,459	0	2,459	2,699	5	2,694
Total	**635,507**	**92,903**	**542,604**	**675,543**	**98,831**	**576,713**

Directions in Funding

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

In addition to the need to adopt AEIFRS, the Area Health Service has needed to respond to several other significant challenges:

- the amalgamation of accounting and financial systems;
- the restructuring of corporate and business support services designed to generate funds to source further front line services
- planning for the transition to Oracle financial systems from October 2005.

The 2005/06 Budget – About the Forthcoming Year

The GSAHS received its 2005/06 allocation on 22 July 2005. The allocation is earmarked by the provision of additional funding to address:

- the provision of increased bed capacity to improve access block performance and provide sustainable management of elective surgery – it is expected that the funding provided will facilitate the establishment and opening of an additional 25 beds;
- the provision of more elective surgery to tackle existing waiting lists;
- the continued enhancement of the delivery of cancer research and direct patient services;

The GSAHS will work with the NSW Department of Health in a major reform program that will focus on ensuring that each patient has the best possible journey through the health system. This will ensure that patient care is better coordinated, leading to improved patient outcomes and more efficient use of resources.

The Area Health Service amalgamation, as announced by the Minister for Health on 27 July 2004, serves to better align population growth centres with existing centres of excellence and specialist medical expertise and also link areas of traditional clinical resource strength to areas of traditional shortage. In addition, the new Areas will integrate a range of administrative and clinical systems, removing duplication and overlap, with the savings being progressively invested in clinical services.

A major internal reform program has also been initiated to consolidate and share corporate and business support services across the NSW public health system. These reforms are aimed at redirecting resources to frontline health care, while also improving the cost effectiveness, consistency and accessibility of support services across NSW. The initial focus of these reforms is linen, food and IT systems and overall procurement practices, this approach being consistent with the NSW Government 's Shared Corporate Services Reform Strategy.

The Minister for Health has announced the following new capital works:

	$m
• Kenmore Hospital Mental Health Stage 2	2.0
• Moruya Ambulatory Care & Rehab Unit	1.8
• Wagga Wagga Medical Imaging	2.0

In addition, the 2005/06 capital program also provides for the continuation of 2004/05 projects including:

	$m
• Batemans Bay Hospital Emergency Department	1.8
• Griffith Hospital Emergency Department	1.0
• Junee Hospital Redevelopment	1.0
• Wagga Wagga Fixed Breast Screen Assessment	1.0
• Kenmore Hospital Mental Health Stage 1	2.7
• Queanbeyan Hospital Redevelopment	3.5

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Certification of Financial Statements for Period Ending 30 June 2005

The attached financial statements of the Greater Southern Area Health Service for the six month period ended 30 June 2005:

i) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group Consensus Views, the requirements of the *Public Finance and Audit Act 1983* and its regulations, the Health Services ACT 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals.

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

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

Associate Professor Stuart Schneider
Chief Executive
Greater Southern Area Health Service

28 September 2005

Denis Swift
Director Corporate Service
Greater Southern Area Health Service

28 September 2005

GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

GREATER SOUTHERN AREA HEALTH SERVICE

To Members of the New South Wales Parliament

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

In my opinion, the financial report of the Greater Southern Area Health Service:

(a) presents fairly the Greater Southern Area Health Service's financial position as at 30 June 2005 and its financial performance and cash flows for the period ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and

(b) complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act).

Audit Opinion Pursuant to the *Charitable Fundraising Act 1991*

In my opinion:

(a) the accounts of the Greater Southern Area Health Service show a true and fair view of the financial result of fundraising appeals for the period ended 30 June 2005

(b) the accounts and associated records of the Greater Southern Area Health Service have been properly kept during the period in accordance with the *Charitable Fundraising Act 1991* (the CF Act) and the *Charitable Fundraising Regulation 2003* (the CF Regulation)

(c) money received as a result of fundraising appeals conducted during the period has been properly accounted for and applied in accordance with the CF Act and the CF Regulation, and

(d) there are reasonable grounds to believe that the Greater Southern Area Health Service will be able to pay its debts as and when they fall due.

My opinions should be read in conjunction with the rest of this report.

The Chief Executive's Role

The financial report is the responsibility of the Chief Executive. It consists of the balance sheet, statement of changes in equity, operating statement, statement of cash flows, program statement - expenses and revenues and the accompanying notes.

The Auditor's Role and the Audit Scope

As required by the PF&A Act and the CF Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides *reasonable assurance* to Members of the New South Wales Parliament that the financial report is free of *material* misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Chief Executive in preparing the financial report,
- examined a sample of the evidence that supports:
  - (i) the amounts and other disclosures in the financial report,
  - (ii) compliance with accounting and associated record keeping requirements pursuant to the CF Act, and
- obtained an understanding of the internal control structure for fundraising appeal activities.

An audit does *not* guarantee that every amount and disclosure in the financial report is error free. The terms 'reasonable assurance' and 'material' recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that the Chief Executive had not fulfilled his reporting obligations.

My opinions do *not* provide assurance:

- about the future viability of the Greater Southern Area Health Service,
- that it has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.

Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

P Carr
Director of Audit

SYDNEY
28 September 2005

Financial Statements

Greater Southern Area Health Service

Operating Statement for the six months ended 30 June 2005

	Notes	Actual 2005 $000
Expenses		
Operating Expenses		
Employee Related	3	175,663
Visiting Medical Officers		24,640
Goods and Services	4	117,430
Maintenance	5	5,777
Depreciation and Amortisation	2(j), 6	8,777
Grants and Subsidies	7	1,524
Finance Costs	8	58
Payments to Affiliated Health Organisations	9	8,276
Total Expenses		342,145
Retained Revenue		
Sale of Goods / Rendering of Services	10	44,153
Investment Income	11	344
Grants and Contributions	12	4,903
Other Revenue	13	78
Total Retained Revenue		49,478
Gain/(Loss) on Disposal of Non Current Assets	14	(7)
Net Cost of Services	32	292,674
Government Contributions		
NSW Health Department Recurrent Allocations	2(d)	257,166
NSW Health Department Capital Allocations	2(d)	5,216
Acceptance by the Crown Entity of employee superannuation benefits	2(a)	14,801
Total Government Contributions		277,183
RESULT FOR THE PERIOD FROM ORDINARY ACTIVITIES	27	(15,491)

The accompanying notes form part of these Financial Statements

Greater Southern Area Health Service

Statement of Changes in Equity for the six months ended 30 June 2005

	Notes	Actual 2005 $000
INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		0
Result for the Period from Ordinary Activities	27	(15,491)
TOTAL INCOME AND EXPENSE RECOGNISED FOR THE PERIOD		(15,491)

The accompanying notes form part of these Financial Statements

Greater Southern Area Health Service
Balance Sheet as at 30 June 2005

	Notes	Actual 30 June 2005 $000
ASSETS		
Current Assets		
Cash and Cash Equivalents	17	7,986
Receivables	18	12,351
Inventories	19	2,919
Other Assets	20	429
		23,685
Non Current Assets Held for Sale	22	3,729
Total Current Assets		**27,414**
Non-Current Assets		
Other Assets	20	951
Property, Plant and Equipment		
- Land and Buildings	21	267,400
- Plant and Equipment	21	21,119
Total Property, Plant and Equipment		**288,519**
Total Non-Current Assets		**289,470**
Total Assets		**316,884**
LIABILITIES		
Current Liabilities		
Payables	24	39,795
Borrowings	25	4,765
Provisions	26	28,165
		72,725
Liabilities Associated with Assets Held for Sale		0
Total Current Liabilities		**72,725**
Non-Current Liabilities		
Borrowings	25	13,476
Provisions	26	57,025
Total Non-Current Liabilities		**70,501**
Total Liabilities		**143,226**
Net Assets		**173,658**
EQUITY		
Accumulated Funds	27	**173,658**
Total Equity		**173,658**

The accompanying notes form part of these Financial Statements

Greater Southern Area Health Service

Cash Flow Statement for the six months ended 30 June 2005

	Notes	Actual 2005 $000
CASH FLOWS FROM OPERATING ACTIVITIES		
Payments		
Employee Related		(157,648)
Grants and Subsidies		(1,677)
Finance Costs		(58)
Other		(159,407)
Total Payments		(318,790)
Receipts		
Sale of Goods and Services		38,890
Interest Received		345
Other		12,141
Total Receipts		51,376
Cash Flows From Government		
NSW Health Department Recurrent Allocations		257,166
NSW Health Department Capital Allocations		5,216
Net Cash Flows from Government		262,382
NET CASH FLOWS FROM OPERATING ACTIVITIES	32	(5,032)
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		296
Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(6,291)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(5,995)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from Borrowings and Advances		10,934
Repayment of Borrowings and Advances		0
NET CASH FLOWS FROM FINANCING ACTIVITIES		10,934
NET INCREASE / (DECREASE) IN CASH		(93)
Opening Cash and Cash Equivalents		0
Cash Transferred in/(out) as a result of administrative restructuring		8,079
CLOSING CASH AND CASH EQUIVALENTS	17	7,986

The accompanying notes form part of these Financial Statements.

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
	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses											
Operating Expenses											
Employee Related	18,515	1,085	8,030	25,447	62,312	13,474	14,749	28,990	1,687	1,374	175,663
Visiting Medical Officers	223	292	775	6,297	11,227	2,105	1,709	2,012	0	0	24,640
Goods and Services	3,549	164	2,669	7,224	84,748	9,479	3,249	5,957	386	5	117,430
Maintenance	417	17	279	889	2,195	591	390	964	35	0	5,777
Depreciation and Amortisation	439	24	464	1,381	3,471	756	920	1,280	42	0	8,777
Grants and Subsidies	258	33	59	233	498	95	107	231	10	0	1,524
Finance Costs	4	0	3	7	30	5	3	6	0	0	58
Payments to Affiliated Health Organisations	0	286	0	0	0	0	0	7,990	0	0	8,276
Total Expenses	**23,405**	**1,901**	**12,279**	**41,478**	**164,481**	**26,505**	**21,127**	**47,430**	**2,160**	**1,379**	**342,145**
Revenue											
Sale of Goods and Services	255	0	636	2,378	26,498	3,505	753	10,128	0	0	44,153
Investment Income	4	0	11	37	113	25	7	147	0	0	344
Grants and Contributions	1,500	19	194	58	745	495	141	921	830	0	4,903
Other Revenue	8	0	2	5	20	8	0	35	0	0	78
Total Revenue	**1,767**	**19**	**843**	**2,478**	**27,376**	**4,033**	**901**	**11,231**	**830**	**0**	**49,478**
Gain / (Loss) on Disposal of Non Current Assets	0	0	0	0	(2)	(2)	(2)	(1)	0	0	(7)
Net Cost of Services	**21,638**	**1,882**	**11,436**	**39,000**	**137,107**	**22,474**	**20,228**	**36,200**	**1,330**	**1,379**	**292,674**

* The name and purpose of each program is summarised in Note 16.

The Program Statement uses statistical data to 31 December 2004 for the former SAHS portion of operations to allocate the current period's financial information to each program. No changes have occurred during the period between 1 January 2005 and 30 June 2005 for the SAHS portion of operations which would materially impact this allocation.

For the former GMAHS portion of operations, 2003 statistical data has been used to allocate the current period's financial information to each program. No changes have occurred during the period between 1 January 2004 and 30 June 2005 for the GMAHS portion of operations which would materially impact this allocation.

1. The Health Service Reporting Entity

The Greater Southern Area Health Service was established under the provisions of the Health Services Act, 1997 with effect from 1 January 2005 and as such has presented its financial statements only for the six month period ended 30 June 2005. As a reporting entity the Health Service comprises the services previously provided by the former Southern and Greater Murray Area Health Services.

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service.

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

These financial statements have been authorised for issue by the Chief Executive on 28 September 2005.

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 International Financial Reporting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS)), other authoritative pronouncements of the Australian Accounting Standards Board (AASB) where it is necessary to detail the scope and applicability of the International Standards in the Australian environment, 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.

The Area Health Service's financial statements are prepared for the six months ended 30 June 2005 and are therefore covered by AASB101, "Presentation of Financial Statements", which requires the adoption of International Financial Reporting Standards for reporting periods beginning on or after 1 January 2005.

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 is considered.

Except for property, plant and equipment, investment property and financial assets held for trading and available for sale which are measured at fair value, 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.

The financial report complies with Australian Accounting Standards, which include AEIFRS.

This is the first financial report prepared based on AEIFRS. Because the service was established on 1 January 2005, there are no comparatives and reconciliations of AEIFRS equity and profit or loss for 30 June 2005 to the previous accounting standards in accordance with AASB1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards is not required.

The creation of the new GSAHS occurred on 1 January 2005 as a result of an Administrative Restructure of prior Health Service boundaries to form the new entity which is recognised during the reporting period. To assist users of these financial statements note 2aa details the Assets and Liabilities taken up by the new entity on 1 January 2005.

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

a) Employee Benefits and Other Provisions

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

Liabilities for salaries and wages, current annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees' services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

Employee benefits 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 benefits accrued in the future.

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

ii) Non Current Annual Leave, Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis at an escalated rate of 6.95% above the salary rates immediately payable at 30 June 2005 for all employees with five or more years of service. This escalated rate takes into account measurement at present value in accordance with AASB 119 Employee Benefits adjusted for known wage rate increases and on costs. Non Current annual leave has been escalated by 3.4%.

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.

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 Employee Benefits".

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

iii)Other Provisions

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

If the effect of the time value of money is material, provisions are discounted using a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability.

b) Insurance

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

c) Borrowing Costs

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

d) Income Recognition

Revenue is recognised when the Health Service has control of the good or right to receive, it is virtually certain 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.

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 AASB117 "Leases". Dividend revenue is recognised when the Health Service's right to receive payment is established.

Debt Forgiveness

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

Use of Hospital Facilities

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

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

Use of Outside Facilities

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

Grants and Contributions

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

NSW Health Department Allocations

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

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

e) Goods & Services Tax (GST)

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

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

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

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

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

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

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2003/04 activity data using standard cost weighted separation values to reflect estimated costs in 2004/05 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the State/Territory providing the service is reimbursed by the benefiting Area.

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

The composition of patient flow revenue/expense is disclosed in Notes 4 and 10.

g) Receivables

Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectible 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.

h) Acquisition of Assets

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

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

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

Where payment for an item is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

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

i) Plant and Equipment

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

j) 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.

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than $200,000	10.00%
- Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Computer Software	20.0%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%

k) Revaluation of Property, Plant & Equipment

Physical non-current assets are valued in accordance with the NSW Health Department's "Guidelines for the Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment". There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Health Services now amalgamated as the GSAHS.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset's fair value is measured as its market buying price ie the replacement cost of the asset's remaining service potential. The Health Service is a not for profit entity with no cash generating operations.

Each class of property, plant & equipment is revalued every five 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. The last revaluation for assets assumed by the Area as at 1 January 2005 was completed on 1 July 2002 and was based on an independent assessment.

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

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

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. As the Area Health Service was only established as at 1 January 2005 no asset revaluations reserves were brought forward at that date.

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

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

l) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempted from AASB 136 Impairment of Assets and impairment testing. For an asset already measured at fair value, impairment can only arise if selling costs are material. In most cases, selling costs are immaterial.

m) Assets Not Able to be Reliably Measured

The Health Service does not hold any significant assets that have not been recognised in the Balance Sheet because the Health Service is unable to measure reliably the value for the assets.

n) Restoration Costs

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

o) Non Current Assets classified as Held for Sale

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

p) Investment Property

Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 Property, Plant and Equipment.

The Health Service does not hold any investment properties.

q) Maintenance and Repairs

The costs of day to day servicing costs or 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.

r) Leased Assets

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

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

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

s) Inventories

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

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

t) Non Current Assets (or disposal groups) held for sale

A non-current asset (or disposal group) must be classified as held for sale where it satisfies strict criteria. Assets held for sale are measured at the lower of carrying amount and fair value less costs to sell; not depreciated; reclassified from non-current to current; and separately presented in the balance sheet. An impairment loss is recognised in profit or loss for any initial and subsequent write down from the carrying amount measured immediately before reclassification or re-measurement to fair value less costs to sell.

u) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds".

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

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

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

The effect of the administrative restructure on the net assets and equity of the GSAHS are detailed in Note 2aa.

v) Financial Instruments

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

Information is disclosed in Note 35 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.

Receivables

Accounting Policies - Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectible 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, where applicable, Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Operating Statement 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 60 days and effective interest rate of 5.6% to 5.7%.

Trade and Other 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 generally settled within any terms specified. If no terms are specified, where cash flows allow, payment is made by the end of the month following the month in which the invoice is received.

Borrowings

Accounting Policies - Bank Overdrafts and Loans are carried at the principal amount. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with AASB117, "Leases".

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

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

w) Payables

These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest.

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

x) Borrowings

All loans are valued at current capital value. The finance lease liability is determined in accordance with AASB117, "Leases".

y) Trust Funds

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

z) Budgeted Amounts

As this is the first financial report prepared for the GSAHS and the results are for part of the 2004/05 financial year beginning 1 January 2005 and ended 30 June 2005, budget comparisons have not been provided.

2aa - Opening Balance Sheets for Comparative Purposes

The Area Health Service's financial statements are prepared as a new entity for the six months ended 30 June 2005 and are therefore covered by AASB101, "Presentation of Financial Statements".

To assist users of these financial statements the following note details the Assets and Liabilities taken up by the new entity on 1 January 2005. The Assets and Liabilities have been prepared in accordance with AEIFRS.

	Notes	1 January 2005 Balances (following Restructure) - for Comparative Purposes $000
ASSETS		
Current Assets		
Cash and Cash Equivalents	17	8,079
Receivables	18	6,778
Inventories	19	3,216
Other Assets	20	6,908
		24,981
Non Current Assets Held for Sale	22	3,729
Total Current Assets		**28,710**
Non-Current Assets		
Other Assets	20	970
Property, Plant and Equipment		
- Land and Buildings	21	270,226
- Plant and Equipment	21	21,105
Total Property, Plant and Equipment		**291,331**
Total Non-Current Assets		**292,301**
Total Assets		**321,011**
LIABILITIES		
Current Liabilities		
Payables	24	44,091
Borrowings	25	957
Provisions	26	20,848
		65,896
Liabilities Associated with Assets Held for Sale		
Total Current Liabilities		**65,896**
Non-Current Liabilities		
Borrowings	25	6,350
Provisions	26	59,616
Total Non-Current Liabilities		**65,966**
Total Liabilities		**131,862**
Net Assets	27	**189,149**
EQUITY		
Accumulated Funds	27	189,149
Total Equity		**189,149**

	2005 $000
3. Employee Related	
Employee related expenses comprise the following:	
Salaries and Wages	132,234
Long Service Leave [see note 2(a)]	5,188
Annual Leave [see note 2(a)]	12,692
Redundancies	483
Agency Payments	1,962
Workers Compensation Insurance	8,126
Superannuation [see note 2(a)]	14,801
Fringe Benefits Tax	177
	175,663
The following additional information is provided:	
Maintenance staff costs included in Employee Related Expenses	3,315
Note 5 further refers	
4. Goods and Services	
Blood and Blood Products	1,670
Computer Related Expenses	3,342
Domestic Charges	2,474
Drug Supplies	6,290
Food Supplies	2,870
Fuel, Light and Power	2,538
General Expenses	6,418
Hospital Ambulance Transport Costs	4,761
Insurance	196
Inter Area Patient Outflows, NSW	17,941
Interstate Patient Outflows	44,231
Medical and Surgical Supplies	8,005
Postal and Telephone Costs	1,635
Printing and Stationery	721
Rates and Charges	150
Rental	1,720
Special Service Departments	10,586
Staff Related Costs	17
Sundry Operating Expenses	735
Travel Related Costs	1,130
	117,430
(a) Sundry Operating Expenses comprise:	
Isolated Patient Travel and Accommodation Assistance Scheme	735
	735
(b) General Expenses include:-	
Advertising	207
Books and Magazines	80
Consultancies	
- Operating Activities	148
Courier and Freight	607
Auditor's Remuneration - Audit of financial reports	127
Legal Expenses	336
Membership/Professional Fees	146
Motor Vehicle Operating Lease Expense - minimum lease payments	1,606
Other Operating Lease Expense - minimum lease payments	1,444

	2005 $000
(c) Expenses for Inter Area Patient Flows, NSW on an Area basis are as follows:-	
Sydney South West AHS	4,087
South East Illawarra AHS	8,328
Sydney West AHS	1,729
Northern Sydney Central coast AHS	902
Hunter New England AHS	271
North Coast AHS	106
Greater Western AHS	882
Childrens Hospital	1,636
	17,941
(d) Expenses for Interstate Patient Flows are as follows:-	
ACT	27,886
Queensland	491
South Australia	111
Victoria	15,578
Tasmania	15
Northern Territory	36
Western Australia	114
	44,231

5. Maintenance

Repairs and Routine Maintenance	3,956
Other	
Renovations and Additional Works	643
Replacements and Additional Equipment less than $5,000	1,178
	5,777

The value of Employee Related Expense (Note 3) applicable to Maintenance staff was $3,315,105 for the six months ended 30 June 2005.

6. Depreciation and Amortisation

Depreciation - Buildings	6,492
Depreciation - Plant and Equipment	2,285
	8,777

	2005 $000
7. Grants and Subsidies	
Albury Womens Health Clinic	90
Bland Community Transport	22
Bradus NGO	87
Calvary Health Care	41
Canberra Rehabilition	35
Griffith Aboriginal	50
GROW	27
Gunning Community Health	84
Kalianna Enterprises	56
Katungul Aboriginal Health	50
Mental Health Foundation	47
Oconnor House	292
Schizophrenia Fellowship	36
Richmond fellowship	278
Wagga Wagga Womens Health Clinic	92
Other	237
	1,524
8. Finance Costs	
Interest on Bank Overdrafts and Loans	58
Total Borrowing Costs	58
9. Payments to Affiliated Health Organisations	
(a) Recurrent Sourced	
St John of God - Goulburn	3,185
Mercy Care Centre -Young	2,193
Mercy Care Centre - Albury	2,898
	8,276

	2005 $000
10. Sale of Goods and Services	
(a) Sale of Goods comprise the following:-	
Sale of Prosthesis	225
(b) Rendering of Services comprise the following:-	
Patient Fees [see note 2(d)]	25,033
Staff-Meals and Accommodation	333
Infrastructure Charge - Monthly Facility Fees [see note 2(d)]	2,353
Commercial Activities	778
Fees for Medical Records	37
Linen Service Revenues - Other Health Services	20
Linen Service Revenues - Non Health Services	137
Patient Inflows from Interstate	6,955
Inter Area Patient Inflows, NSW	3,191
Other	5,091
	44,153
(c) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:	
Sydney South West AHS	506
South East Illawarra AHS	821
Sydney West AHS	197
Northern Sydney/ Central Coast AHS	180
Hunter New England AHS	275
North Coast AHS	69
Greater Western AHS	1,143
	3,191
(d) Revenues from Patient Inflows from Interstate are as follows:-	
ACT	769
QLD	290
SA	92
VIC	5,725
TAS	44
NT	5
WA	30
	6,955
11. Investment Income	
Interest	344
	344

12. Grants and Contributions

	2005 $000
Commonwealth Government grants	1,737
Industry Contributions/Donations	861
Mammography grants	715
Other grants	1,590
	4,903

13. Other Revenue

Other Revenue comprises the following:-

Commissions	6
Conference and Seminar Fees	22
Sale of Merchandise, Old Wares and Books	17
Other	33
	78

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

Property Plant and Equipment	1,205
Less Accumulated Depreciation	902
Written Down Value	303
Less Proceeds from Disposal	296
Gain/(Loss) on Disposal of Property Plant and Equipment	(7)
Total Gain/(Loss) on Disposal of Non Current Assets	(7)

15. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	0	121	0	121
Contributions recognised in amalgamated balance as at 1 January 2005 which were not expended in the current reporting period	1,1012	56	5,251	6,319
Total amount of unexpended contributions as at balance date	1,012	177	5,251	6,440

Comment on restricted assets appears in Note 23

16. Programs/Activities of the Health Service

Program 1.1 - Primary and Community Based Services

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

Program 1.2 - Aboriginal Health Services

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

Program 1.3 - Outpatient Services

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

Program 2.1 - Emergency Services

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

Program 2.2 - Overnight Acute Inpatient Services

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

Program 2.3 - Same Day Acute Inpatient Services

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

Program 3.1 - Mental Health Services

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

Program 4.1 - Rehabilitation and Extended Care Services

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

Program 5.1 - Population Health Services

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

Program 6.1 - Teaching and Research

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

		30 June 2005 $000
17. Current Assets - Cash and Cash Equivalents		
Cash at bank and on hand		2,384
Demand deposits		5,602
		7,986
Cash and Cash Equivalents assets recognised in the Balance Sheet are reconciled to cash at the end of the financial period as shown in the Cash Flow Statement as follows:		
Cash and cash equivalents (per Balance Sheet)		7,986
Closing Cash and Cash Equivalents (per Cash Flow Statement)		7,986
18. Current/Non Current Receivables		
Current		
(a)	Sale of Goods and Services	7,251
	Leave Mobility	83
	NSW Health Department	3,896
		1,910
Sub Total		13,140
Less Allowance for impairment		(789)
		12,351
(b) Bad debts written off during the reporting period - Current Receivables		
- Sale of Goods and Services		717
		717
(c) Sale of Goods and Services includes:		
	Patient Fees - Compensable	887
	Patient Fees - Ineligible	155
	Patient Fees - Other	2,967
19. Inventories		
Current - at cost		
Drugs		799
Medical and Surgical Supplies		1,746
Food and Hotel Supplies		191
Engineering Supplies		183
		2,919

	30 June 2005 $000
20. Current/Non Current Assets - Other Assets	
Current	
Prepayments	429
	429
Non Current	
Prepayments	951
	951
21. Property, Plant and Equipment	
Land and Buildings	
At Fair Value	452,717
Less Accumulated depreciation and impairment	185,317
	267,400
Plant and Equipment	
At Fair Value	66,292
Less Accumulated depreciation and impairment	45,173
	21,119
At Net Carrying Value	288,519

21. Property, Plant and Equipment - Reconciliations

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	$000	$000	$000	$000	$000
2005					
Carrying amount at 1 January 2005	0	0	0	0	**0**
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	20,743	235,708	13,775	21,105	**291,331**
Additions	0	701	4,489	1,101	**6,291**
Disposals	(120)	(88)	0	(95)	**(303)**
Other	0	0	0	(23)	**(23)**
Depreciation expense	0	(6,492)	0	(2,285)	**(8,777)**
Reclassifications	0	6,950	(8,266)	1,316	**0**
Carrying amount at end of reporting period	**20,623**	**236,779**	**9,998**	**21,119**	**288,519**

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

(ii) Land and Buildings were valued by State Valuation Office on 1 July 2002

	30 June 2005 $000

22. Non Current Assets (or disposal groups) held for sale

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

Assets held for sale include part of the Kenmore Hospital site which is subject to sale
The sale was due for settlement in July 2005 for $3m less costs.
The balance is comprised of a few smaller properties that are surplus to needs.
Settlement dates are under negotiation.

23. Restricted Assets

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

Category	Brief Details of Externally Imposed Conditions including Asset Category affected	
Specific Purposes	Hospital/Ward specific	5,314
Other	Not Restricted to specific hopsitals	1,126
		6,440

	30 June 2005 $000

24. Payables

Current	
Accrued Salaries and Wages	8,983
Payroll Deductions	1,467
Creditors	29,345
	39,795

25. Current/Non Current Borrowings

Current	
Other Loans and Deposits	4,692
Other	73
	4,765
Non Current	
Other Loans and Deposits	13,476
	13,476

Loans still to be extinguished mainly represent monies to be repaid to the NSW Health Department.

Repayment of Borrowings	
Not later than one year	4,765
Between one and five years	13,476
Later than five years	0
Total Borrowings at face value	
	18,241

26. Provisions

Current Employee benefits and related on-costs	
Employee Annual Leave	22,602
Employee Long Service Leave	5,563
	28,165
Total Current Provisions	**28,165**
Non Current Employee benefits and related on-costs	
Employee Annual Leave	6,375
Employee Long Service Leave	50,650
	57,025
Total Non Current Provisions	
	57,025
Aggregate Employee Benefits and Related On-costs	
Provisions - current	28,165
Provisions - non-current	57,025
Accrued Salaries and Wages and on costs (Note 24)	8,983
	94,173

27. Equity

	Accumulated Funds	Asset Revaluation Reserve	Available for sale reserves	Total Equity
	30 June 2005	30 June 2005	30 June 2005	30 June 2005
	$000	$000	$000	$000
Balance at the beginning of the financial reporting period	0	0	0	0
Changes in equity - transactions with owners as owners				
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	189,149	0	0	189,149
Total	189,149	0	0	189,149
Changes in equity - other than transactions with owners as owners				
Result for the reporting period	(15,491)	0	0	(15,491)
Total	(15,491)	0	0	(15,491)
Balance at the end of the financial reporting period	173,658	0	0	173,658

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

28. Commitments for Expenditure

	30 June 2005 $000
(a) Capital Commitments	
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:	
Not later than one year	2,374
Later than one year and not later than five years	0
Total Capital Expenditure Commitments (including GST)	2,374

Of the commitments reported at 30 June 2005 it is expected that $ nil will be met from locally generated moneys.

(b) Other Expenditure Commitments

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

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

(c) Operating Lease Commitments

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

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

The leasing arrangements are generally over a 2 to 5 year period and principally relate to motor vehicles, medical equipment and computer equipment

(d) Contingent Asset related to Commitments for Expenditure

The total of "Commitments for Expenditure" above includes input tax credits of $1.126m that are expected to be recoverable from the Australian Taxation Office.

29. Trust Funds

The Health Service holds trust fund moneys of $0.8 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Private Practice	Refundable Deposits	Private Practice Trust Funds
	30 June 2005	30 June 2005	30 June 2005
	$000	$000	$000
Cash Balance at the beginning of the financial reporting period	0	0	0
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	542	96	209
Receipts	261	44	1,336
Expenditure	268	43	1,379
Cash Balance at the end of the financial reporting period	535	97	166

30. Contingent Liabilities

a) Claims on Managed Fund

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

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. In regard to workers compensation the final hindsight adjustment for the 1998/99 fund year and an interim adjustment for the 2000/2001 fund year were not calculated until 2004/05. As a result, the 1999/2000 final and 2001/02 interim hindsight calculations will be paid in 2005/06.

c) Affiliated Health Organisations

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

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

31. Charitable Fundraising Activities

Fundraising Activities

The GSAHS did not conduct any direct fundraising in hospitals under its control during the six months ending 30 June 2005.

32. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities

	2005 $000
Net Cash Flows from Operating Activities	(5,032)
Depreciation	(8,777)
Provision for Doubtful Debts	(279)
Acceptance by the Crown Entity of Employee Superannuation Benefits	(14,801)
(Increase)/ Decrease in Provisions	(4,724)
Increase / (Decrease) in Prepayments and Other Assets	(970)
(Increase)/ Decrease in Creditors	4,298
Net Gain/ (Loss) on Disposal of Property, Plant and Equipment	(7)
(NSW Health Department Recurrent Allocations)	(257,166)
(NSW Health Department Capital Allocations)	(5,216)
Net Cost of Services	(292,674)

33. 2004/05 Voluntary Services

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

34. Unclaimed Moneys

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

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

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

35. 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. GSAHS's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Balance Sheet date are as follows:

Financial Instruments	Floating interest rate	Fixed interest rate maturing in:			Non-interest bearing	Total carrying amount as per the Balance Sheet	Weighted average effective interest rate*
		1 year or less	Over 1 to 5 years	More than 5 years			
	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 $000	30 June 2005 %
Financial Assets							
Cash	7,986	0	0	0	0	7,986	5
Receivables	0	0	0	0	12,351	12,351	0
Total Financial Assets	7,986	0	0	0	12,351	20,337	5
Financial Liabilities							
Borrowings	0	0	344	1,722	16,175	18,241	6
Payables	0	0	0	0	39,795	39,795	0
Total Financial Liabilities	0	0	344	1,722	55,970	58,036	6

* 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 Greater Southern Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the Balance Sheet.

Credit Risk by classification of counterparty.

	Governments 30 June 2005 $000	Banks 30 June 2005 $000	Patients 30 June 2005 $000	Other 30 June 2005 $000	Total 30 June 2005 $000
Financial Assets					
Cash	0	7,986	0	0	7,986
Receivables	6,329	0	4,009	2,013	12,351
Total Financial Assets	6,329	7,986	4,009	2,013	20,337

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totalled $0.155m atbalance date.

c) Net Fair Value

As stated in Note 2(v) financial instruments are carried at cost with the exception of T Corp Hour Glass Facilities and Managed Fund Investments which are measured at market value.

The resultant values are reported in the Balance Sheet and are deemed to constitute net fair value.

d) Derivative Financial Instruments

The GSAHS holds no Derivative Financial Instruments.

36. Compliance with Public Authorities (Financial Arrangements) Act 1987

Certain leases, disclosed as operating leases in note 28, are considered to be finance leases. These leases were entered into during the year ended 30 June 2004 and represent assets with a cost value of $332,000. Because the cost value of the assets and the lease liability is not material to the Balance Sheet as at 30 June 2005, no adjustment to the Balance Sheet has been made. These leases do not have the necessary approvals required by the Public Authorities (Financial Arrangements) Act 1987.

37. Cross Border issues

Effective from 1 July 2003, the Area Health Service entered into an agreement with the Wodonga Regional health Service whereby it assumes responsibility for the provision of services at Albury Base Hospital. The agreement seeks through improved integration of hospital and health services to improve continuity of care and access to services. As the agreement has now passed the half way point, a review of the arrangement is underway to determine its effectiveness and make recommendations for the future.

END OF AUDITED FINANCIAL STATEMENTS

APPENDICES

Ethnic Affairs Priority Statement (EAPS)

The Culturally and Linguistically Diverse Backgrounds (CALD) population within GSAHS statistics for this year's Annual Report have been accessed from the 2001 Census data by place of usual residence. This data indicates that GSAHS CALD population is 15,642, approximately 3.6% of the total population. Only 0.6% of GSAHS total population speak no, or have poor, English.

GSAHS has had an increase in refugees especially from Afghanistan and the Sudan. However the numbers are small. GSAHS's largest ethnic population remains Macedonian.

GSAHS has continued to work towards meeting the goal of healthier people through work with local communities and participation in regional health forums that focus on health issues and provide advocacy especially to the refugee populations. The development of a support group for refugees has progressed to the stage that the communities have taken ownership of this process. Staff training has also been undertaken focusing on social determinants of health for the CALD community.

GSAHS is working towards meeting the goal of fairer access and quality health care by developing ongoing multicultural training through the Multi-Lingual Centre for health staff re: Interpreter Services. Local staff orientation programs include information and education. A staff in-services 'Health Issues for Survivors of Torture and Trauma' has also been implemented. This in-service is designed to prepare staff to better understand the needs of refugees. Development of a CALD Strategic Plan was commenced for Griffith Base Hospital. Health equity funds were also accessed to link with projects that address the social determinants of health.

GSAHS has also commenced consultation that will provide valuable information for the development of strategies for the implementation of a Suicide Prevention Program for CALD men in our communities. This consultation has already led to improved relationships with the local Macedonian community in the Queanbeyan region.

The majority of interpreter service usage within GSAHS occurs in hospital outpatients and in-patients at approximately 50%. The interpreter service occurs approximately 50% on a face to face basis with telephone being the next most frequent service type. The majority of service went to the language groups of Macedonian, Croatian, Italian, Serbian and Arabic.

Freedom of Information

Freedom of Information July 1, 2004 to December 31, 2004

The Freedom of Information Act (1989) gives the public a legally enforceable right to information held by public agencies, subject to exemptions.

The Health Service has a policy of open access for clients to their personal health records. Applications for access to personal health records are therefore not included in applications received under of the Freedom of Information Act.

Number of new FOI Requests from 1 July 2004 to 31 December 2004 –

FOI REQUESTS	PERSONAL		OTHER		TOTAL
	SAHS	GMAHS	SAHS	GMAHS	
New (inc transferred in)	3	1	7	3	14
Brought forward	0	0	0	0	0
Total to be processed	3	1	7	3	14
Completed	3	1	7	3	14
Transferred Out	0	0	0	0	0
Withdrawn	0	0	0	0	0
Total processed	3	1	7	3	14
Unfinished (carried forward)	0	0	0	0	0

Completed requests

RESULT OF FOI REQUEST	PERSONAL		OTHER	
	SAHS	GMAHS	SAHS	GMAHS
Granted in full	3	0	4	2
Granted in part	0	1	0	0
Refused	0	0	3	1
Deferred	0	0	0	0
Completed*	3	1	7	3

There were no Ministerial Certificates issued.
One request required formal third party consultation.
There were no requests for amendments or notation of records.

FOI Applications granted in part or refused

BASIS FOR PARTIAL ACCESS OR REFUSAL	PERSONAL		OTHER	
	SAHS	GMAHS	SAHS	GMAHS
S19 (incomplete, wrongly addressed)	0	0	0	0
S22 (deposit not paid)	0	0	0	0
S25(1)(a1) (diversion of resources)	0	0	1	0
S25(1)(a) (exempt)	0	1	1	0
S25(1)(b), (c), (d) (info otherwise available)	0	0	0	0
S28(1)(b) (documents not held)	0	0	1	1
S24(2) (exceed 21 day limit, deemed refusal)	0	0	0	0
S31(4) (released to Medical Practitioner)	0	0	0	0
TOTAL	0	1	3	1

Note – the total need not reconcile with the refused requests total as there may be more than one reason cited for refusing an individual request.

Costs and fees of requests processed

	ALL COMPLETED REQUESTS	ASSESSED COSTS	FOI FEES RECEIVED
SAHS	10	$500	$375
GMAHS	4	$300	$230

Discounts allowed

No FOI requests where discounts were allowed were processed during the period.

Time to process

ELAPSED TIME	PERSONAL		OTHER	
	SAHS	GMAHS	SAHS	GMAHS
0 – 21 days	3		6	3
22 – 35 days		1	1	
Over 35 days		0		0
TOTALS	3		7	

Processing time

PROCESSING HOURS	PERSONAL		OTHER	
	SAHS	GMAHS	SAHS	GMAHS
0 – 10 hours	3		7	3
11 – 20 hours		1		
21 – 40 hours				
Over 40 hours				
TOTALS	3		7	

Reviews and Appeals

REVIEWS AND APPEALS	SAHS	GMAHS
Number of Internal Reviews finalised	0*	1
Number of Ombudsman Reviews finalised	0*	1
Number of District Court/ADT appeals lodged	0	0
Number of District Court/ADT appeals finalised	0	0

*FOI applications for Minister's documents are not subject to Internal Review (s.51 refers);

* The NSW Ombudsman has no jurisdiction to investigate Determinations relating to Minister's documents (s.52 (5)(b) refers).

The applicant whose request had been granted in part sought a review of the decision. Under the original determination two documents were released in part – one document contained some material outside the scope of the application and the second document contained matters determined to be exempt under Clauses 13 and 16 of Schedule 1 of the Act.

A review was undertaken in accordance with the provisions of section 34 of the Act. The review determined that the first document did contain material outside the scope of the application and that the second document did contain material exempt under Sections 13 and 16 of Schedule 1 of the Act.

The applicant referred the matter to the NSW Ombudsman. Following inquiries by the Ombudsman the Health Service was advised that the Ombudsman proposed to take no further action in the matter

Freedom of Information January 1, 2005 to June 30, 2005

Number of new FOI Requests from 1 January 2005 – 30 June 2005

GSAHS

FOI REQUESTS	PERSONAL	OTHER	TOTAL
New (inc transferred in)	2	9	11
Brought forward	0	0	0
Total to be processed	2	9	11
Completed	1	9	10
Transferred Out	1	0	1
Withdrawn	0	0	0
Total processed	2	9	11
Unfinished (carried forward)	0	0	0

Completed requests

RESULT OF FOI REQUEST	PERSONAL	OTHER
Granted in full	1	7
Granted in part	0	0
Refused	0	2
Deferred	0	0
Transferred	1	0
Completed*	2	9

There were no Ministerial Certificates issued. One request required formal third party consultation.

There were no requests for amendments or notation of records.

FOI Applications granted in part or refused

BASIS FOR PARTIAL ACCESS OR REFUSAL	PERSONAL	OTHER
S19 (incomplete, wrongly addressed)	0	0
S22 (deposit not paid)	0	0
S25(1)(a1) (diversion of resources)	0	0
S25(1)(a) (exempt)	0	1
S25(1)(b), (c), (d) (info otherwise available)	0	0
S28(1)(b) (docs not held)	0	1
S24(2) (exceed 21 day limit, deemed refusal)	0	0
S31(4) (released to Medical Practitioner)	0	0
TOTAL	0	2

Note – the total need not reconcile with the refused requests total as there may be more than one reason cited for refusing an individual request.

Costs and fees of requests processed

ALL COMPLETED REQUESTS	ASSESSED COSTS	FOI FEES RECEIVED
11	$600	$330

Discounts allowed

No FOI requests where discounts were allowed were processed during the period.

Time to process

ELAPSED TIME	PERSONAL	OTHER
0 – 21 days	2	9
22 – 35 days		
Over 35 days		
TOTALS	2	9

Processing time

PROCESSING HOURS	PERSONAL	OTHER
0 – 10 hours	2	9
11 – 40 hours		
Over 40 hours		
TOTALS	2	9

Reviews and Appeals

Reviews and Appeals	
Number of Internal Reviews finalised	0*
Number of Ombudsman Reviews finalised	0*
Number of District Court/ADT appeals lodged	0
Number of District Court/ADT appeals finalised	0

*FOI applications for Minister's documents are not subject to Internal Review (s.51 refers).

*The NSW Ombudsman has no jurisdiction to investigate Determinations relating to Minister's documents (s.52(5)(b) refers).

Occupational Health and Safety

In accordance with the Occupational Health and Safety Act (NSW) 2000 and the Occupational Health and Safety Regulation (NSW) 2001 the GSAHS is committed to ensuring the health, welfare and safety of staff and visitors to the workplace.

Occupational Health, Safety and Security and overall employee well-being continues to be a key priority for Greater Southern Health Service. Particular importance has been placed on developing an organisational structure that will support front-line clinicians and managers in understanding what it is to have a healthy and a safe workplace, rehabilitation of their injured employees and worker's compensation priorities. GSAHS through the EQuIP Accreditation process is ensuring that Occupational Health, Safety and Security policies and practice are institutionalised and sustainable. This will be achieved through enhanced staff education, review and monitoring of systems and benchmarking activities.

While GSAHS is exposed to many risks, the most tangible risk continues to be the human and financial cost of workplace injury. To address this, an active Risk Management program in the areas of Occupational Health and Safety, Employee Well-Being and an early intervention approach to Injury Management is being developed for the GSAHS. Stress and physical injury management are key components of the Risk management program. The program will link with the overarching Corporate Governance Program with the following key features:

- Strong leadership at all levels in relation to safety and quality;
- Promotion of a culture and environment that supports workplace behaviours that are based on agreed organisational values and open feedback;
- Clear points of accountability for all clinicians and managers;
- Systematic application of safety and quality improvement methods;
- Education and training.

As well as the above key features the program will promote a case management approach to managing an injured employee with a more stringent process of communication with a Senior Human Resources Consultant to ensure support for all involved.

Workers' Compensation

Renewal Premiums

Year	Premium	Benchmark	Surplus/Shortfall	Hindsight Adjustment 30/06/03 up to 3 yrs	Hindsight Adjustment 30/06/03 4 – 5 years	Hindsight Final Date
05/06	$12,215,628	$11,263,651	-$951,977			30/06/10
04/05	$12,062,161	$10,371,251	-$1,690,910			30/06/09
03/04	$10,771,485	$10,256,008	-$515,477			30/06/08
02/03	$11,124,120	$9,475,582	-$1,648,538			30/06/07
01/02	$9,987,111	$9,543,047	-$444,064	-$82,064		30/06/06
00/01	$10,908,234	$9,450,775	-$1,457,459	*$1,443,469		30/06/05
99/00	$9,733,319	$9,256,481	-$476,838	*$72,157	$799,620	30/06/04
98/99	$12,553,990	$10,659,539	-$1,894,451	*$2,479,705	** $1,612,006	30/06/03

Note * 3 year interim hindsight and ** 5 year final hindsight

The Premium has increased by $154k driven by a 19% increase in GSAHS wages, largely offset by a reduction in benchmark rate, as well as a concentrated improvement in GSAHS's largest facility and an improvement in the overall Health pool.

Workers Compensation Claims

Financial Year - No. of Claims submitted

	GMAHS	SAHS
2004/5	126	281
2003/4	132	254
2002/3	132	280
2001/2	142	203
2000/1	195	155

Note: The former areas of GMAHS and SAHS reported their Workers' Compensation claims differently. An integrated approach is being developed for the future.

Number of Claims submitted in previous Annual Report may differ slightly from year to year as an incident may have occurred but may not have been reported at time of the annual report preparation.

HEALTH SERVICES

Hospitals

Albury Base Hospital
Borella Rd
ALBURY
Telephone: 02 6058 4444
Fax: 02 6058 4504

Albury Mercy Hospital
Poole St
ALBURY
Telephone: 02 6021 3322
Fax: 02 6021 4378

Barham Koondrook Soldiers Memorial
Punt Rd
BARHAM
Telephone: 03 5453 2026
Fax: 03 5453 2656

Batemans Bay District Hospital
Pacific St
BATEMANS BAY
Telephone: 02 4472 4504
Fax: 02 4472 0678

Batlow District Hospital
Cnr Park St & Wakehurst Ave
BATLOW
Telephone: 02 6949 1105
Fax: 02 6949 1390

Bega District Hospital
McKee Dr
BEGA
Telephone: 02 6492 9111
Fax: 02 6492 1703

Berrigan War Memorial Hospital
Anzac Place
BERRIGAN
Telephone: 03 5885 2208
Fax: 03 5885 2505

Bombala Hospital
Wellington St
BOMBALA
Telephone: 02 6458 3166
Fax: 02 6458 3759

Boorowa Hospital
Dry St
BOOROWA
Telephone: 02 6385 3004
Fax: 02 6385 3206

Bourke Street Health Service
234 Bourke St
GOULBURN
Telephone: 02 4823 7800
Fax: 02 4821 9659

Braidwood Hospital
73 Monkittee St
BRAIDWOOD
Telephone: 02 4842 2566
Fax: 02 4842 2054

Coolamon Ganmain Health Service
Buchanan Dr
COOLAMON
Telephone: 02 6927 3303
Fax: 02 6927 3565

Cooma Hospital
2a Bent St
COOMA
Telephone: 02 6455 3222
Fax: 02 6452 2117

Cootamundra Hospital
MacKay St
COOTAMUNDRA
Telephone: 02 6942 0444
Fax: 02 6942 0433

Corowa Hospital
Guy St
COROWA
Telephone: 02 6033 1333
Fax: 02 6033 3646

Crookwell Hospital
Kialla Rd
CROOKWELL
Telephone: 02 4832 1300
Fax: 02 4832 2099

Culcairn Health Service
Balfour St
CULCAIRN
Telephone: 02 6029 8203
Fax: 02 6029 8762

Delegate Multi Purpose Service
Craigie St
DELEGATE
Telephone: 02 6458 8008
Fax: 02 6458 8156

Deniliquin District Hospital
411 Charlotte St
DENILIQUIN
Telephone: 03 5882 2800
Fax: 03 5882 2815

Finley Hospital
Dawe Ave
FINLEY
Telephone: 03 5883 1133
Fax: 03 5883 1457

Goulburn Hospital
130 Goldsmith St
GOULBURN
Telephone: 02 4827 3111
Fax: 02 4827 3248

Kenmore Hospital
Taralga Rd
GOULBURN
Telephone: 02 4827 3303
Fax: 02 4821 9615

Griffith Base Hospital
Noorebar Ave
GRIFFITH
Telephone: 02 6969 5555
Fax: 02 6969 5507

Gundagai District Hospital
O'Hagan St
GUNDAGAI
Telephone: 02 6944 1022
Fax: 02 6944 1630

Hay Hospital & Health Service
Murray St
HAY
Telephone: 02 6990 8700
Fax: 02 6990 8771

Henty District Hospital
7 Keighran St
HENTY
Telephone: 02 6929 4999
Fax: 02 6929 4940

Hillston District Hospital
Burns St
HILLSTON
Telephone: 02 6967 2502
Fax: 02 6967 2284

Holbrook District Hospital
Bowler St
HOLBROOK
Telephone: 02 6036 2522
Fax: 02 6036 2782

Jerilderie Health Service
Newel Highway
JERILDERIE
Telephone: 03 5886 1300
Fax: 03 5886 1277

Junee District Hospital
Button St
JUNEE
Telephone: 02 6924 1122
Fax: 02 6924 2485

Leeton District Hospital
Palm & Wade Ave
LEETON
Telephone: 02 6953 1111
Fax: 02 6953 1113

Lockhart Hospital
Hebden St
LOCKHART
Telephone: 02 6920 5206
Fax: 02 6920 5483

Moruya District Hospital
River St
MORUYA
Telephone: 02 4474 2666
Fax: 02 4474 1586

Murrumburrah-Harden Hospital

Swift St
MURRUMBURRAH-HARDEN
Telephone: 02 6386 2200
Fax: 02 6386 2931

Narrandera District Hospital

Cnr Douglas & Adams St
NARRANDERRA
Telephone: 02 6959 1166
Fax: 02 6959 1063

Pambula District Hospital

Merimbula St
PAMBULA
Telephone: 02 6495 6002
Fax: 02 6495 6570

Queanbeyan District Hospital

Cnr Collette & Erin Sts
QUEANBEYAN
Telephone: 02 6298 9211
Fax: 02 6299 1536

Temora & District Hospital

Loftus St
TEMORA
Telephone: 02 6977 1066
Fax: 02 6977 1545

Tocumwal Hospital

Adams St
TOCUMWAL
Telephone: 03 5874 2166
Fax: 03 5874 2321

Tumbarumba Health Service

Albury St
TUMBARUMBA
Telephone: 02 6948 9600
Fax: 02 6948 2263

Tumut District Hospital

Simpson St
TUMUT
Telephone: 02 6947 1555
Fax: 02 6947 3074

Urana Health Service

Princess St
URANA
Telephone: 02 6920 8106
Fax: 02 6920 8263

Wagga Wagga Base Hospital

Edwards St
WAGGA WAGGA
Telephone: 02 6938 6666
Fax: 02 6921 5632

West Wyalong Hospital

Hospital Rd
WEST WYALONG
Telephone: 02 6979 0000
Fax: 02 6979 0006

Yass District Hospital

Meehan St
YASS
Telephone: 02 6226 1333
Fax: 02 6226 2944

Young District Hospital

Allanan St
YOUNG
Telephone: 02 6382 1222
Fax: 02 6382 4398

Mercy Care Centre

Campbell St
YOUNG
Telephone: 02 6382 1111
Fax: 02 6382 8400

Community Health Centres

Adelong Community Health Centre

Tumut St
ADELONG
Telephone: 02 6946 2055
Fax: 02 6946 2041

Albury Community Health Centre

596 Smollett St
ALBURY
Telephone: 02 6058 1800
Fax: 02 6058 1801

Ardlethan Community Health Centre

Redmond St
ARDLETHAN
Telephone: 02 6978 2066
Fax: 02 6977 1545

Barellan Community Health Centre

Bendee St
BARELLAN
Telephone: 02 6963 9266
Fax: 02 6963 9556

Barham Community Health Centre

Gonn St
BARHAM
Telephone: 03 5453 3299
Fax: 03 5453 2656

Barmedman Community Health Centre

Robertson St
BARMEDMAN
Telephone: 02 6976 2183
Fax: 02 6972 2802

Batemans Bay Community Health Centre

Pacific Street
BATEMANS BAY
Telephone: 02 44724544
Fax: 02 4472 0680

Batlow Community Health Centre

Wakehurst Ave
BATLOW
Telephone: 02 6949 1105
Fax: 03 6949 1390

Bega Community Health Centre

McKee Dr
BEGA
Telephone: 02 6492 9620
Fax: 02 6492 3257

Berrigan Community Health Centre

Memorial Place
BERRIGAN
Telephone: 03 5885 2208
Fax: 03 5885 2505

Bombala Community Health Centre

Wellington St
BOMBALA
Telephone: 02 6458 3166
Fax: 02 6458 3759

Boorowa Community Health Centre

Dry St
BOOROWA
Telephone: 02 6385 3450
Fax: 02 6385 3206

Braidwood Community Health Centre

74 Monkittee St
BRAIDWOOD
Telephone: 02 4842 2566
Fax: 02 4842 2054

Coleambally Community Health Centre

33 Brolga Pl
COLEAMBALLY
Telephone: 02 6954 4297
Fax: 02 6954 4420

Coolamon Community Health Centre

Cowabbie St
COOLAMON
Telephone: 02 6927 3303
Fax: 02 6927 3565

Cooma Community Health Centre

Cnr Victoria and Bombala Sts
COOMA
Telephone: 02 6455 3201
Fax: 02 6455 3360

Cootamundra Community Health Centre

37 Hurley St
COOTAMUNDRA
Telephone: 02 6942 3622
Fax: 02 6942 3720

Corowa Community Health Centre

Guy St
COROWA
Telephone: 02 6033 1340
Fax: 02 6033 4397

Crookwell Community Health Centre

Kialla Rd
CROOKWELL
Telephone: 02 4832 1300
Fax: 02 4832 2099

Culcairn Community Health Centre

Balfour St
CULCAIRN
Telephone: 02 6029 7018
Fax: 02 6029 7018

Darlington Point Community Health Centre

Boyd St
DARLINGTON POINT
Telephone: 02 6968 4131
Fax: 02 6968 4131

Delegate Community Health Centre

Craigie St
DELEGATE
Telephone: 02 6458 8008
Fax: 02 6458 8156

Deniliquin Community Health Centre

2 Macauley St
DENILIQUIN
Telephone: 03 5882 2900
Fax: 03 5882 2905

Eden Community Health Centre

144 Imlay St
EDEN
Telephone: 02 6496 1436
Fax: 02 6496 1452

Finley Community Health Centre

Dawe Ave
FINLEY
Telephone: 03 5883 3627
Fax: 03 5883 1527

Goulburn Community Health Centre

Cnr Goldsmith and Faithful Sts
GOULBURN
Telephone: 02 4827 3913
Fax: 02 4827 3943

Griffith Community Health Centre

Yambil St
GRIFFITH
Telephone: 02 6966 9900
Fax: 02 6964 1743

Gundagai Community Health Centre

O'Hagan St
GUNDAGAI
Telephone: 02 6944 1297
Fax: 02 6944 1878

Hay Community Health Centre

351 Murray St
HAY
Telephone: 02 6990 8732
Fax: 02 6990 8767

Henty Community Health Centre

Ivor St
HENTY
Telephone: 02 6929 3303
Fax: 02 6929 3503

Hillston Community Health Centre

48C Burns St
HILLSTON
Telephone: 02 6967 2201
Fax: 02 6967 2284

Holbrook Community Health Centre

Bowler St
HOLBROOK
Telephone: 02 6036 2787
Fax: 02 6036 2782

Jerilderie Community Health Centre

62 Southey St
JERILDERIE
Telephone: 03 5886 1300
Fax: 03 5886 1277

Jindabyne Community Health Centre

Bent St
JINDABYNE
Telephone: 02 6457 2074
Fax: 02 6457 2158

Junee Community Health Centre

77 Lorne St
JUNEE
Telephone: 02 6924 1791
Fax: 02 6924 2839

Leeton Community Health Centre

Palm & Wade Ave
LEETON
Telephone: 02 6953 1205
Fax: 02 6953 1214

Lockhart Community Health Centre

Hebden St
LOCKHART
Telephone: 02 6920 5206
Fax: 02 6920 5483

Mathoura Community Health Centre

Livingstone St
MATHOURA
Telephone: 03 5884 3301
Fax: 03 5884 3604

Moama Community Health Centre

6 Meninya St
MOAMA
Telephone: 02 5482 4399
Fax: 02 5480 2707

Moruya Community Health Centre

River St
MORUYA
Telephone: 02 4474 1561
Fax: 02 4474 1591

Moulamein Community Health Centre

54 Barratta St
MOULAMEIN
Telephone: 03 5887 5012
Fax: 03 5887 5037

Murrumburrah-Harden Community Health Centre

Swift St
MURRUMBURRAH-HARDEN
Telephone: 02 6386 2200
Fax: 02 6386 2931

Narooma Community Health Centre

Marine Drive
NAROOMA
Telephone: 02 4476 2344
Fax: 02 4476 1731

Narranderra Community Health Centre

Cnr Douglas & Adams St
NARRANDERRA
Telephone: 02 6959 1166
Fax: 02 6959 1063

Pambula Community Health Centre

Merimbula St
PAMBULA
Telephone: 02 6945 7294
Fax: 02 6495 7448

Queanbeyan Community Health Centre

Antill St
QUEANBEYAN
Telephone: 02 6298 9233
Fax: 02 6299 6920

Karabar Community Health Centre

12 Southbar Rd
QUEANBEYAN
Telephone: 02 6299 7299
Fax: 02 6299 7601

Talbingo Community Health Centre

Talbingo Medical Centre
TALBINGO
Telephone: 02 6949 5467
Fax: n/a

Tarcutta Community Health Centre

Oberne Rd
TARCUTTA
Telephone: 02 6928 7258
Fax: 02 6928 7385

Temora Community Health Centre

NRCC House
294-296 Hoskins St
TEMORA
Telephone: 02 6977 4951
Fax: 02 6977 4960

The Rock Community Health Centre

King St
THE ROCK
Telephone: 02 6920 2066
Fax: 02 6920 2502

Tocumwal Community Health Centre

Adams St
TOCUMWAL
Telephone: 02 5874 2166
Fax: 03 5874 2321

Tooleybuc and Early Childhood

Flat 2/34 Murray St
TOOLEYBUC
Telephone: 03 5030 5189
Fax: 03 5030 5251

Tumbarumba Community Health Centre

Albury Rd
TUMBARUMBA
Telephone: 02 6948 2566
Fax: 02 6948 2263

Tumut Community Health Centre

Simpson St
TUMUT
Telephone: 02 6947 1811
Fax: 02 6947 2220

Ungarie Community Health Centre

Condamine St
UNGARIE
Telephone: 02 6975 9102
Fax: 02 6972 0401

Urana Community Health Centre

Princess St
URANA
Telephone: 02 6920 8101
Fax: 02 6920 8263

Wagga Wagga Community Health Centre

Docker St
WAGGA WAGGA
Telephone: 02 6938 6411
Fax: 02 6938 6410

Weethalle Community Health Centre

Bulga St
WEETHALLE
Telephone: 02 6975 6120
Fax: 02 6972 0401

West Wyalong Community Health Centre

Hospital Rd
WEST WYALONG
Telephone: 02 6972 2122
Fax: 02 6972 0401

Yass Community Health Centre

Meehan St
YASS
Telephone: 02 6226 3833
Fax: 02 6226 2485

Young Community Health Centre

Allanan St
YOUNG
Telephone: 02 6382 8700
Fax: 02 6382 1047

Other Services

Public Health

Population Health Director's Office

641 Olive Street
(PO Box 3095)
Albury NSW 2640
Telephone: 02 6021 4799 (24 hours)
Fax: 02 6021 4899

Other offices:

Level 3
34 Lowe Street
Queanbeyan NSW 2620
Telephone: 02 6124 9942
Fax: 02 6214 9946

Mandala House
Bourke Street
Goulburn NSW 2850
Telephone: 02 4824 1837
Fax: 02 4824 1838

375 Townsend Street
Albury NSW 2640
Telephone: 02 6058 1700
Fax: 02 6058 1737

Level 1, 75 Johnson Street
Wagga Wagga NSW 2650
Telephone: 02 6933 9120
Fax: 02 6933 9126

Southern Area Brain Injury Service

'Carrawarra'
104 Bradley Street
GOULBURN NSW 2580
Telephone: 02 4823 7911
Fax: 02 4821 9165

South West Brain Injury Rehabilitation Service

PO Box 326
Albury NSW 2640
Australia
Telephone: 02 6041 9902
Fax: 02 6041 9928
Email: swbirs@swsahs.nsw.gov.au

1800 Numbers

Mental Health and Alcohol and Drug Services

GSAHS provides a telephone based risk assessment, triage, consultation, support and information service.

In the area covered by the former GMAHS, residents should contact:

Accessline 1800 800 944

Accessline is available 24 hours a day, seven days a week, 365 days a year.

Accessline is the first contact point to access Mental Health and Drug & Alcohol Services within the former GMAHS. Accessline is staffed by trained mental health professionals. Accessline works with on the ground services, and has regular contact with case managers to support clients and contribute to care planning. In the former SAHS, residents wanting to access mental health services should contact:

1800 677 114

The Mental Health Intake and Information Service for the former Southern Area Health Service is staffed by specialist Mental Health professionals 24 hours a day, 7 days a week. The Service provides a single point of contact for those wishing to access mental health services in the southeast area of New South Wales. All calls are assessed as to their urgency and referred to the appropriate mental health team or other outside agencies.

In the former SAHS, residents wanting information about drug and alcohol services or who want to be referred to the Southern Area Alcohol and other Drug services should contact:

1800 809 423

Staffed by specially trained professionals and offers a five day a week, 9.00am to 6.00pm Monday to Friday service.

Public Oral Health Clinics

Eastern GSAHS: 1800 450 046
Albury: 02 6058 1800
Wagga Wagga: 02 6921 7388
Griffith: 02 6969 5581
Deniliquin: 03 5882 2990

All clients needing to access Oral Health Services in GSAHS should contact the relevant number.

Domestic Violence Line

1800 65 64 63

The Domestic Violence Line provides telephone counselling, information and referrals for people who are experiencing or have experienced domestic violence.

NSW Artificial Limb Service Accredited Clinic

Rehabilitation Department

P O Box 159
Wagga Wagga NSW 2650
Telephone: 02 6938 6344
Facsimile: 02 6040 1359

GLOSSARY

A

ACAT: Aged Care Assessment Team

Acute Care: The principal clinical intent is to do one or more or the following: manage labour (obstetric), cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms or illness or injury (excluding palliative care); reduce severity of an illness or injury: protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; perform diagnostic or therapeutic procedures.

Aged: The aged population is defined as the group of people aged 65 and older. There are also younger groups of people with aged related needs e.g. dementia and disabilities, for whom it is appropriate to access age care services.

Aged Care Assessment Team (ACAT): A range of health professionals providing assessment, treatment, ongoing management and other services designed to meet the needs of elderly people. They are also responsible for assessing and approving placement into nursing home and hostels.

Allied Health Staff: Include qualified staff engaged in duties of a professional nature; audiologist, chiropractor and osteopath, dietitian, occupational therapist, optometrist, orthopaedist, orthodontist, podiatrist, psychologies, prosthetist, physiotherapist, radiographer, social worker and counsellor, speech therapist etc.

Ambulatory Care: Describes health care services delivered to patients on a "day stay" basis, as an alternative to the patient being an inpatient.

Antenatal: The period between conception and birth. Same as prenatal.

Audiology: The study of hearing.

Audiometry: The measurement of hearing.

B, C

Community: The people who live in a defined geographical locality.

Community Based Services: Services provided in the community.

Community Consultation: Consultation is regarded as a dorm of community participation where views and opinions are sought on specific issues. Consultation processes are usually one-off or short-term and are organised around a specific issue or topic.

Community Development: The process of involving people in initiatives to improve their health by supporting community actions to identify and overcome a community's health problems e.g. Self help groups, support networks, improvements in transport, access to services.

Community Health: A service that provides coordinated community based health services to a defined community. Its size and service mix varies. Service components may include physiotherapy, mental health, screening of school children, child health, counselling, drug and alcohol services etc.

Community Participation: A range of activities and structures providing opportunities for individuals and organisations that are part of a community to identify issues/needs, comment on policies and programs (proposed and existing) and participate in the decision making process.

Continuum of care: The relationships between services so that there is an easy transition for patients either moving from one service to another or receiving care from a number of services.

D

Day Care: A service that provides personal care and supervision for a person for all or part of a day. This may occur on a regular or respite basis. A range of activities with a rehabilitation focus, to prevent deterioration and retain social skills, for the frail aged and/or disabled.

Dementia: An organic mental disorder characterised by a general loss of intellectual abilities involving impairment of memory, judgment and abstract thinking as well as changes in personality.

Dietetics: The study and regulation of the diet.

Domiciliary Care: A service dedicated to the provision of nursing or other professional paramedical care or treatment and also non-qualified domestic assistance to people in their own homes.

E

ED: Emergency Departments (EDs) are often recognised by the community as the main entry point into the hospital system. The Emergency Department operates as the interface between the hospital and the community. Despite location, size or specialty of the hospital all Emergency Department's provide a minimum standard of care. EN: Enrolled Nurse

Emergency Services: Treatment that is provided on an un-planned basis or provided in a designated emergency department within a hospital. It is generally expected that the treatment is of a surgical or medical nature.

F

G

Geriatrician: A specialist in the branch of medicine concerned with the physiological and pathological aspects of the aged, including the clinical problems of being old and senility.

GP: General Practitioner

H

HACC: Home and Community Care

Health: A state of complete physical, mental, spiritual and social well-being, not merely the absence of disease or infirmity.

Health promotion: Health promotion is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. It covers a number of approaches aimed at changing living conditions and lifestyles for the purpose of improving health, including health education.

Home and Community Care (HACC) program: For the frail aged, people with disabilities, and their carers. HACC services include community nursing, allied health services, personal care, meals on wheels and day-centre meals, home help, home modification and maintenance, transport and community based respite care.

Home Nursing: Defined as any nursing service provided to a client in their own home.

Hostel Care: Refers to residents in residential accommodation who do not require personal care support.

Hostels: Provide residential care for people requiring some form of assistance with daily living. Most do not provide nursing care. Staff is available on a 24-hour call basis and can assist with personal care tasks. Usually Commonwealth funded for low-level care.

I

Integrated Care: Seamless health care, where all aspects of care are linked and managed in a coordinated manner, to provide the community with more effective and efficient health service provision.

Intrapartum: During labour and delivery or childbirth.

J K

L

LAN: Local Area Network

LGA(s): Local Government Area(s)

M

Meals on Wheels: Meals fresh or frozen are delivered to a person's residence.

Multi Purpose Service (MPS): Provide integrated acute, nursing home, hostel, community health and aged care services under one organisational structure, as agreed between the Commonwealth and State governments. MPSs provide a range of services that are negotiated with the community.

N

Neurology: The branch of science that treats disorders of the nervous system.

NSW Health: The NSW Health system is made up of 17 Area Health Services both rural and metropolitan, the NSW Department of Health, Corrections Health Service, the Ambulance Service of NSW and the Children's Hospital.

Nursing Care: Type of service provided to a person who needs the assistance of qualified personnel with such things as the taking of medication and administration of an injection.

Nursing Homes: Provide accommodation for frail, older people who need ongoing nursing and help with personal care.

O

Occupational Therapy: A form of therapy that encourages and instructs manual activities for therapeutic or remedial purposes in mental and physical disorders.

Oncology: The study of diseases that cause cancer.

Orthopaedic: Pertaining to the correction of deformities of the musculoskeletal system,(All the muscles, bones, and cartilages of the body collectively) pertaining to orthopaedics.

Outpatient Clinic: Medical, surgical, diagnostic, nursing or paramedical services are provided to non-residents from a clinic on an appointment basis.

P

Paediatrician: A medical doctor who treats children and infants.

Palliative Care: Palliative care is provided when a person's condition has progressed beyond the state where curative treatment is effective and attainable, or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life. An approach to care which supports the physical, psychological, emotional, cultural and spiritual needs of a dying person and their family and friends, and includes grief and bereavement support during the life of the patient and continuing after death.

PANOC: Physical (and emotional) Abuse and Neglect Of Children. PANOC workers provide a service aimed at assisting children to cope with their experiences and the effects of abuse and neglect. PANOC workers will also assist families where abuse of children has also occurred to provide a more nurturing environment for children in order to minimise the chances of re-abuse. PANOC services will take referrals of substantiated child physical and emotional abuse and neglect only from the department of Community Services and the police. The PANOC services will see children and young people aged up to 18 years.

Physiotherapy: A physical therapist is a specialist trained to use exercise and physical activities to condition muscles and improve levels of activity. Physical therapy is helpful in those with physical debilitating illness (for example stroke).

Podiatrist: A group of people trained to care for feet and recognise mechanical faults. (Podiatrists used to be called chiropodists.)

Podiatry: The medical study of the diagnosis and treatment of disorders of the foot.

Postnatal: Occurring after birth, with reference to the newborn.

Primary Health Care: The components of the health system which place an emphasis on health promotion and disease prevention as well as addressing illness/disability at an early stage. Also refers to an approach to health care that looks at the whole individuals in the whole community to ensure social justice is achieved.

Psychology: The science of the human soul; specifically, the systematic or scientific knowledge of the powers and functions of the human soul, so far as they are known by consciousness.

Psychosis: A mental disorder characterised by gross impairment in reality testing as evidenced by delusions, hallucinations, markedly incoherent speech or disorganised and agitated behaviour without apparent awareness on the part of the patient of the incomprehensibility of his behaviour, the term is also used in a more general sense to refer to mental disorders in which mental functioning is sufficiently impaired as to interfere grossly with the patients capacity to meet the ordinary demands of life.

Q

R

Radiology: The study of X-rays in the diagnosis of a disease.

Rehabilitation: Establishments with a primary role in providing services to persons with an impairment, disability or handicap where the primary goal is improvement in functional status.

Renal Services: Services pertaining to the kidneys.

Respite Care: Provides relief for carer who has the responsibility for ongoing care, attention and support of another person. It provides an alternative form of care and enables the carer to have a break.

S

Social Support Services: Support systems that provide assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by churches, groups, etc.

Social Work: The use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments.

Speech Pathology: The science concerned with functional and organic speech defects and disorders.

T

U

UPI: Unique Patient Identifier

V

VMO: Visiting Medical Officer

W

WinPAS: Windows Patient Administration System

X

Y

Z

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S

U

V

W

Y

NOTES

NOTES